The New York
Academy of Medicine



By Exchange

Digitized by the Internet Archive
in 2016

https://archive.org/details/journalofmedical40unse_0

ANNUAL MEETING—MAY 25 and 26, 1943
ACADEMY OF MEDICINE OF NORTHERN NEW JERSEY
91 LINCOLN PARK, NEWARK

THE JOURNAL

OF

THE MEDICAL SOCIETY OF NEW JERSEY

Place of Publication, Printing and Mailing:
12 SOUTH DAY STREET, ORANGE, NEW JERSEY
Entered as second-class matter, September 5, 1906, at the post office at Orange, New Jersey, under Act of March 3, 1879.

VOL. 40, NO. 1 JANUARY, 1943 Subscriptions, $3.00 per Year
Single Copies, 30 Cents

CONTENTS—Pages 1-40

EDITORIAL PROGRAM— Page
THE 177TH ANNUAL MEETING 1
SCIENTIFIC WORK 1
PROCUREMENT AND ASSIGNMENT SERVICE 2
TREATMENT OF MEMBERS OF THE ARMED FORCES BY PRIVATE PHYSICIANS 2

THE WAR—
Procurement and Assignment Service 3
Meeting of Corps Area and State Chairmen, December 21, 1942 5

MEDICAL-SURGICAL PLAN OF NEW JERSEY 9

ORIGINAL ARTICLES—
THE TREATMENT OF COMPOUND FRACTURES IN WAR TIME—Irvin E. Deibert, M.D., Chief of Surgical Service "B", Cooper Hospital, Camden, N. J. 12
SYPHILIS OF THE LARYNX—Earl LeRoy Wood, M.D., Newark, N. J. 15
A HISTORICAL SKETCH OF TUBERCULOSIS—Benjamin Lee Gordon, M.D., Atlantic City, N. J. 17
WHY A CESAREAN SECTION? Maternal Welfare Article No. 77—Arthur W. Bingham, M.D., F.A.C.S., East Orange, N. J. 24
A LESSON FROM A DEATH CERTIFICATE 26

EXECUTIVE OFFICER'S PAGE 27
Acting Executive Officer Appointed 28

LEGISLATIVE NEWS—
Accelerated Medical Courses 29
Wartime Amendment to Nurses' Practice Act 29
Osteopaths as Commissioned Officers in the Navy 29

STATE ACTIVITIES—
Scientific Work Committee Meeting 30
Members Serving in the Armed Forces 31
Child Care Committee—State Civilian Defense Administration 32

OBITUARIES—
Dr. James T. Davis 32
Dr. George S. Laird 32
Deceased Physicians in New Jersey 32

BULLETIN BOARD 33

COUNTY SOCIETY REPORTS—
Cumberland, Hudson, Middlesex 34
Morris, Ocean, and Summit Medical Society 35

WOMAN'S AUXILIARY—
County Auxiliaries 36
Obituary—Mrs. Agnes J. Albrecht 36

THE BOOK SHELF 37

TUBERCULOSIS ABSTRACTS 39

Roster of Officers and Committees, Advertising Pages 3A-7A

Editorial and Executive Offices
of the Society
222 WEST STATE STREET
TRENTON, N. J.
Tel. 5776

Acceptance for mailing at special rate of postage provided for in Sec. 1103, Act of Oct. 3, 1917, authorized July 29, 1918.

Copyright 1943 by
The Medical Society of New Jersey

EXCH BULL

PHYSICIAN'S INCOME PROTECTION

Our Physicians Special Policy—endorsed by the State Medical Society—will appeal to you also, if you investigate. Elimination of excessive acquisition costs and economy of operation makes possible our rate which is far below that of equally broad and dependable insurance.

Brief Outline of Coverage

Accident Benefits—from 1st day for 60 months for total disability.
Half benefits for partial disability, limit 6 months.
Dismemberment benefits up to $10,000.

Sickness benefits—from 8th day for 12 months, full benefits, *house confinement not required.*

Rate for $100 Monthly Benefit, up to age 50, $7.40 quarterly.

Slightly higher rates to age limit of 65. Policies available from $100 to $300 monthly.
Additional provisions for accidental death benefit and hospital expense insurance.

Your State Medical Society Insurance Committee are sole arbiters for handling any claim requiring arbitration.

E. and W. BLANKSTEEN, Mgrs.
Authorized Representatives of The Medical Society of New Jersey
76 MONTGOMERY STREET **JERSEY CITY, N. J.**
Tel. Bergen 4-6051

RADON SEEDS



FOR safety and reliability use composite Radon seeds in your cases requiring interstitial radiation. The Composite Radon Seed is the only type of metal Radon Seed having smooth, round, non-cutting ends. In this type of seed, illustrated here highly magnified, Radon is under gas-tight, leak-proof seal. Composite Platinum (or Gold) Radon Seeds and loading-slot instruments for their implantation are available to you exclusively through us. Inquire and order by mail, or preferably by telegraph, reversing charges.

THE RADIUM EMANATION CORPORATION
GRAYBAR BLDG. Telephone MU 3-8636 NEW YORK, N. Y.

NEW YORK ACADEMY OF MEDICINE
MAR -8 1944
LIBRARY
244487

THE MEDICAL SOCIETY OF NEW JERSEY

Founded July 23, 1766

PLACE OF PUBLICATION, PRINTING AND MAILING, 12 SO. DAY ST., ORANGE, N. J.
EXECUTIVE AND EDITORIAL OFFICES, 222 WEST STATE ST., TRENTON, N. J. TEL. 5776
MEDICAL SERVICE ADMINISTRATION, 31 CLINTON ST., NEWARK, N. J. TEL. MI 2-0675

NORMAN M. SCOTT, *Executive Assistant* Trenton
HENRY A. DAVIDSON, *Editor, in Service A. U. S.* Trenton

OFFICERS

President, ELIAS J. MARSH Paterson
President-Elect, RALPH K. HOLLINSHED Westville
First Vice-President, JOSEPH F. LONDRIGAN Hoboken
Second Vice-President, SAMUEL ALEXANDER Park Ridge
Secretary, ALFRED STAHL Newark
Treasurer, GEORGE J. YOUNG Morristown

TRUSTEES

THOMAS B. LEE, *Chairman* (1945) Camden
ALDRICH C. CROWE, *Secretary* (1944) Ocean City
ELIAS J. MARSH Paterson
RALPH K. HOLLINSHED Westville
JOSEPH F. LONDRIGAN Hoboken
SAMUEL ALEXANDER Park Ridge
ALFRED STAHL Newark
GEORGE J. YOUNG Morristown
E. ZEH HAWKES (1943) Newark
J. HOWARD HORNBERGER (1943) Roebling
ANDREW F. MCBRIDE (1943) Paterson
JESSE MCCALL (1943) Newton
WILLIAM F. COSTELLO (1944) Dover
GEORGE W. FITHIAN (1944) Perth Amboy
DAVID W. GREEN (1945) Salem
HARRY R. NORTH (1945) Trenton
JAMES F. NORTON (1945) Jersey City

COUNCILORS

First District (Union, Warren, Morris and Essex Counties).....CHRISTOPHER C. BELING, Newark (1945)
Second District (Sussex, Bergen, Hudson and Passaic Counties).....VINCENT P. BUTLER, Jersey City (1944)
Third District (Mercer, Middlesex, Somerset and Hunterdon Counties).....BARCLAY S. FUHRMANN, Flemington (1943)
Fourth District (Camden, Burlington, Ocean and Monmouth Counties).....S. EMLEN STOKES, Moorestown (1945)
Fifth District (Cape May, Cumberland, Atlantic, Gloucester and Salem Counties).....CHESTER I. ULMER, Gibbstown (1944)

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

Delegates

WELLS P. EAGLETON (1944) Newark
HILTON S. READ (1944) Ventnor
THOMAS K. LEWIS (1944) Camden
ANDREW F. MCBRIDE (1943) Paterson
LUCIUS F. DONOHOE (1943) Bayonne

Alternate Delegates

ELMER P. WEIGEL (1944) Plainfield
LANCELOT ELY (1944) Somerville
CLARENCE W. WAY (1944) Fort Tilden, N. Y.
SPENCER T. SNEDECOR (1943) Hackensack
RALPH K. HOLLINSHED (1943) Westville

DELEGATES TO OTHER STATES

Delegate

Connecticut—C. BYRON BLAISDELL Long Branch

Alternate Delegate

Connecticut—WILLIAM G. HERRMAN Asbury Park

OFFICERS OF SCIENTIFIC SECTIONS

Medicine

CLARENCE W. WAY, *Chairman* Fort Tilden, N. Y.
EDWARD C. KLEIN, JR., *Secretary* Newark

Surgery

LORRIMER B. ARMSTRONG, *Chairman* Westfield
JOHN COX, *Secretary* Maplewood

Radiology

W. JAMES MARQUIS, *Chairman* Newark
HARRY J. PERLBERG, *Secretary* Jersey City

Gastro-Enterology

HARRISON R. WESSON, *Chairman* Montclair
SYDNEY ROSENTHAL, *Secretary* Newark

Pediatrics

MAURICE L. RIPPS, *Chairman* Elizabeth
HAROLD F. TIDWELL, *Secretary* West New York

Obstetrics and Gynecology

ROBERT A. MACKENZIE, *Chairman* Asbury Park
GEORGE B. GERMAN, *Secretary* Camden

Eye, Ear, Nose and Throat

BRAYTON E. FAILING, *Chairman* Newark
GEORGE P. MEYERS, *Secretary* Camden

CO-OPERATING ORGANIZATIONS

The Department of Health of the State of New Jersey

J. LYNN MAHAFFEY, M.D., *Director of Health*
State House, Trenton, N. J.
Tel. 2-2131, Ext. 541

State Crippled Children's Commission

J. G. BUCH, *Chairman and Director*
732 Broad Street Bank Building, Trenton
Tel. 2-2131, Ext. 785

State Board of Children's Guardians

JOSEPH E. ALLOWAY, *Executive Director*
163 West Hanover Street, Trenton
Tel. 2-2131, Ext. 308

State Board of Medical Examiners of New Jersey

EARL S. HALLINGER, M.D., *Secretary*
Trenton Trust Bldg., 28 W. State St., Trenton, N. J.
Room 1101, Tel. Trenton 2-2131, Ext. 272

New Jersey Health Officers' Association

MR. WILLIAM C. BLAKE, *Secretary*
Thomson Hall, Princeton, N. J.
Tel. Princeton 1005

New Jersey Health and Sanitary Association

JOHN HALL, *Executive Secretary*
Freehold. N. J.
Tel. 65-W

Department of Institutions and Agencies

WILLIAM J. ELLIS, Ph.D., *Commissioner*
State House Office Building, Trenton
Tel. 2-2131, Ext. 737

New Jersey State Nurses' Association

MISS JESSIE M. MURDOCH, *President*
Jersey City Medical Center, Jersey City
Tel. Bergen 3-7000

New Jersey Hospital Association

DR. GEORGE O'HANLON, *Executive Secretary*
Medical Center, Jersey City
Tel. Bergen 3-7000

State Board of Pharmacy

ROBERT P. FISCHELIS, Phar. D., *Secretary*
Trenton Trust Building, Trenton
Tel. 2-2131, Ext. 546

Department of Motor Vehicles

ARTHUR W. MAGEE, *Commissioner*
State House Office Building, Trenton
Tel. 2-2131, Ext. 208

STANDING COMMITTEES

Meetings at the call of the Chairmen

Finance and Budget

HARRY R. NORTH, *Chairman* (1945) Trenton
HERSCHEL PETTIT (1945) Ocean City
ANDREW F. MCBRIDE (1947) Paterson
DAVID B. ALLMAN (1944) Atlantic City
HENRY SPENCE (1946) Jersey City
WILLIAM F. COSTELLO (1943) Dover
GEORGE J. YOUNG, *Ex-Officio* Morristown

Medical Defense and Insurance

CHRISTOPHER C. BELING, *Chairman* (1943) Newark
J. WALLACE HURFF (1944) Newark
GEORGE T. TRACY (1944) Beverly
CHARLES F. BAKER (1945) Newark
CHARLES J. LARKEY (1943) Bayonne

Publication

HENRY C. BARKHORN, *Chairman* (1942) Newark
JOSEPH E. MOTT (1943) Paterson
J. LAWRENCE EVANS (1944) North Bergen
ELIAS J. MARSH, *Ex-Officio* Paterson
ALFRED STAHL, *Ex-Officio* Newark
LEROY A. WILKES, *Acting Editor* Trenton

Scientific Work

First District—JOHN W. GRAY Newark (1943)
Second District—WILLIAM W. MAVER Jersey City (1943)
Third District—PATRICK H. CORRIGAN Trenton (1943)
Fourth District—S. EMLEN STOKES Moorestown (1943)
Fifth District—HAROLD DAVIDSON Atlantic City (1943)

PRESIDENTIAL APPOINTMENTS

JOHN H. ROWLAND New Brunswick (1943)
ROYCE PADDOCK Newark (1944)

Honorary Membership

LUCIUS F. DONOHOE, *Chairman* (1945) Bayonne
WILLIAM J. CARRINGTON (1944) Atlantic City
E. ZEH HAWKES (1943) Newark

Woman's Auxiliary

WILLIAM E. DODD, *Chairman* (1944) Beach Haven
WILLIAM K. CAMPBELL (1945) Long Branch
HARROLD A. MURRAY (1944) Newark
HAMMELL P. SHIPPS (1945) Delanco
ILY R. BEIR (1943) Atlantic City
RALPH J. VREELAND Paterson

Post-Graduate Education

ALBERT W. PIGOTT, *Chairman* (1945) Skillman
C. WRIGHT MACMILLAN (1943) Upper Montclair
GEORGE A. HARROP (1943) Princeton
CLARENCE W. WAY (1944) Fort Tilden, N. Y.
ERNEST F. PURCELL (1944) Trenton

Annual Meeting

J. CARLISLE BROWN, *Chairman* (1943) Atlantic City
JOHN W. GRAY (1945) Newark
CLARENCE L. ANDREWS (1944) Atlantic City
LEWIS W. BROWN (1943) Newark
THOMAS MCG. BRENNOCK (1944) Jersey City

Scientific Program

JOHN W. GRAY, *Chairman* (1943) Newark
C. ABBOTT BELING Newark
ROBERT S. GAMON Camden

WELFARE COMMITTEE

HILTON S. READ, *Chairman* *In Service, A. U. S.*
HERSCHEL S. MURPHY, *Acting Chairman* Roselle
ELIAS J. MARSH, *Ex-Officio* Paterson
ALFRED STAHL, *Ex-Officio* Newark

DAVID B. ALLMAN (Atlantic County) Atlantic City
EDWARD GUION Northfield

HARRISON B. WILSON (Bergen County) Hackensack
JOSEPH R. MORROW Oradell

JOSEPH M. KUDEN (Burlington County) Mount Holly

HENRY B. DECKER (Camden County) Camden
ERNEST G. HUMMEL Camden

CLARENCE W. WAY (Cape May County) ..Fort Tilden, N. Y.

MILLARD F. SEWALL (Cumberland County) Bridgeton
H. BURTON WALKER Vineland

HARRY N. COMANDO (Essex County) Newark
CHARLES M. ROBBINS Newark
WALTER G. ALEXANDER Orange
ROYAL A. SCHAAF Newark

WENDELL J. BURKETT (Gloucester County) Pitman
CHESTER I. ULMER Gibbstown

REEVE L. BALLINGER (Hudson County) Arlington
J. LAWRENCE EVANS North Bergen
BERTHOLD S. POLLAK Jersey City

SAMUEL B. ENGLISH (Hunterdon County) Glen Gardner

D. LEO HAGGERTY (Mercer County) Trenton

JACOB J. MANN (Middlesex County) Perth Amboy
RALPH J. FAULKINGHAM New Brunswick

OTTO R. HOLTERS (Monmouth County) Asbury Park
STANLEY H. NICHOLS Long Branch

W. BLAKE GIBB (Morris County) Morristown

J. EDWIN OBERT (Ocean County) New Egypt
WILLIAM E. DODD Beach Haven

SIGURD W. JOHNSEN (Passaic County) Passaic
WILLIAM W. SUTHERLAND Paterson

WILLIAM T. HILLIARD (Salem County) Salem

FRANK L. FIELD (Somerset County) Far Hills

LEO B. DRAKE (Sussex County) Franklin

NORMAN W. BURRITT (Union County) Summit
FREDERIC W. LATHROP Plainfield

WILLIAM H. VARNEY (Warren County) Washington

SUB-COMMITTEES TO THE WELFARE COMMITTEE

Legislation

BERTHOLD S. POLLAK, *Chairman* Jersey City
WENDELL J. BURKETT, *Vice-Chairman* Pitman
WILLIAM C. WILENTZ Perth Amboy
H. ROY VAN NESS Newark
JOSEPH M. KUDER Mount Holly
THOMAS A. CLAY Paterson
CHARLES MITCHELL Trenton
SAMUEL ALEXANDER Park Ridge
FREDERIC J. QUIGLEY, *Executive Secretary* Union City

Medical Practice

HENRY B. DECKER, *Chairman* Camden
SIGURD W. JOHNSEN, *Vice-Chairman* Passaic
CHESTER I. ULMER Gibbstown
SAMUEL BARBASH Atlantic City
ROBERT M. GRIER Pleasantville
WILLIAM K. HARRYMAN Hackensack
A. CHARLES ZEHNDER Newark
ANDREW C. RUOFF Union City
WATSON B. MORRIS Springfield
J. MALLORY CARLISLE Westfield

Public Health

STANLEY NICHOLS, *Chairman* Long Branch
FREDERIC W. LATHROP, *Vice-Chairman* Plainfield
ABRAHAM E. JAFFIN Jersey City
ARTHUR W. BINGHAM East Orange
JULIUS LEVY Newark
ELBERT S. SHERMAN Newark
JOHN S. KESSELL East Orange
WILLIAM C. WUESTER Hillside
JOSEPH E. RAYCROFT Princeton
MILLARD F. SEWALL Bridgeton
CHESTER R. BROWN Arlington
WILLIAM H. VARNEY Washington
WILSON G. GUTHRIE Trenton
HARVEY M. EWING Montclair

Public Relations

CHARLES M. ROBBINS, *Chairman* *In Service, A. U. S.*
ROYAL A. SCHAAF, *Acting Chairman* Newark
J. EDWIN OBERT New Egypt
RALPH M. BUCHANAN Phillipsburg
CHESTER I. ULMER Gibbstown
CLARENCE W. WAY Fort Tilden, N. Y.
SIDNEY LEVINE Paterson

ADVISORY COMMITTEES TO THE SUB-COMMITTEE ON PUBLIC HEALTH

Meetings at the call of the Chairmen

Cancer Control

WILLIAM O. WUESTER, *Chairman* Hillside
OTTO R. HOLTERS, *Vice-Chairman* Asbury Park
LEONID S. SNEGERIFF Trenton
THOMAS J. SUMMEY Moorestown
WILLIAM A. ANTOPOL Newark
HARRY BRINDLE Asbury Park

Conservation of Vision

ELBERT S. SHERMAN, *Chairman* Newark
HALVOR L. HARLEY, *Vice-Chairman* Atlantic City
CHARLES H. SCHLICHTER Elizabeth
JAMES S. SHIPMAN Camden
JAMES A. FISHER Asbury Park
JOSEPH H. KLER New Brunswick
REINOLD W. ter KUILE Ridgewood
JOHN S. VAN WINKLE Paterson
PATRICK H. CORRIGAN Trenton

Maternal Welfare

ARTHUR W. BINGHAM, *Chairman* East Orange
J. CARLISLE BROWN, Vice-Chairman Atlantic City
SAMUEL A. COSGROVE Jersey City
WALTER B. MOUNT Montclair
ROBERT A. MacKENZIE Asbury Park
J. HARRIS UNDERWOOD Woodbury
HARRISON B. WILSON Hackensack
MAYNARD G. BENSLEY Summit
ALBERT B. KUMP Bridgeton
CARL H. ILL Newark
JULIUS LEVY Newark
WILLIAM M. SULLIVAN, JR. Passaic
GEORGE B. GERMAN Camden

Mental Hygiene

JOSEPH E. RAYCROFT, *Chairman* Trenton
JOHANNES F. PESSEL Trenton
J. BERKLEY GORDON Marlboro
S. EMLEN STOKES Moorestown
ARTHUR C. ZUCK Washington
ELIZABETH NESBITT Little Falls
ARTHUR P. HASKING Jersey City
HANS WASSING Paterson

Traffic Accidents

MILLARD F. SEWALL, *Chairman* Bridgeton
THOMAS S. P. FITCH Plainfield
CHRISTIAN P. SEGARD Leonia
GARNETT SUMMERILL Camden
DANIEL F. REMER Mount Holly

Venereal Disease Control

ARTHUR J. CASSELMAN, *Chairman* Camden
HUMAN J. UDINSKY Passaic
ERNEST A. ROBINSON Asbury Park
BAXTER A. LIVENGOOD Woodbury
ROBERT L. McKIERNAN New Brunswick

Health Supervision and Prophylaxis

FREDERIC W. LATHROP, *Chairman* Plainfield

ADULT HEALTH SUPERVISION

WILLIAM H. VARNEY, *Chief* Washington
HAROLD A. KAZMANN Long Branch

CHILD HEALTH

CHESTER R. BROWN, *Chief* Arlington
WALTER B. STEWART Atlantic City
HARROLD A. MURRAY Newark

CARDIO-VASCULAR

HARVEY M. EWING, *Chief* Montclair
THOMAS M. KAIN Camden
CLARENCE L. ANDREWS Atlantic City

TUBERCULOSIS

ABRAHAM E. JAFFIN, *Chief* Jersey City
MARTIN H. COLLIER Lakeland
HAROLD S. HATCH Morristown

CRIPPLED CHILDREN

TOUFICK NICOLA, *Chief* Montclair
FREDERICK G. DILGER Hackensack
ELMER P. WEIGEL Plainfield

Consultants

FREDERICK L. BROWN New Brunswick
LeROY W. BLACK Rutherford
AARON E. PARSONNET Newark
DAVID B. ALLMAN Atlantic City
MILTON A. SHANGLE Elizabeth
GEORGE N. J. SOMMER, SR. Trenton
JULIUS LEVY Newark
ISRAEL J. WOLF Paterson
SETH B. SPRAGUE Jersey City
HENRY BRIGGS East Orange
JAMES P. PREGNALL Asbury Park
SAMUEL B. ENGLISH Glen Gardner
MARCUS W. NEWCOMB Browns Mills
M. JAMES FINE Newark
A. HOBSON DAVIS Paterson
ENOCH BLACKWELL Trenton
GEORGE P. MEYER Camden
C. COULTER CHARLTON Atlantic City
LEO B. DRAKE Bridgeton
H. HURLBURT WILSON Bridgeton
BART M. JAMES Newark
CLARENCE S. JANIFER Newark
WILSON G. GUTHRIE Newark
SAMUEL A. SANDLER Hackensack
J. PHILLIP STOUT Jersey City

ADVISORY COMMITTEES TO THE SUB-COMMITTEE ON MEDICAL PRACTICE

Meetings at the call of the Chairmen

Auxiliary Medical Services

Sigurd W. Johnsen, *Chairman* Passaic
Eugene G. Herbener Lakewood

Contract Practice

Andrew C. Ruoff, *Chairman* Union City
Harvey T. Herold Newark
Henry Haywood New Brunswick

Hospital Relationships

Watson B. Morris, *Chairman* Springfield
Earl H. Snavely Newark
George O'Hanlon Jersey City
Charles Hyman Atlantic City
Reeve L. Ballinger Arlington
Frank G. Scammell Trenton
A. Maurice Curtis Paterson
Grennelle B. Tompkins Flemington
Thomas M. Kain Camden

Industrial Health and Hygiene

J. Mallory Carlisle, *Chairman* Westfield
Donald O. Hamblin Bound Brook
Edgar E. Evans Penns Grove
Frank A. Barlow Paterson
Lee W. Hughes Newark

Medical Care of the Indigent and Low-Wage Group

Robert M. Grier, *Chairman* Pleasantville
Charles E. Sharp Port Norris
Harold C. Cox Hightstown
Clarence A. Bowersox Woodbury
Russell K. Tether Closter

Nursing and Nursing Education

A. Charles Zehnder, *Chairman* Newark
Harry Subin Atlantic City
Victor Knapp Ashury Park
H. Wesley Jack Camden
Charles J. Murn Paterson

Pharmaceutical Problems

Chester I. Ulmer, *Chairman* Gibbstown
Reeve L. Ballinger Arlington
Irving Okin Passaic

Workmen's Compensation

William K. Harryman, *Chairman* Hackensack
H. Burton Walker Vineland
Frederick L. Brown New Brunswick
Parry M. Scott Beverly
Alfred D. Meneve Paterson

SPECIAL COMMITTEE

War Participation

J. Mallory Carlisle, *Chairman* Westfield
David B. Allman Atlantic City
Francis H. Todd Paterson
George H. Lathrope Newark
Henry B. Decker Camden

J. Lawrence Evans North Bergen
President, *Ex-Officio*
President-Elect, *Ex-Officio*
Secretary, *Ex-Officio*
Chairman, Board of Trustees, *Ex-Officio*

WOMAN'S AUXILIARY

President, Mrs. J. Howard Hornberger, "Brookside", Route 25, Roebling

President-Elect, Mrs. Asher Yaguda Newark
First Vice-President, Mrs. James H. Mason Atlantic City
Second Vice-President, Mrs. James J. McGuire Trenton

Recording Secretary, Mrs. Banks S. Baker Camden
Corresponding Sec'y, Mrs. Lawrence L. Glover .. Haddonfield
Treasurer, Mrs. Thomas P. McConaghy Camden

FIELD PHYSICIANS OF THE COUNTIES

County	Name	Address	Telephone
ATLANTIC	J. Carlisle Brown	101 S. Indiana Ave., Atlantic City	5-4979
BERGEN	Lyman Burnham	229 Engle St., Englewood	3-1810
BURLINGTON	F. D. Fahrenbruch	101 Garden St., Mt. Holly	237
CAMDEN	Edmund Hessert	417 Cooper St., Camden	3382
CAPE MAY	Jules Cooper	Washington Ave., Woodbine	Bell 8-R-12
CUMBERLAND			
ESSEX	Alfred Meurlin	158 S. Harrison St., East Orange	Orange 5-9026
GLOUCESTER	Chester I. Ulmer	Gibbstown	Paulsboro 18
HUDSON	John J. McCarthy	616 35th St., North Bergen	Palisades 6-2385
HUNTERDON	P. W. Baker	High Bridge	170-R-2
MERCER	James R. Harman	824 W. State St., Trenton	3-0436
MIDDLESEX			
MONMOUTH	William Heatley	23 Monmouth St., Red Bank	80
MORRIS			
OCEAN	George W. Gaumer	422 First St., Lakewood	81
PASSAIC	Theodore K. Graham	279 Park Ave., Paterson	Sherwood 2-9422 and 1607
SALEM	William T. Hilliard	105 Market St., Salem	332
SOMERSET	Samuel H. Pogoloff	Manville	Somerville 1228
SUSSEX	H. M. Aitken	Ogdensburg	Franklin 2002
UNION	Arthur E. Tator	57 DeForest Ave., Summit	6-0313
WARREN			

PRESIDENTS, SECRETARIES AND REPORTERS OF COMPONENT COUNTY MEDICAL SOCIETIES

County	President	Secretary	Reporter
ATLANTIC	Robert A. Bradley, Atlantic City..	J. Carlisle Brown, Atlantic City.. Tel. 5-4979	Sloan G. Stewart, Atlantic City
BERGEN	Henry D'Agostin, Cliffside Park..	Rudolph C. Schretzmann, Ruther'd Tel. 2-2014	Samuel C. Bump, Ridgewood
BURLINGTON..	Parry M. Scott, Beverly	George T. Tracy, Beverly Tel. 110	T. Bruce Dickson, Riverton
CAMDEN	David F. Bentley, Jr., Camden...	Robert S. Gamon, Camden Tel. 304	Thomas H. McGlade, Camden
CAPE MAY	Samuel B. Hughes, Cape May....	Alexander C. Moon, Cape May... Tel. 273	Alexander C. Moon, Cape May
CUMBERLAND.	Edward J. Thalheimer, Vineland..	Mary Bacon, Bridgeton Tel. 110	H. S. Branin, Millville
ESSEX	William W. Cox, Montclair	Marcus H. Greifinger, Newark.... Tel. Waverly 3-2167	E. LeRoy Wood, Newark
GLOUCESTER..	Cecil C. Sheets, Paulsboro	Chester I. Ulmer, Gibbstown Tel. Paulsboro 18	Clarence A. Bowersox, Woodbury
HUDSON	Thos. McG. Brennock, Jersey City	Vincent P. Butler, Jersey City ... Tel. Delaware 3-3829	Harry J. Perlberg, Jersey City
HUNTERDON ..	A. M. Jenkins, Frenchtown	E. W. Lane, Bloomsbury Tel. Phillipsburg 10-R-13	J. E. Shangold, Sergeantsville
MERCER	Samuel Blaugrund, Trenton	A. Dunbar Hutchinson, Trenton... Tel. 3-5542	A. Dunbar Hutchinson, Trenton
MIDDLESEX...	Joseph H. Kler, New Brunswick..	W. Edgar Sherman, New Br'nsw'k Tel. 573	Alex M. Carr, Metuchen
MONMOUTH ..	Harold A. Kazmann, Long Branch	Louis F. Alhright, Spring Lake... Tel. 56	Murray Woronoff, Keyport
MORRIS	F. Clyde Bowers, Mendham	George J. Young, Morristown Tel. 4-0662	Wilbur M. Judd, Greystone Park
OCEAN	Carl H. Menge, Toms River	Raymond A. Taylor, Lakewood... Tel. 44	Frederick N. Bunnell, Barnegat
PASSAIC	Thomas A. Clay, Paterson	J. Allen Yager, Paterson Tel. Armory 4-2222	Irving Okin, Passaic
SALEM	Frank L. Perry, Woodstown	John S. Dunn, Salem Tel. 201	Harry F. Suter, Pennsgrove
SOMERSET	Donald O. Hamblin, Bound Brook	Arthur F. Mangelsdorff, B'd Brook Tel. 500	Lancelot Ely, Somerville
SUSSEX	Victor E. Burn, Newton	John E. Longnecker, Jr., Sparta.. Tel. Lake Mohawk 2061	Chilton E. Spurgeon, Newton
UNION	George A. Seymour, Elizabeth ...	Frederic W. Lathrop, Plainfield .. Tel. 6-0940	Edward G. Bourns, Westfield
WARREN	Guernsey F. West, Phillipsburg...	Neumann C. Marlett, Belvidere... Tel. 99	Philip B. Kassow, Alpha

An easy way to give them Vitamin D

Winter sunshine has fewer of the rays which produce the vitamin D that children need.

Suggest Supplee Sealtest Homogenized Vitamin D Milk for them. They'll like its tastier flavor. And every quart contains at least 400 U.S.P. units of vitamin D.

This delicious milk is also an excellent source of calcium and phosphorus—the two other elements needed to build sound teeth and bones. So when they drink it, you're sure they're getting all three.

Recommend its use to mothers wherever advisable.



SUPPLEE
A Division of National Dairy Products Corporation

Sealtest
HOMOGENIZED
(pronounced hoe-MAH-jen-ized)
VITAMIN D MILK

PROFESSIONAL LIABILITY PROTECTION

Afforded Members of

THE MEDICAL SOCIETY OF NEW JERSEY

Since 1921

FAULHABER & HEARD, INC.

Authorized broker to negotiate
professional liability contracts for
The Medical Society of New Jersey

CONSULT US

For Protection and Specialized Service

31 Clinton Street Newark, N. J.

Telephone MItchell 2-1294

FAULHABER & HEARD, Inc.

31 CLINTON STREET NEWARK, N. J.

Kindly send information on limits and costs of Society Professional Policy.

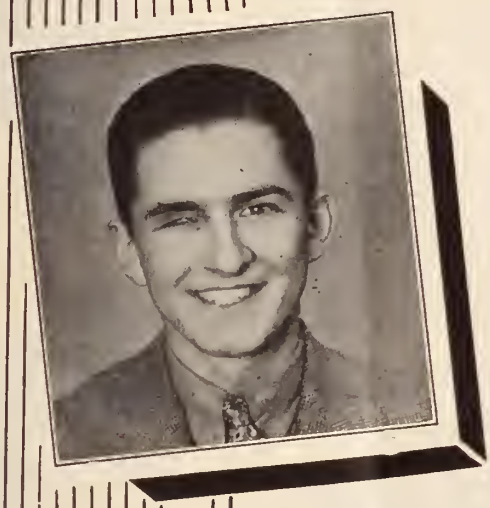
Name

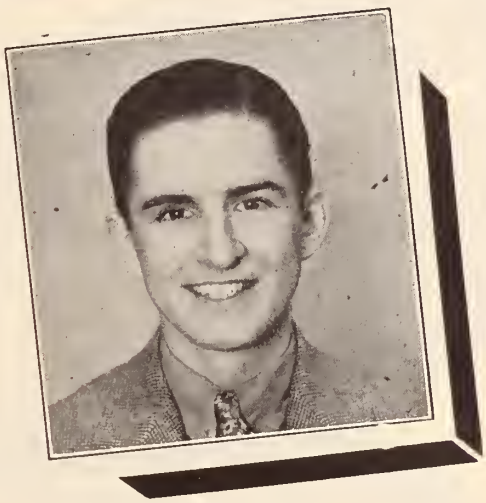
Address

.....

Full-Motioned, Lifelike

ARTIFICIAL HUMAN EYES





We have the Enviable Reputation of "Really Knowing How" to produce that "Pleasing Cosmetic Effect" so desired by one wearing an Artificial Eye.

REFERRED CASES CAREFULLY ATTENDED

IT IS OF VITAL IMPORTANCE TO THE PATIENT'S FUTURE APPEARANCE THAT THE FIRST ARTIFICIAL EYE BE PROPERLY FITTED. IT IS IN THESE NEW CASES, WHERE UTMOST ATTENTION MUST BE GIVEN—AND OF WHICH WE HAVE MADE A SPECIAL STUDY.

Especially Made to Order Eyes by Skilled Artisans.

Also Eyes Fitted from Stock

SELECTIONS SENT ON MEMORANDUM UPON REQUEST.

FRIED AND KOHLER, INC.

"Specialists in Artificial Human Eyes Exclusively"

665 FIFTH AVENUE near 53rd St. NEW YORK, N. Y.
Tel. Eldorado 5-1970

"Pleasing Particular People for Over Forty Years!"

OWNED AND OPERATED BY THE STATE OF NEW YORK



To ease your load of Chronic Cases

Today, more than ever, the increased number of *over*worked physicians is entitled to every available facility in the continuing direction and care of chronic cases of circulatory, vascular and rheumatic disorders.

Nature localized at Saratoga a rich endowment of naturally carbonated mineral waters. Here are waters of established therapeutic value in treating conditions where external or internal use of them is indicated. And here New York State has organized and built around these natural agents facilities for your use as a practicing physician.

The Spa (whose medical staff does not practice) administers only the treatments prescribed by you. The local specialist you choose for your patient's stay at the Spa will give the desired supervision. The relaxation achieved at the Spa brings relief from pressures and tensions and thus prepares the patient for the *full benefit of your continuing medical direction.*

We will gladly send you the professional publications of the Spa . . . physician's sample carton of the bottled waters with their analyses. Address W. S. McClellan, M.D., Medical Director, Saratoga Spa, 159 Saratoga Springs, N. Y.

SARATOGA SPA

THE EMPIRE STATE'S CONTRIBUTION TO THE MEDICAL PROFESSION



Nikethamide, Endo

Nicotinic Acid Diethylamide



ACCEPTED
AMERICAN MEDICAL ASSN
Council on Pharmacy and Chemistry

The acceptance of NIKETHAMIDE by the Council on Pharmacy and Chemistry is a timely recognition of a wholly American-produced drug of importance.

A voluminous literature testifies to the frequent usefulness of Nikethamide in medical practice. The circulatory stimulating effects and analeptic action of this drug have proven often of value in anesthetic collapse and, indeed, in many instances of respiratory failure requiring emergency treatment.

NIKETHAMIDE, Endo, is supplied for parenteral administration in boxes of 12 and 100 ampoules of 1½ c.c. size; for oral use, in vials of 15 c.c.

Literature on request



ENDO PRODUCTS, INC., RICHMOND HILL, NEW YORK

MERCK CONTRIBUTIONS IN THE VITAMIN FIELD

1934	*Ascorbic Acid Merck (U.S.P.) was made available by Merck & Co., Inc.*
1936	*Vitamin B_1 was synthesized in the Merck Research Laboratories.*
1937	*Thiamine Hydrochloride Merck (U.S.P.) was made available in commercial quantities.*
1938	*Nicotinic Acid Merck (U.S.P.) (Niacin) and Nicotinamide Merck (U.S.P.) (Niacinamide) were made commercially available.*
1938	*Riboflavin Merck (U.S.P.) was the second pure crystalline vitamin to reach commercial production during the year.*
1938	*Alpha-Tocopherol (Vitamin E) was identified and synthesized by Merck chemists and their collaborators in other laboratories.*
1939	*Vitamin B_6 was synthesized in the Merck Research Laboratories.*
1940	*Vitamin B_6 Hydrochloride Merck (Pyridoxine Hydrochloride) became available in commercial quantities.*
1940	*Alpha-Tocopherol Merck (Vitamin E) was made commercially available.*
1940	*Vitamin K_1 Merck (2-Methyl-3-Phytyl-1, 4-Naphthoquinone) was made commercially available.*
1940	*Menadione Merck (U.S.P.) (2-Methyl-1, 4-Naphthoquinone), a pure chemical having marked Vitamin K activity, became available in commercial quantities.*
1940	*Pantothenic Acid, member of the Vitamin B Complex, was identified and synthesized by Merck chemists and their collaborators in other laboratories.*
1940	*Calcium Pantothenate Dextrorotatory, a biologically active form of Pantothenic Acid, was made commercially available by Merck & Co., Inc.*



DISCOVERIES and advances in the vitamin field made by Merck chemists and their collaborators indicate the leading rôle played by Merck & Co. Inc. as manufacturer of these therapeutically important substances.

Merck & Co. Inc. manufactures all of the vitamins which are now commercially available in pure form, with the exception of vitamins A and D. Literature on the vitamins listed above will be mailed on request.

MERCK

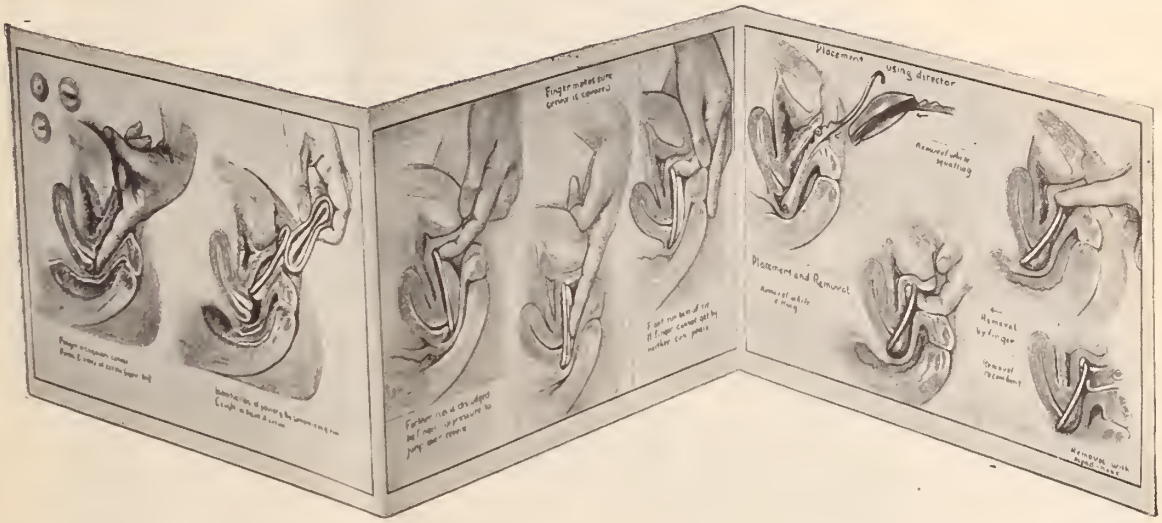
FINE CHEMICALS FOR THE PROFESSIONS AND INDUSTRY SINCE 1818

For Victory—Buy War Savings Bonds and Stamps

MERCK & CO. Inc. *Manufacturing Chemists* RAHWAY, N. J.

11th Edition Now Out

Send for Copy



The Technique of Fitting Diaphragms

A series of charts in booklet form (6 x 9) clearly illustrating the technique of fitting diaphragms by the physician, now accompanied by the Dickinson-Freret Charts in two colors. For use by the physician in explaining the technique to his patient. These charts are regarded as the most helpful explanatory aid on the subject ever published. Eleventh edition now out. Write, or use coupon, for a copy.

Holland-Rantos
Company, Inc.
551 FIFTH AVENUE, NEW YORK, N. Y.

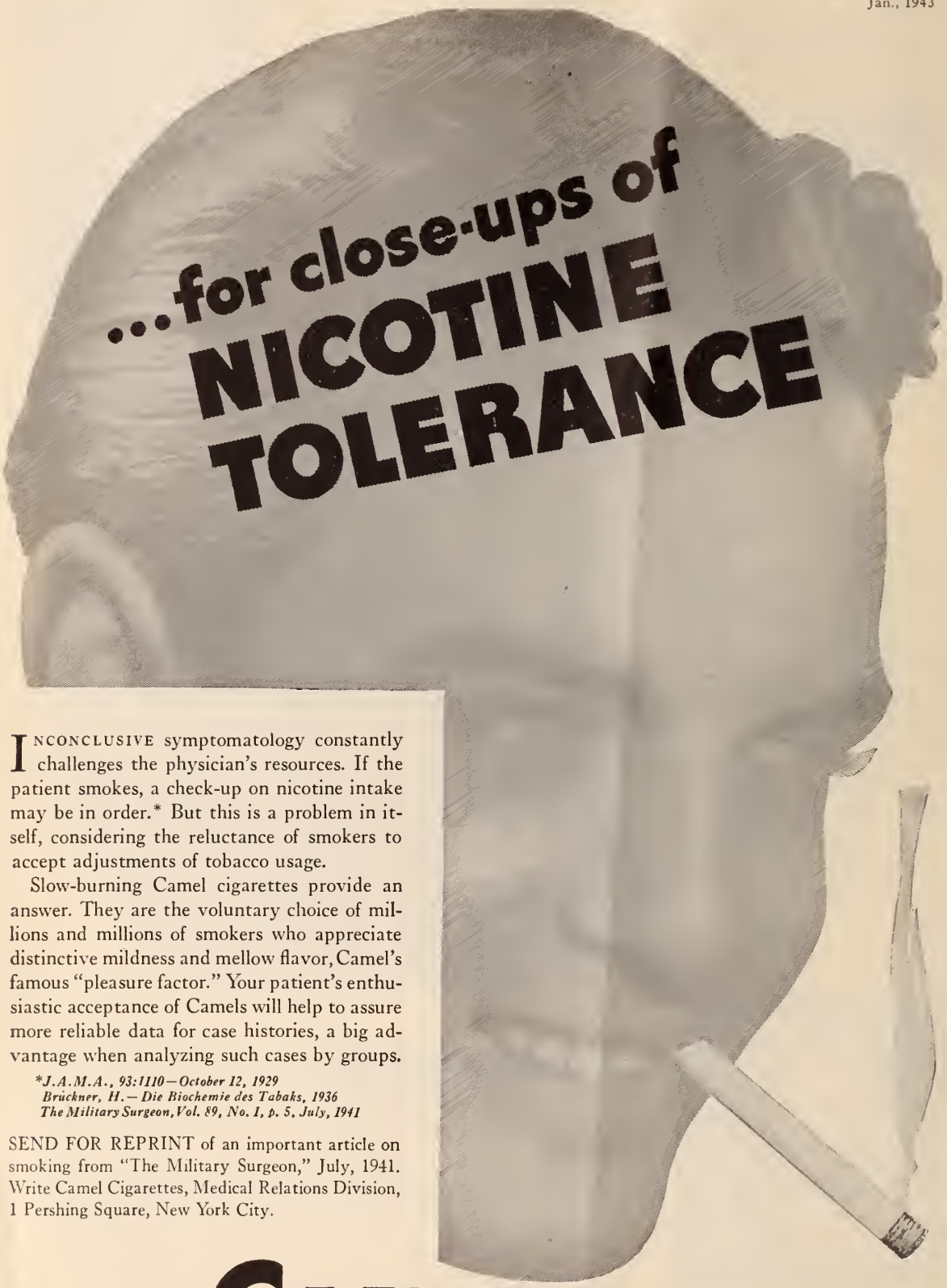
Holland-Rantos Co., Inc.
551 Fifth Avenue
New York, N. Y.

Without cost, please send your booklet on Fitting Technique to:

Dr.....

Street.....

City.....State.....



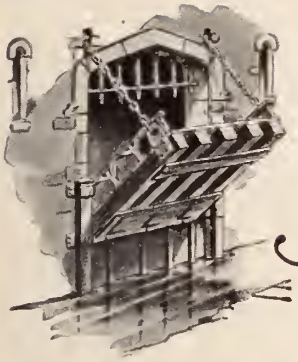
INCONCLUSIVE symptomatology constantly challenges the physician's resources. If the patient smokes, a check-up on nicotine intake may be in order.* But this is a problem in itself, considering the reluctance of smokers to accept adjustments of tobacco usage.

Slow-burning Camel cigarettes provide an answer. They are the voluntary choice of millions and millions of smokers who appreciate distinctive mildness and mellow flavor, Camel's famous "pleasure factor." Your patient's enthusiastic acceptance of Camels will help to assure more reliable data for case histories, a big advantage when analyzing such cases by groups.

*J.A.M.A., 93:1110—October 12, 1929
Brückner, H.—Die Biochemie des Tabaks, 1936
The Military Surgeon, Vol. 89, No. 1, p. 5, July, 1941

SEND FOR REPRINT of an important article on smoking from "The Military Surgeon," July, 1941. Write Camel Cigarettes, Medical Relations Division, 1 Pershing Square, New York City.

CAMEL
costlier tobaccos



Safeguarding

YOUR USE OF

BENZEDRINE SULFATE TABLETS

Any potent drug should be administered under medical supervision, and Benzedrine Sulfate* is no exception.

In medical literature, the majority of the reports of undesirable reactions attributed to Benzedrine Sulfate have been traceable to cases of indiscriminate or unsupervised use. This is equally true of the often magnified and sensational reports in the lay press.

Obviously, these unfavorable reports greatly retarded the wider clinical use of this valuable therapeutic agent. From the very beginning, Smith, Kline & French Laboratories—as a matter of business judgment, to say nothing of ethical considerations—did what it could to keep Benzedrine Sulfate solely in the hands of the medical profession.

But our own unaided efforts never met with complete success. And, understandably concerned over the possibility of self-medication, certain physicians hesitated to employ Benzedrine Sulfate therapy.

However, when the Federal Food, Drug & Cosmetic Act of June, 1938, became effective, we immediately put Benzedrine Sulfate in the category of drugs to be sold on prescription only. The Act is strictly enforced and is supplemented by similar legislation in many states. Today, as a result, the physician can prescribe Benzedrine Sulfate, secure in the knowledge that there is little likelihood of its abuse.

**Brand of amphetamine sulfate*



SMITH, KLINE & FRENCH LABORATORIES, PHILADELPHIA, PA.



To the Medical Profession in New Jersey

New Year's Resolution

We pledge our wholehearted support to the Medical Profession who are taxed to the utmost during these troubled and trying times.

GUILD OF PRESCRIPTION OPTICIANS OF AMERICA

1943

All out for a Victorious Year

Guild of Prescription Opticians of New Jersey, Inc.



YEARS of laboratory and clinical study have produced this effective vasoconstrictor which will provide more prompt and prolonged relief from nasal congestion. Preferred by physicians and patients because of absence of local and systemic side effects, PRIVINE* Hydrochloride has a more sustained action, outlasting in most cases the effect of other vasoactive fluids.

Clinical solutions have been prepared in line with modern requirements set up for nasal medication by authoritative investigators. They are strongly buffered to resist alkaline pathological secretion and to preserve a normal, slightly acid reaction of the nasal mucosa. Their isotonicity and the reaction of the solution (pH—6.2) are specifically recommended for the restoration and preservation of the ciliary activity and the normal physiology of mucous membranes. The use of PRIVINE Hydrochloride is not followed by a compensatory swelling of the mucosa.

PRIVINE HYDROCHLORIDE is a most economical and efficient nasal medication. Issued as an 0.1% solution, bottles of 1 oz. with dropper. An 0.05% solution is available especially for children.

*Trade Mark Reg. U. S. Pat. Off.

CIBA

Pharmaceutical Products, Inc.

SUMMIT, NEW JERSEY

Lowered resistance to tuberculosis... How to watch for it!



TUBERCULIN PATCH TEST (Vollmer)
Lederle

WAR ITSELF MAY BE VIEWED as a cyclic epidemic that brings in its train a whole series of infections to prey upon the exhaustion of its victims. *Malnutrition*, *overcrowding*, *overactivity* and *undue exposure to cold and wet* combine to harass civilians and combatants alike when war is fought as much upon the home front as in the combat zone.

When to these factors of lowered resistance is added contact with clinical tuberculosis, the stage is set for rapid spread of the disease among the susceptible elements of the population. Thus in war the secular downward trend of tuberculosis flattens out and may exhibit a war-time ascent.

The "TUBERCULIN PATCH TEST (Vollmer) *Lederle*" has facilitated large-scale case-finding surveys by school and public health authorities[1,2] throughout the United States. It has the advantages of *ease of application*, *reliability* and *painlessness*.

[1]NARODICK, P. H. (Supt. and Med. Director, King County Tuberculosis Hosp., Seattle, Wash.): Northwest Med. 41:193 (June) 1942.

[2]COHEN, P. (Santa Barbara County Health Dept., Santa Barbara, California): California & West. Med. 56:70 (Feb.) 1942.

Supplied in packages of
1, 10 and 100 tests

NOW IS THE TIME FOR EVERY COMMUNITY TO START A CASE-FINDING CAMPAIGN TO HALT THE RAVAGES OF THIS COMMON FOE!

Specify **Lederle**

LEDERLE LABORATORIES, INC., 30 Rockefeller Plaza, New York, N. Y.



Perhaps some overworked doctor would like to know . . .

. . . that Biolac is a complete liquid infant formula which saves you valuable time because there are no extra ingredients to be calculated.

. . . that Biolac provides completely for all nutritional needs of young infants except vitamin C.

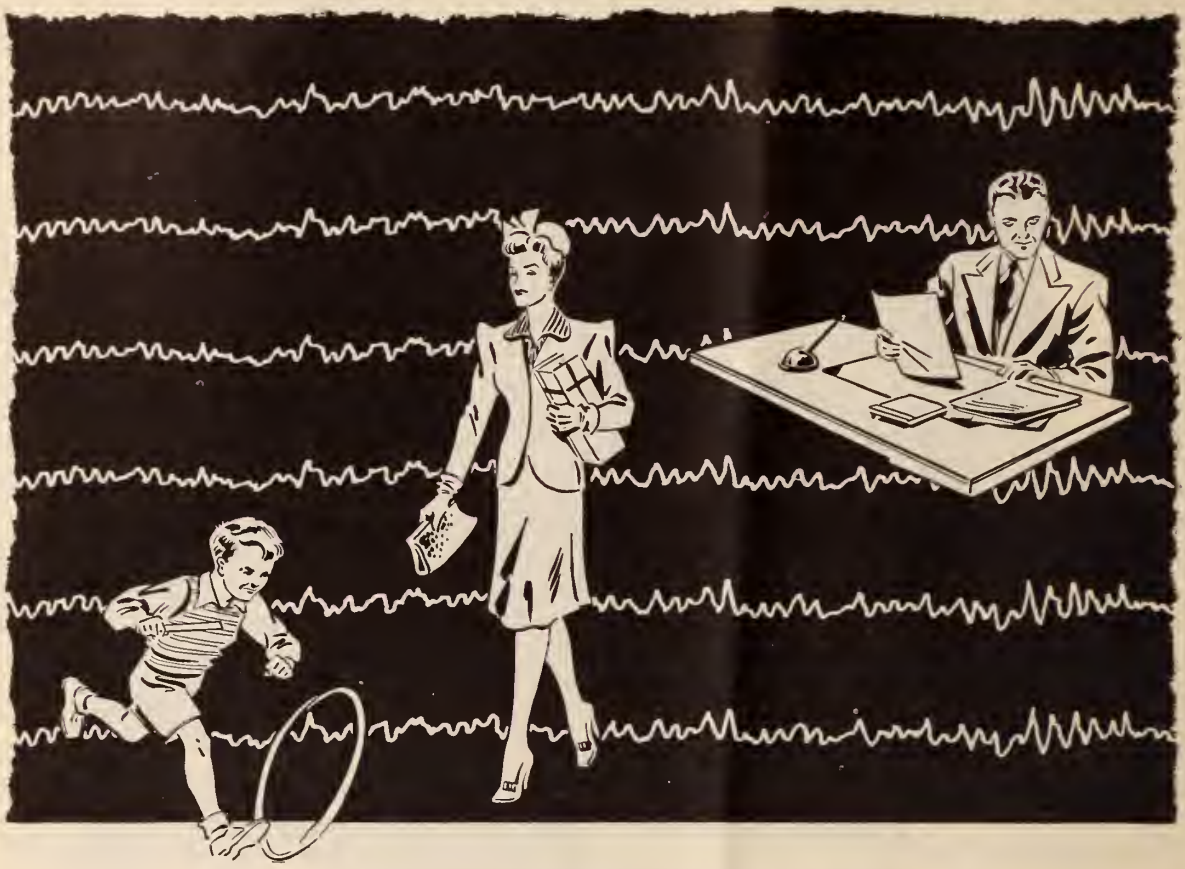
. . . that prescribing Biolac reduces the possibility of upsets due to errors or contamination in formula preparation since it requires only simple dilution with boiled water as you direct.

NO LACK IN BIOLAC

Borden's complete infant formula

● *Biolac is prepared from whole milk, skim milk, lactose, Vitamin B_1, concentrate of Vitamins A and D from cod liver oil, and ferric citrate. It is evaporated, homogenized, and* sterilized. *For samples and professional information, write Borden's Prescription Products Div., 350 Madison Ave., New York City.*

ACCEPTED AMERICAN MEDICAL ASSN



The Moving Finger Writes

OF MORE NORMAL, HAPPIER PEOPLE

THE oscillating "finger" of the electroencephalograph, recording abatement of abnormality of brain waves, tells but a part of the story of epilepsy treatment with Dilantin+ Sodium. Fewer and less severe seizures, more normal social and economic life have been observed in many thousands of epileptic patients receiving this modern anticonvulsant.

Dilantin Sodium possesses "many advantages" in the control of epileptic convulsions.[1] For one thing it is, in many cases, superior in anticonvulsant effectiveness to phenobarbital or bromides, and—highly important—it is practically non-hypnotic. The inclusion of Dilantin Sodium (diphenylhydantoin sodium) in the new U.S.P. XII speaks volumes for its therapeutic importance.

+TRADE-MARK REG. U.S. PAT. OFF.

PARKE, DAVIS & COMPANY
DETROIT, MICHIGAN

KAPSEALS
DILANTIN SODIUM

A product of modern research offered to the medical profession

1. Palmer, H. D. & Hughes, J.: *The Penn. Med. J.*, Aug. 1942

That was not an idle promise—

when, during the halcyon pre-war days, buyers of G-E x-ray and physical therapy apparatus were assured of maintenance and technical service throughout the life of the apparatus. ¶ To make good that promise—despite trying difficulties which the war now imposes—G.E.'s branch offices and service depots continue to function throughout the United States and Canada. ¶ Of course, it isn't possible for the local G-E service man to call as often as heretofore, what with rationed tires and gas and other transportation problems. But he is always available when there is need for service on equipment. In fact, he feels that the most important part of his job these days is to help keep G-E equipment in the best possible operating condition, for the busier-than-ever physicians' offices, clinics, and hospitals in his territory. *He will not let you down!*

Today's Best Buy – U. S. War Bonds

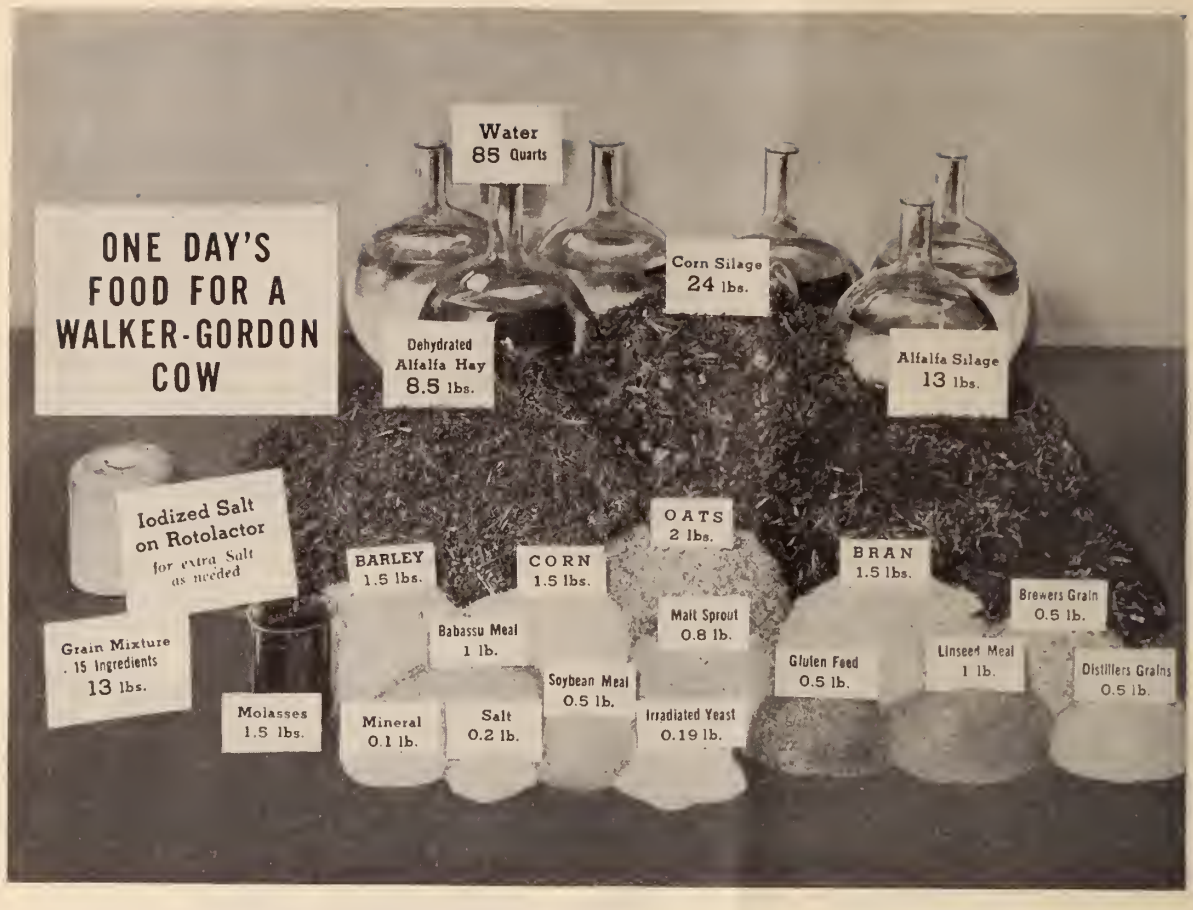
In your particular area this maintenance and technical service is extended through the following G-E offices and service depots:



NEWARK
965 Broad Street

TRENTON
1008 Hamilton Avenue

GENERAL ELECTRIC X-RAY CORPORATION



How many cows get a scientific ration like this?

THIS SCIENTIFIC daily ration was developed after years of study by the Walker-Gordon Laboratories.

It's remarkably rich in vitamins and health-giving minerals . . . And that's *one* big reason why Walker-Gordon cows produce a milk far superior to the type you get from cows that are fed in the ordinary, unscientific way.

Take Vitamin A, for example. The alfalfa fed a Walker-Gordon cow is not ordinary alfalfa, but a special dehydrated kind containing 700% more Vitamin A. *As a result, her milk contains 60% more Vitamin A than many ordinary milks.*

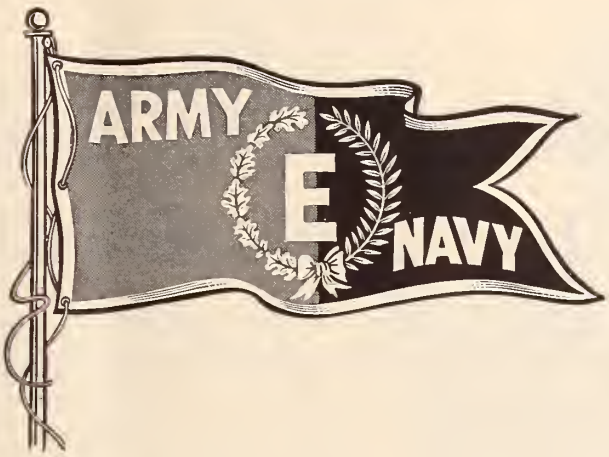
And though the quantity of some other vitamins varies in ordinary milk (according to the season and what the cows find to eat), *the vitamin content remains uniformly high in Walker-Gordon Certified . . . regardless of the time of year!*

Then, too, Walker-Gordon Certified is delivered fresher than ordinary milk. This, plus the cows' wonderfully balanced diet, makes its Vitamin C content higher . . . and gives it a much finer, richer taste.

So it's easy to see why more and more physicians recommend Walker-Gordon Certified to their patients. They believe it's well worth a few pennies extra to get this marvelously pure milk with all its added nutritional values.

WALKER-GORDON CERTIFIED

The World's Finest Milk



THE ARMY-NAVY PRODUCTION AWARD

FOR *Excellence*

PATRIOTISM *practically applied* has been given the coveted recognition of our government for meritorious service to the Army and Navy. Our management and employees, members of the production forces behind the men who man the guns, are naturally filled with pride and are spurred to even greater effort, *to produce in increasing volume, to maintain highest standards, to deliver on time.* We pledge continued devotion to Our Country and to the conservation of the life and health of our armed forces and civilian population.

The symbol of distinguished service will wave from our flagstaff.
We shall strive to keep it flying.

Winthrop
CHEMICAL COMPANY, INC.
Pharmaceuticals of merit for the physician
NEW YORK, N. Y. WINDSOR, ONT.

WINTHROP

HERE ARE THE FACTS, TO DATE, ON SMOKING:

IN 1933: Because of a new method of manufacture, PHILIP MORRIS introduced the first drastic improvement in cigarette manufacture, accompanied by *a definite improvement in effect on smokers.*

UP TO 1943: PHILIP MORRIS have shown the greatest percentage of increase in sales of *any cigarette.*

THE REASON: PHILIP MORRIS are *different* from other cigarettes. Repeated tests* have proved their individual method of manufacture makes them *definitely and measurably less irritating to the smoker's nose and throat.*

YOUR OWN CHECK-UP will quickly *confirm* that statement. Why not try PHILIP MORRIS on your patients who smoke . . . and see the results for yourself?

PHILIP MORRIS

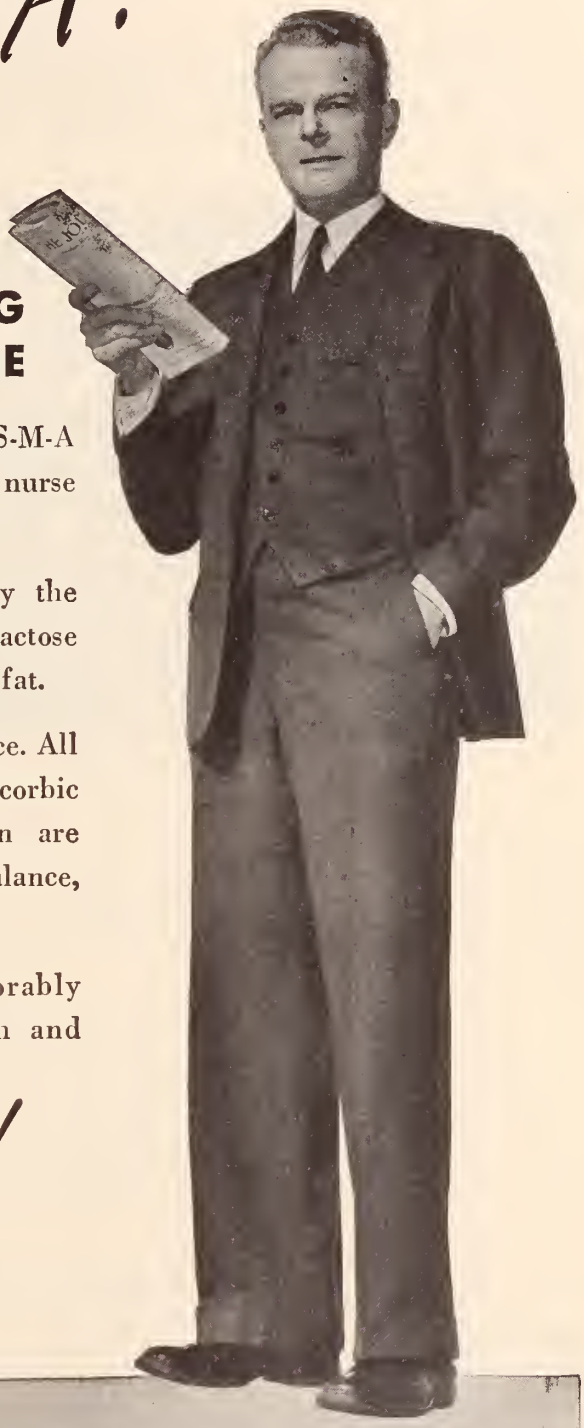
PHILIP MORRIS & CO., LTD., INC.
119 FIFTH AVENUE, N. Y.

* *Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154; Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60*

TO PHYSICIANS WHO SMOKE A PIPE: We suggest an unusually fine new blend—COUNTRY DOCTOR PIPE MIXTURE. Made by the same process as used in the manufacture of Philip Morris Cigarettes.

*I like S-M-A!**

IN INFANT FEEDING ...IT SAVES MY TIME



- Directions on how to mix and feed S-M-A can be explained to the mother and nurse in two minutes.

- S-M-A is more easily digested by the normal infant because of the all-lactose carbohydrate and the unique S-M-A fat.

- With S-M-A nothing is left to chance. All the vitamin requirements, except ascorbic acid, together with additional iron are included in S-M-A in the proper balance, ready to feed.

- S-M-A fed infants compare favorably with breast-fed infants in growth and development.

Prescribe S-M-A!

ACCEPTED AMERICAN MEDICAL ASSN.

SMA

REG. U.S. PAT. OFF.

*S-M-A, a trade mark of S.M.A. Corporation, for its brand of food especially prepared for infant feeding—derived from tuberculin-tested cow's milk, the fat of which is replaced by animal and vegetable fats, including biologically tested cod liver oil, with the addition of milk sugar and potassium chloride; altogether forming an antirachitic food. When diluted according to directions, it is essentially similar to human milk in percentages of protein, fat, carbohydrate and ash, in chemical constants of the fat and physical properties.

S. M. A. CORPORATION • 8100 McCORMICK BOULEVARD • CHICAGO, ILLINOIS

Cornerstones



ONLY THROUGH ABILITY TO ESTABLISH AND MAINTAIN HIGH STANDARDS AND TO CONTRIBUTE NEW AND USEFUL PRODUCTS FOR THE CONTROL OF DISEASE CAN A PHARMACEUTICAL MANUFACTURER BECOME A HELPFUL FACTOR IN WORLD MEDICINE

ELI LILLY AND COMPANY

FOR THE PHYSICIAN'S Lilly PRESCRIPTION

PRINCIPAL OFFICES AND LABORATORIES, INDIANAPOLIS, INDIANA, U.S.A.

Volume 40
Number 1

THE JOURNAL
OF
THE MEDICAL SOCIETY OF NEW JERSEY

Published Monthly Since September, 1904

Whole Number of Issues, 461

Under the Direction of the Committee on Publication

Henry C. Barkhorn, M.D., Chairman

Henry A. Davidson, M.D., Editor
In Active Service A. U. S.

Place of Publication, Printing and Mailing—12 South Day Street, Orange, N. J.
Editorial and Executive Offices of the Society—222 West State Street, Trenton, N. J.; Tel. 5776

Executive Assistant—Norman M. Scott, M.D.

Each member of the State Society is entitled to receive a copy of The Journal every month.

Vol. 40, No. 1 January, 1943 Single Copies, 30 Cents Subscriptions, $3.00 per Year

EDITORIAL PROGRAM

THE 177TH ANNUAL MEETING

The 1943 meeting of The Medical Society of New Jersey will be simplified to the utmost but will be of exceptional interest to all practitioners. The preliminary program follows:

ACADEMY OF MEDICINE, NEWARK

Tuesday, May 25, 1943

8:00 P. M.—House of Delegates
9:00 P. M.—Nominating Committee

Wednesday, May 26

9:30 A. M.—Scientific Sessions—Round Tables
1:00 P. M.—Buffet Luncheon
2:15 P. M.—House of Delegates.

SCIENTIFIC WORK

It has long been a subject of regret, perhaps even of humiliation, to many of us who take pride in our state, that so few scientific contributions of merit by our members appear in the meetings or publications of national societies, in proportion to our numbers and the abilities of our members. Means and opportunities for original research in the state have been lacking, in comparison with some other states, but that has not inhibited useful and significant scientific production when interest and zeal have been sufficient for the purpose. Nor can it be doubted that there is ample ability today in the profession of our state.

In the hope of encouraging and facilitating such productive efforts the House of Delegates last spring reconstituted the Committee on Scientific Work with the functions of collecting information—through the county reporters or otherwise—and news of any scientific research or studies being prosecuted in the various institutions throughout the state or privately by individuals; of finding persons or groups who are interested in such studies and encouraging and supporting them as means and opportunity may be available; of correlating separate undertakings; and of aiding presentation or publication of their findings.

Further to advance the same object, county reporters were relieved of the work of making routine reports on their society meetings, etc., to The Journal which can better be done by the secretaries. At the same time they were charged with their original and proper function and duty of reporting to the Committee on Scientific Work information on any occurrence or item of scientific interest in their counties including papers or reports at society or hospital meetings, exceptional cases or happenings, or developments in the field of public health or otherwise of scientific medical interest.

The Committee on Scientific Work is now organized and ready to proceed: Dr. William W. Maver of Jersey City is Chairman and Dr. Royce Paddock of Newark is Secretary. Communications from any interested members are invited. Recognizing that a work of this nature cannot be built up in a short time, and especially not in times like the present, a way to better things has nevertheless been opened. All county reporters are requested to take up their new role.

A door and a possibility are opened to all members. The future rests with them.

ELIAS J. MARSH, M.D., *President,*
The Medical Society of New Jersey.

PROCUREMENT AND ASSIGNMENT SERVICE

"It is of the utmost importance that the Procurement and Assignment Service for Physicians, Dentists, and Veterinarians, immediately has the name of any doctor who really is willing to be dislocated for service, either in industry or in overpopulated areas, and who has not been declared essential to his present locality. This is necessary if the medical profession is to be able to meet these needs adequately and promptly. We urgently request that any physician over the age of 45 who wishes to participate in the war effort send in his name to the State Chairman for the Procurement and Assignment Service in his State."

Sincerely yours,

FRANK H. LAHEY, M.D.,
Chairman, Directing Board.

TREATMENT OF MEMBERS OF THE ARMED FORCES BY PRIVATE PHYSICIANS

The question was recently submitted as to whether private physicians should refuse treatment to soldiers and sailors while on leave. It is presumed that this question involved professional ethics since the Service physicians treat these cases at the camps and other places. Emergency needs can be met by any physician available—and who is more eligible for our services than those boys willing to lay down their lives that we may live and enjoy the rights and privileges found here in America? It would not only be ethical, but also helpful to his colleagues in service if the civilian physician wrote a note giving briefly the facts. Such evidence of support and coöperation would be in line with our war spirit.

THE WAR

PROCUREMENT AND ASSIGNMENT SERVICE

Dr. George W. Fithian
Member, Procurement and Assignment Committee
Representing Third Councilor District
266 High Street
Perth Amboy, New Jersey

Dear Dr. Fithian:

The following resume of the organization, functions and administrative procedures of Procurement and Assignment Service of New Jersey is in accordance with your request at our meeting on Friday.

Procurement and Assignment Service is an agency of our own medical profession, organized at the request of the medical profession by Executive Order of the President.

For the purpose of making it eligible for a budget of Federal funds, for purposes of liaison with Federal departments and for purposes of integration in the medical program of the Army, Navy and other Federal services involved in the war program, it was necessary to make it an integral part of the Executive branch of the Federal Government. This has been accomplished by making it an official section of the War Manpower Commission, which in turn is a division of the Office for Emergency Management. The Office for Emergency Management is part of the Executive Office of the President.

All personnel appointed to Procurement and Assignment Service are fully licensed physicians, dentists or veterinarians, except for a very small number of laymen appointed in an advisory capacity.

All policies and all decisions on matters coming within the scope of function of Procurement and Assignment Service are made by physicians. No person appointed to Procurement and Assignment Boards or Committees draws any compensation. It seems almost unnecessary to state that no person accepting an appointment does so with any idea or ambition of personal gain, but rather only with a deep conviction of the importance of this work to the war effort and the welfare of the medical profession.

I. ORGANIZATION

A. National

The Central Board of Procurement and Assignment Service consists of five members appointed by the President. The Chairman is Dr. Frank H. Lahey, of Boston, Massachusetts. The office of the Board is at 1006 U Street, N. W., Washington, D. C. This Board determines policies and administrative procedures. It is closely associated with the National Roster of Scientific Personnel, another section of War Manpower Commission, which maintains a punch-card system covering complete information and qualifications of every physician in the United States. The Central Board maintains a consulting office in the American Medical Association Headquarters and has twelve advisory committees, representing all fields of medical organization.

B. Corps Areas

These correspond geographically to the Army Corps Areas (Army Service Commands). The Second Corps Committee, covering the States of New York, New Jersey and Delaware, is under the Chairmanship of Dr. Henry W. Cave, 107 East 67th Street, New York, New York.

This committee supervises and coördinates the activities of the State committees and acts as an appeal board for the area.

C. State

Dr. Charles H. Schlichter, 556 North Broad Street, Elizabeth, New Jersey, is Procurement and Assignment Service Chairman for New Jersey. He was appointed by Paul V. McNutt, Director of War Manpower Commission. Assisting Dr. Schlichter is an individual representative, or a committee of the county medical society, in each county and a State Committee of Procurement and Assignment Service.

The State Committee consists of eighteen members, of whom fifteen are physicians, all members of The Medical Society of New Jersey. Members represent:

Each Councilor District
The Dental Profession
State Department of Health
Hospital Administration
Selective Service System
Induction Boards
Industrial Surgeons
American College of Surgeons
Office of Civilian Defense (New Jersey Defense Council)

The office of Procurement and Assignment Service of New Jersey is 31 Clinton Street, Newark, New Jersey, Room 902. Many special problems and matters of policy are referred to the individual members of this committee or to the committee as a whole.

II. FUNCTIONS

The functions of Procurement and Assignment Service on a national, corps area, state and county level are:

a. To assist in the procurement of physicians, dentists and veterinarians for service with our armed forces, by advising government departments on whether the individual is available for military service or essential to the needs of his community; and

b. To accomplish the above and, at the same time, retain sufficient physicians in our State to provide essential, adequate medical care to our citizens during the war period. There are many ramifications to this work, but our functions have never been in any way broadened, nor has any additional authority been granted. Our function is purely advisory in nature and includes no mandatory or compulsion authority.

III. PROCEDURE

A. A Federal service submits to the Central Board a requisition for personnel, stating the qualifications of the personnel desired.

B. The Board forwards this requisition to the National Roster for Scientific Personnel. The punch card machines are set in accordance with the qualifications desired and cards of those individuals filling these qualifications are automatically ejected by the machine.

C. The names of the New Jersey physicians are forwarded to the State Chairman.

D. The State Chairman forwards these names to his county representatives, or county advisory committees, for opinion as to their availability or essentiality.

E. After considering the advice of his county consultants, the State Chairman forwards to the Central Board his advice as to essentiality or availability of each individual.

An exception to the above procedure was made in July, 1942, when the demands of the armed forces were in excess of the volume possible by the above procedure. At that time the Physicians' Recruiting Boards operating in the State were authorized to submit lists of physicians' names directly to the State Chairman, who processed the names from that point on in accordance with the above procedure.

Special problems are referred to the specialty consultants on our State Committee. Appeals and certain special problems are referred to our Corps Area Committee.

County consultants and committees have not initiated lists of available men.

1942 PROGRAM

The procurement of physicians for our armed forces was, of necessity, our priority function in 1942. On October 12th we had filled 100 per cent of our 1942 State quota, consisting of 1,365 practicing physicians from New Jersey communities in the armed forces, in addition to over 250 interns, residents or out-of-state physicians credited to New Jersey.

As of today, we have 112 per cent of our quota on active duty. These additional men will be credited against our 1943 quota and consist mostly of men whose papers were being processed in the Federal departments on October 12th. We were advised on October 12th not to classify any more men, other than under exceptional circumstances, until our 1943 quota is announced.

1943 PROGRAM

This was announced after a meeting with representatives of the Central Board, Corps Area Committee and State Chairmen, held in Philadelphia on December 21st and 22nd.

Briefly, our priority function is a study of the medical care program in our communities and provision of sufficient medical personnel and facilities to assure adequate medical care. Our quota for the armed forces is 383 net, distributed over a twelve months period. This should allow time for careful consideration of each individual and each respective community, before making a decision in each case.

In your county we all feel a sense of gratitude toward Dr. John Rowland, County Consultant to Dr. Schlichter. He has assumed the responsibility assigned to him without hesitation, has given most liberally and willingly of his time and made a very definite contribution toward the war effort and the welfare of his country.

SUCCESS OF PROCUREMENT AND ASSIGNMENT SERVICE

In judging our year's work, we must plead guilty of certain failures, mostly of a minor nature or because of contingencies which could not be foreseen. Considered as a whole, it has not been a failure. It has been a grand demonstration of the fulfillment of an obligation of citizenship by the medical profession on a voluntary basis. The results will strengthen the post-war position of the profession in its efforts to maintain the democracy of medicine and the practice of medicine as a private enterprise.

Yours very truly,

NORMAN M. SCOTT, M.D.,
Secretary, Committee on
Procurement and Assignment.

PROCUREMENT AND ASSIGNMENT SERVICE

MEETING OF CORPS AREA AND STATE CHAIRMEN
DECEMBER 21, 1942

CHARLES H. SCHLICHTER, M.D.; HENRY B. DECKER, M.D.; NORMAN M. SCOTT, M.D.

The following report is rendered to the medical practitioners of New Jersey, in order that they may understand the program and the problems of Procurement and Assignment Service for the coming year.

We ask the full coöperation of every physician, so that the profession of medicine may maintain its present high position in the war effort and an equally high position in the Peace which is to follow. The Peace is all important to all people,

but to our own profession it means even more, and we must be on the alert at all times, lest our present high standing as a liberal, learned profession be lost.

PROGRAM FOR 1943

The Chairmen of the Second and Third Corps Area Committees and the Chairmen of the respective State Committees met with representatives of the Central Board at the Headquarters of the Philadelphia Medical Society on December 21st, 1942.

Dr. Harvey Stone, of Baltimore, a member of the Central Board, acted as Chairman. Dr. Francis Borzell, of Philadelphia, acted as Secretary. Representing New Jersey were Dr. Charles H. Schlichter, Chairman, and Dr. Norman M. Scott, Secretary of New Jersey Procurement and Assignment Service, and Dr. Henry B. Decker, of Camden, representing The Medical Society of New Jersey. Dr. Thomas Lee, of Camden, Chairman of the Board of Trustees of The Medical Society of New Jersey, attended the morning session as a guest.

1. Relocation of Physicians

An Executive Assistant will be added to the staff of the Central Board to deal with this problem on a national basis and to act as an adviser to the State Chairmen. Relocations within each State will be handled, insofar as possible, by the State Committee. Physicians willing to be dislocated to areas within their State or to areas outside their State should contact their State Chairman.

II. Functions of Procurement and Assignment Service—1943

1. A clearing house for requisitions from Federal Agencies for medical, dental and veterinary personnel for duty with the Federal services.

2. The maintenance of a roster of all physicians, dentists and veterinarians in the United States.

3. The recruitment of the above personnel as needed in the war effort, with due concern for the demands and needs of the civilian population. Functions may be expressed under four subdivisions: a, Registration; b, recruitment; c, clearance; d, balance (a proper balancing of recruitment with the civilian needs).

III. Accomplishments

1. Personnel Roster: This is in a high degree of completion. Of the estimated 179,037 physicians in the United States, the Central Board has complete information on over 169,000 physicians. This information was obtained from the questionnaires distributed by the American Medical Association and from the supplementary questionnaire distributed later by Procurement and Assignment Service. Similar data is on file relating to dentists and veterinarians.

2. As of December 16th, 1942, the following number of physicians had been placed on active duty:

Army	30,122
Navy	6,259
Other Federal Services	4,619
Total for All Federal Services	41,000*

*Plus those being processed.

Ten thousand dentists are on duty with the Army and Navy.

3. Determination of Quotas: The formula used in determining State quotas was arrived at after considering the pre-war ratio of physicians to population, the potentials in terms of age, physical condition, specialities, the types of communities within the States, etc. By this formula the number to be applied to each State was determined in terms of percentage of normal, pre-war physician population, examples of which were as follows: Delaware, 21 per cent; District of Columbia, 34 per cent; Maryland, 33 per

cent; New Jersey, 26 per cent; New York, 36.5 per cent.

4. Ratio of Physicians to Civilian Population: The ratio between active private practitioners, on a pre-war basis and as of November 30, 1942, is exemplified as follows:

State	*Pre-War Ratio*	*Ratio, Nov. 30*
Delaware	1—1017	1—1711
Dist. of Columbia	1— 598	1—1015
Maryland	1— 923	1—1400
New Jersey	1— 833	1—1319
New York	1— 636	1— 875
Pennsylvania	1— 953	1—1258
Virginia	1—1342	1—1919

The overall demand of the Army and Navy for 1942 has been met. The 1942 quotas for the States in the Second and Third Corps Areas have been met with the exception of New York, which presents many difficult problems.

IV. Needs for 1943

A national reduction to a ratio of one physician to 1,500 persons is the lowest point to which the physician population can be depleted with safety. This has been agreed upon by representatives of the Army, Navy, War Manpower Commission and other Federal services. This does not mean that Procurement and Assignment Service will undertake to supply additional physicians to all areas within the State which are below this ratio, or that certain areas will not be depleted below this ratio. Such inequalities will occur. Some areas within the State never reached this ratio in pre-war days.

States reaching this ratio will not be called upon for additional physicians in 1943. In determining quotas which will reduce the ratio to this level, the factors considered may be stated briefly as follows:

1. Total number of physicians in the United States (all ages, physical conditions and capacities)	179,037
2. Deducting number serving full time in Governmental and private agencies and allowing a 2/3 potential for men over 65 years of age, leaves as available and effective	135,932
3. Population of United States, minus men in service	120,000,000
4. Number of physicians necessary to maintain a ratio of 1/1,500 for 120,000,000 people	83,500
5. Number of physicians who may be safely withdrawn from private practice (135,932 minus 83,500)	52,432
6. Number of physicians already in service	41,995
7. "Balance in the Bank" to be withdrawn in 1943	10,437

The military services have agreed to adjust their needs to this figure. Physicians will be supplied at a rate of 1,000 a month, up to November 1st, 1943, after which no further physicians will be removed from civilian communities unless serious contingencies occur, affecting the war issue, which are not predictable at this time. Assignments to the services on a monthly basis will be as follows: Army, 575; Navy, 375; U.S.P.H.S., 50.

V. State Quotas—1943

The quota for New Jersey is 283 physicians.

In determining 1943 quotas, the same factors used in previous determinations were applied. Excess already supplied, over the 1942 quotas, have been credited against 1943 quotas.

New Jersey, as of November 30th, had furnished 112 per cent of its 1942 quota of 1,365 physicians in active practice. The 12 per cent, therefore, is a credit.

Quotas do not include interns, residents and a miscellaneous group not practicing in New Jersey but giving a New Jersey address. This group, last year, amounted to about 300. Examples of the 1943 State quotas are as follows:

State	1942 (November 30) Quota Percentages		1943 Quota
Delaware	153%		0 physicians
New Jersey	112%		283 physicians
New York	87%	Deficit 2157	
		Quota 1621	3778 physicians
Pennsylvania	99%	Deficit 33	
		Quota 1025	1058 physicians
Virginia	140%		4 physicians

VI. Functions of State Advisory Committees—1943

The 1943 program broadens the functions of the State Committee. Its functions may be summarized as follows:

1. Contacting physicians who should have applied for a commission or who were physically disqualified on a previous examination, and urging them to apply, or assisting them in the solution of their personal problems so that they may be in a better position to apply.

2. Reporting to State Chairmen and Central Board any critical areas within the State.

3. Investigating critical areas and rendering a report.

4. Such other functions as designated by the State Chairman as will relieve him and his administrative staff of detailed field work.

5. Meeting as a body to pass upon, or recommend, concerning special problems.

6. Providing means whereby the following information may be furnished the State Chairman and Central Board:

 a. A list of available physicians in each community.

 b. A list of physicians with physical defects incompatible with military service or full service as a community physician.

 c. Number of dependents, type of work, appointments and potentialities of physicians in the cummunities.

 d. A current list of deaths and incurred disabilities among physicians.

VII. Procurement of 1943 Quota

The administrative procedures in obtaining the 283 physicians from New Jersey will be as follows:

1. The New Jersey State Advisory Committee and County Consultants will determine "availability".

2. The names of "available physicians" will be forwarded to the office of the Central Board each month.

3. The Central Board will, by letter, invite each acceptable, available physician to apply for a commission.

4. Enclosed in the letter from the Central Board will be a postal card upon which the physician will indicate his preference for duty with either the Army, the Army Air Forces, or the Navy. This card will then be sent to the Chairman of the New Jersey Procurement and Assignment Service, 31 Clinton Street, Newark, New Jersey.

5. The State Chairman will notify the Naval Office of Procurement of each physician wishing to apply for duty with the Navy; and the Office of the Surgeon General of each physician applying for duty with the Army, etc.; and will forward to each physician wishing to apply for a commission an application form and a letter authorizing a physical examination by an authorized Officers' Examining Board.

6. The application form and report of physical examination will be returned to the Office of the State Chairman for review and then forwarded with a copy of availability report to the proper military office in Washington.

MEDICAL-SURGICAL PLAN OF NEW JERSEY

ORGANIZED BY THE MEDICAL SOCIETY OF NEW JERSEY

A Progress Report

Norman M. Scott, M.D., Medical Director

The Executive Committee of Medical-Surgical Plan has requested that I present in this Journal some impressions and remarks, based upon our experience to date.

In this fast-moving world it is a long way back to 1938, when the first adventurous group of The Medical Society of New Jersey members started the trek in search of ideas, facts, advice and scraps of knowledge, which finally led to the organization and actual operation of Medical-Surgical Plan of New Jersey.

So many by-ways and detours have of necessity been followed; so many difficulties, obstacles and complications have been met and overcome; as to give us a well-rounded experience, to give us faith in the Plan and its value to the future welfare of the profession and the public.

So many physicians have been involved as committee members, advisers or consultants; so many times have their ideas, their opinions and progress been presented, discussed, criticized, reconciled and finally approved by our own Board, by the Board of Trustees of the State Society, House of Delegates and County Societies; that surely every Society member may justly declare this to be his Plan, the Plan of organized medicine in New Jersey, to cope with one of his most important problems.

To its evolution, many agencies and laymen have made valuable and appreciated contributions. The profession owes thanks to them all, but to one in particular, Mr. John S. Thompson, actuarial adviser and member of our Board, a very special expression of appreciation is due for his devotion to the Plan, for his sound advice and guidance which has kept us on a safe actuarial road during the past three years.

In this brief presentation of our limited experience, no prediction or rosy picture is intended. We know that many difficult problems face not only Medical-Surgical Plan, but the entire medical profession. Your Executive Committee meets each week, and your Board each month to discuss many details, implications and possible solutions of our many-sided problem. This Board is your Board; it needs, and hopes to eventually have your support, the support and participation of each County Society and every physician in New Jersey. Eleven employed groups are now receiving benefits, three other groups have been accepted for contracts effective January 1, 1943. Each group has been accepted after careful consideration, not indiscriminately in an effort to promote rapid expansion.

We can say that today Medical-Surgical Plan is a going organization, enjoying healthy growth, that its actuarial estimates and cost estimates seem to be sound, that its claims are in safe proportion to its earned income, and that it has paid to physicians 100 per cent of every eligible claim in accordance with our estimates. With these facts so far established the Plan expects to expand more rapidly after January 1, 1943.

FINANCIAL AND ACTUARIAL EXPERIENCE

Medical-Surgical Plan on July 1, 1942, had an initial capital fund of $5,000.00, donated by The Medical Society of New Jersey. Its experience, as of each month has been as follows. The amounts of money involved are not large, but are significant for experimental purposes.

About 54 per cent of our earned income has been expended to pay physicians for medical and surgical services, not including payment for "maternity" care

and tonsillectomies. Those items of service are not eligible for payment during the first eleven months of the first contract year. It is obvious that we must increase our enrollment and decrease the percentage of administrative costs before assuming this additional load. This problem was also anticipated before placing the Plan in operation and will, we believe, be satisfactorily solved.

1942	Monthly Earned Income During Month	Monthly Claims Incurred During Month	Assets End of Month	Liabilities End of Month	Reserves (Excess of Assets Over Liabilities)
July	$ 979.25	$ 460.00	$5,979.25	$2,270.04	$3,709.21
August	1,201.50	622.50	6,320.09	2,270.33	4,049.76
September	1,564.80	562.50	6,481.76	2,118.23	4,363.53
October	2,332.56	1,508.00	7,497.69	3,180.25	4,317.44
November	2,355.67	1,435.50	7,961.12	3,780.27	4,180.85

ADMINISTRATIVE COSTS

Administrative costs during this initial period have been heavy. We have taken full advantage of the 40 per cent of earned income allowed by our enabling act for this purpose. It includes cost of introduction and presentation to industrial groups, sales, collections, enrollment, accounting, printing, pay of office help, rent and many other items. All administrative costs are included in the item "liabilities" in the above table. We are encouraged by the fact that Hospital Service Plan of New Jersey feels justified in reducing its charge to us for cost of sales, enrollment and accounting from 25 per cent to 12 per cent of our monthly earned income, effective January 1, 1943.

TO PARTICIPATING PHYSICIANS

Medical-Surgical Plan is an agency of the Medical Profession, organized by The Medical Society of New Jersey. Its policies and activities are controlled by the profession through the Board of Trustees and House of Delegates of The Medical Society of New Jersey.

It is primarily a service to persons of modest income, by which they may, on a *voluntary prepayment insurance* basis, pay for adequate medical and surgical care rendered during periods of hospitalization.

In all of our studies and decisions, consideration has been given to the problem of the private practitioner of medicine, to the maintenance of medical care standards, and to the future problems of the profession.

Medical-Surgical Plan is your organization. Your Board of Trustees are your representatives, managing your organization and coping with your problems. Success depends upon your coöperation. This requires a reconciliation of opinions, tolerance toward the efforts of your Board, and may at times require a small financial sacrifice by the individual physician.

A constructive attitude on the part of the profession at this time will yield large dividends to doctors and patients in the near future. We earnestly hope for your continued coöperation and the success of our mutual efforts.

The Executive Office of the Plan will be informed routinely through Hospital Service Plan of New Jersey on each occasion when you admit to hospital a case for care under our Contract. We will then notify you of your proper procedure.

CO-OPERATION OF HOSPITAL SERVICE PLAN

Eleven voluntary insurance medical service plans, approved by organized medicine in the United States, operating by agreement with voluntary hospital plans, are now in active operation. Ten are operating on a service basis, making payments only to physicians. One is

operating on a cash indemnity basis. All, but Medical-Surgical Plan limit benefits to payment for surgical services, except that one Plan through a special rider to their policy, provides limited medical services to the subscriber, but not his dependents.

Medical-Surgical Plan is the only Plan providing payment for complete medical and surgical care, of the subscriber and dependents, rendered during hospitalization. Thus it comes nearer, in the opinion of many professional, lay and actuarial insurance authorities, to filling the qualifications of a successful Plan, than do its contemporaries. Several such complimentary opinions have come to our attention. One large voluntary hospital plan, apparently as an expedient, in the absence of a satisfactory service type plan supported by physicians, such as ours, has inaugurated a cash indemnity plan.

Our Plan is fortunate in being associated with Hospital Service Plan of New Jersey, an organization which is in sympathy with the problems of the medical profession, and which lends its full and cordial support to the solution of our problems and the welfare of the practice of medicine.

RELATION TO PRESENT PROBLEMS

War has always involved necessary social, political and economic disturbances, and as part of its aftermath has always been followed by more or less radical social changes. This war is no exception. It has already created serious social and economic problems. Probably it will be followed by greater changes than any previous war. The practice of medicine will inevitably be affected, in common with all other activities, and the profession must be prepared to cope with the many new problems arising in the course of peace-time recovery.

To accomplish this adjustment the profession has already started a very definite program. It has taken upon itself the responsibility of voluntarily furnishing adequate medical care to our armed forces, by a coöperative effort with the Army and Navy; and at the same time has assumed the responsibility, on a voluntary basis, of distributing adequate medical care to the civil population, by a coöperative effort with all existing voluntary agencies and public facilities. Medical-Surgical Plan is a voluntary agency, organized and controlled by The Medical Society of New Jersey, which will assist in the fulfillment of this voluntary responsibility to the civil population.

Looming before us even now is the possibility of an almost unbelievable social and economic upheaval which will vitally affect the medical profession during the reconstruction period. These contemplated reforms are exemplified by such proposals as the "Beveridge Plan" in England, and to a lesser extent by the "Elliot Plan" in this country. "The Beveridge Report" (The MacMillan Co., $1.00) is now obtainable at book stores. As a comprehensive, masterful discussion of a great sociological problem, "the prevention of need", it should be of interest to every physician, whether or not he may agree with its content.

If such changes do come about, and if the medical profession is to become adjusted to them; to the best advantage of our people, the profession and the practice of medicine, we must first have common understanding of the problem and the united will to accomplish the adjustment. But, this alone will not be sufficient, even though the profession be motivated by the highest purpose, for without the proper technical and administrative knowledge, and without an administrative agency through which we may accomplish the necessary adjustment, our effort may fail. To become such an agency, to serve the profession in such a capacity, is the highest purpose of a voluntary medical service corporation. Such an agency will help the individual physician and the medical profession as a whole to find their proper place, in a world impoverished by war and complicated by post-war social changes.

31 Clinton Street, Newark, N. J.

THE TREATMENT OF COMPOUND FRACTURES IN WAR TIME *

By IRVIN E. DEIBERT, M.D., Chief of Surgical Service "B", Cooper Hospital, Camden, N. J.

The treatment of compound fractures during war and the treatment of compound fractures in civilian practice differ in only one respect, namely: war fractures are more frequently associated with the introduction of metallic foreign bodies which usually must be removed. The motor car is still responsible for far more fractures than the machine gun, or the high-explosive bomb.

The Surgeon General's report of 1927, which covers the experiences during and after the First World War, presents many interesting and instructive facts regarding fractures: (1) Over 80 per cent of all battle fractures were compound; (2) one-half of all discharges from the army, one-third of all those lost as casualties, and one-fifth of all deaths were the results of fractures. During the first year of the first World War, 60 per cent of individuals sustaining compound fracture of the femur died. During the third year, as adequate splinting was achieved, the mortality was reduced—to 12 per cent.

Compound fractures far out-number all other casualties. They comprise the major portion of surgical work done at the battle front. The standard method of treatment for compound fractures during and subsequent to the last war was as follows:

A. Proper splinting for transportation.
B. Debridement.
C. Immobilization with or without skeletal traction.
D. Carrell-Dakin treatment or Dichlorimine "T".

The report further shows the average period of disability in the Army was far in excess of that recorded by observers for industrial and other civilian fractures. Also, the mortality rate was much higher, and a greater number of secondary amputations were performed in the Army. It may be further stated the incidence of infection, gas gangrene, and osteomyelitis was proportionately greater.

From our present viewpoint of national emergency, this report certainly does not present a pleasing or satisfactory picture. However, many of us now present were responsible for and carried out the aforementioned type of treatment.

The investigation and studies of Dr. H. Winnett Orr of Lincoln, Nebraska, are too well known to be repeated in detail. The method he advocated constitutes the ideal treatment and is founded on sound surgical principles. To Dr. Orr should go all credit for this method of treatment. All of us are familiar with the fact he practiced this treatment in the early 1920's and many other surgeons followed his lead. I emphasize these facts because during the past two years the press and some medical reporters have given the impression that this method of treatment was discovered during the Spanish Civil War, whereas nothing could be further from the truth. The fact remains, however, excellent results were obtained by the Orr method of treatment during that war, and the results have been reported by Treueta.

Compound fractures are all *potentially* infected, irrespective of their manner of occurrence. The size of the skin wound has no relation to the size of the wound *under* the skin. One may have a relatively small skin wound and underneath, extensive laceration of the muscle and soft structures. This type of wound with its destruction of tissue and subsequent blood clot is an ideal place for the culture and growth of microörganisms.

The treatment of compound fractures may be divided into two parts: (1) The best possible reduction of the fracture; (2) the care of the wound, which is always secondary to the reduction of the fracture. Treatment, of course, starts with the first-aid given. A traction splint should be applied. Sulphanilamide

* Read before the General Session on War Surgery of the Annual Meeting of The Medical Society of New Jersey, April 22, 1942, at Atlantic City, N. J.

powder dusted into the wound, which is in turn covered with a sterile dressing.

The golden period of the first six hours cannot be too strongly emphasized. If possible, all reductions and operative procedures should take place during this time. A good reduction is more easily obtained and maintained during this time—before swelling starts and the muscles become congealed. With the present availability of serum, whole blood, and fluids, the excuse of waiting for the patient to react from shock cannot be validly used. Both fracture and shock can frequently be treated concurrently. If the patient has had immunizing doses of tetanus toxoid, an additional 1 c.c. may be given. Serum to prevent gas gangrene, if available, should be administered. The patient is removed to the operating theatre, anesthetized, a sterile gauze pad placed over the wound, and the surrounding skin surface scrubbed with soap and water, or benzene, or both. Following this, the wound itself is thoroughly cleaned with soap and water. This must be thoroughly done with copious quantities of water, and every nook and crevice of the wound cleaned and explored. A debridement is then done, removing all destroyed and dead tissue. No good tissue should be destroyed. No fragment of bone still attached to the periosteum should be removed. Debridement should produce three things: (1) normal color, (2) slight bleeding, (3) contractility of the muscle tissue. If these three things are accomplished, we are certain that the wound is clean and all dead tissues has been removed. Adequate hemostasis is now assured. Fragments are placed as near as possible in their proper position and held, if necessary, with pins, wire, or nails, in order to maintain length. This may be done manually or with the aid of the McMillan apparatus or a Boehler frame, or one of the numerous types of orthopedic tables. The wound is now lightly dusted with sulphanilamide powder, packed—wide open—with vaseline gauze, and sterile dressing applied, and over this a padded plaster cast, incorporating the fixation devices, if necessary, to secure this result. No window is to be cut in the cast, and unpadded casts should not be used in this type of work, and under no circumstances is the wound to be sutured.

The patient is then returned to bed, the limb elevated, and traction applied to the cast in order to overcome muscle spasm. The traction is to be removed when the patient is comfortable. This period will vary from 12 to 48 hours. Careful observation of the pulse and temperature will be an accurate guide as to the patient's condition. If they remain normal about ten or fourteen days, the patient may be moved about and allowed to get out of bed, if possible. The changing time of the cast will probably vary from three to seven weeks for the first cast, dependent upon the condition of the cast, the odor, callus, etc. If practical, no dressing should be done before three weeks have elapsed. One of the sulphonamides may be given by mouth; this should, however, be carefully administered and the blood level and local concentration kept in mind.

Jenson, Johnsrud and Nelson have shown that eight grams of sulphanilamide placed in a wound will give a local concentration of about 250 mg. per cent and a blood level of about 5 mg. per cent. Certainly this is a variable factor in different individuals and it is not definitely known what dose by mouth would be necessary to give as high a local concentration as 250 mg. per cent. Obviously, the dose would of necessity be extremely toxic. In view of the fact that infection travels from the wound via the lymph channels, the administration of the sulphonamide group by mouth is relatively unimportant.

Treueta and Barns in their experimental work have definitely shown that the application of proper splinting and rest definitely decreases the rate of lymph flow, even to almost a zero point. Hence again the argument for adequate and proper splinting.

It was my privilege ten years ago to report before this Society, at the annual meeting, 50 cases of compound fractures treated by the Orr method, omitting, of course, the use of the sulphonamide group. Since that time, I have personally supervised some 338 additional compound fractures, which brings this series to 388. In the combined surgical and orthopedic services of our hospital we have

had more than 500 cases. One hundred eighty-five were of the tibia or fibula, or both; 72 of the bones of the hands or feet; 10 of the bones of the ankle; 20 of the femur; 30 of the humerus; one of the scapula; and 14 of bones of the forearm. In all of these cases, no serious infection and no case of gas gangrene developed, and the deaths that occurred were due to other complicating injuries and conditions. I have seen two cases of gas gangrene develop, where all of the foregoing principles were violated.

The recent experience of Dr. John Morehead at Pearl Harbor bears out this last statement. He had no serious infections except in those cases where the principles of the treatment had been violated; namely, suturing of wounds. *Gas gangrene cannot and will not develop in open wounds* and upon this principle is based the entire treatment. In the light of our reported results and the results of many other workers, who can have the temerity to return to Dakin's solutions and wound suturing?

538 Cooper Street

CCC CAMPS TO BECOME HOSPITALS FOR GIRLS WITH VENEREAL DISEASE

More than twenty-five camps formerly used by the Civilian Conservation Corps, which has been abolished by Congress, will be used as detention centers and quarantine hospitals to cure and rehabilitate girls infected with venereal diseases, it was announced late in 1942. The CCC hospitals will be operated by health departments of the various states under standards of medical care recommended by the U. S. Public Health Service. Camps have already been made available in Alabama, Florida, Georgia, Louisiana, Mississippi, New Mexico, Oklahoma, South Carolina, Tennessee, Texas and Virginia. Each hospital is expected to provide medical treatment for 100 to 300 infected girls, who will be kept under care until they are rendered non-infectious and completely cured. Federal assistance will be given to place these girls in legitimate industry when they leave the hospitals.

CHILD WELFARE IN WAR TIME

In the August issue of California and Western Medicine, Lloyd B. Dickey, M.D., of Stanford University Medical School discusses the duty of the physician toward the child in war time. His summary is well worth reading.

"The duty of the physician toward the child in war time can be summarized briefly. It is to meet the increased hazard of physical and mental disease by not only doing our present job, but to intensify our work of education and prevention in all its phases. Never before in the world's history have children been cared for so well. It would still be a tragedy to win a military victory and find our children's standard of health lower than when we were attacked."

DRIED VEGETABLES IN INFANT FEEDING

Benson fed dehydrated vegetables under carefully controlled conditions to 84 newborn, 34 older infants and 36 older children. Results were satisfactory in all cases.

From the second to the tenth day of life, 84 normal newborns received the equivalent of five teaspoonfuls of vegetables in the form of powder concentrate. The vegetables were well tolerated and no ill effects were noted.

This investigation was undertaken not with the idea that vegetables should be given to newborns, but to test the ability of any group to tolerate powdered vegetables.

This study is of particular interest at this time when a possible shortage of tin and glass containers may necessitate wider use of dehydrated vegetables in infant feeding.

—Benson, Reuel A. The Use of Dried Vegetables in the Feeding of Children. Archives of Ped., 49:489, 1942 (Aug.).

SYPHILIS OF THE LARYNX*

Earl LeRoy Wood, M.D., Newark, N. J.

The larynx is a point of predilection for manifestations of both inherited and acquired syphilis. The laryngeal lesions may be serious and important. They may cause grave complications.

Congenital syphilis of the larynx is rare but may appear shortly after birth as what has been called "laryngeal catarrh with erythema". The picture may be that of deep inflammation with mucous patches or there may be hyperplasia, possibly with ulceration and perichondritis. The immediate clinical importance in the newborn is the possibility of airway obstruction.

Late hereditary syphilis may be mistaken for the acquired disease because of a similar appearance. Laryngeal hyperplasia may be the sole manifestation of hereditary syphilis and be only slightly influenced by ordinary antisyphilitic remedies.

In acquired syphilis it is doubtful that a primary chancre has ever had its location in the larynx since the region is scarcely accessible to direct infection. The secondary manifestations are infrequent with tertiary lesions more common. In the larynx, secondary and tertiary lesions do not follow the classical time relationship. Laryngeal involvement may be the immediate companion of the systemic invasion even while the primary chancre is still present. Also, the tertiary lesions of the larynx may accompany or closely follow secondary ones or they may even coexist; or the lesions may be met after an interval of many years. A perichondritis may develop while the patient still has a secondary rash.

Secondary syphilitic laryngitis is a diffuse serous erythema, a generalized intense redness and swelling with papules consisting of circumscribed thickenings of the epithelium. The surface epithelia of these papules are soon cast off, leaving small superficial ulcers, the mucous patches, which at times coalesce, producing an irregular ulcer with sharp reddened margins. The laryngeal inflammation is diffuse, deep red, dusky, often mottled in appearance, with considerable swelling. Or the erythema may have no characteristic to distinguish it from an ordinary laryngitis. It is painless, with a hoarseness that is marked and persistent. Diagnosis depends on the recognition of secondary syphillis elsewhere. The condition speedily yields to general antisyphilitic treatment.

The tertiary manifestations are more commonly met and may appear early in the secondary stage or any time later during the syphilitic individual's life. The tertiary lesions take the form in infiltrations due to small cell proliferation. The infiltration may form a well-defined circumscribed gumma with a smooth, rounded surface, often irregular in shape, deep red or purplish in color. On the other hand, the infiltration may be a more generalized tumifaction or a diffuse hyperplasia occurring anywhere in the larynx.

The gumma or gummatous infiltration may break down, forming a deep, irregular ulcer with sharp edges and a punched-out crater-like appearance surrounded by a deeply inflamed areola, hyperplasia and edema. The base of the ulcer shows a dirty gray or yellow necrotic slough. Gummatous ulceration is extremely destructive, often painlessly so.

When ulceration penetrates deeply, perichondritis results, with frequent necrosis and exfoliation of cartilage. Any or all of the laryngeal cartilages are vulnerable. The perichondritis may resolve, leaving scar tissue that has a characteristic tendency to contract, resulting in marked deformity, worse when the supporting cartilage has been lost. The post syphilitic deformities often cause stenosis that is intractable and serious. The fibrous bands of syphilitic scars present a radiating or stellate appearance.

There is a more diffuse form of infiltration, in contradistinction to the gumma, which is replaced by an organized connective tissue process instead of ulcerative changes. If the stage of healing is reached, cicatrization, mem-

* Read before the Section on Eye, Ear, Nose and Throat of the Annual Meeting of The Medical Society of New Jersey, Atlantic City, N. J., April 22, 1942.

branous adhesions, stenosis, and deformity of the larynx are common sequelae.

Motor or sensory disturbances of the larynx may be due to syphilis. Paralysis may result from affection of the Vagus nerve nucleus or from a neuritis of the peripheral nerve or by involvement of the recurrent portion by aneurysm or another syphilitic lesion in the thorax or neck. Paralysis of the vocal cords may be unassociated with any obvious pathological change in the larynx.

The chief symptom of secondary syphilis is a peculiarly persistent and painless hoarseness. The voice has a peculiar, raucous tone. Cough and dysphagia are rare complaints. In the tertiary stage, the symptoms vary with the situation, extent and severity of the lesion. The voice is generally severely affected, becoming hoarse and raucous. Pain is not marked unless deep ulceration is progressing rapidly. Tenderness is associated with perichondritis. Dysphagia may be present if deep ulceration involves the swallowing mechanism. Dyspnoea depends upon the amount of invasion of the glottic and subglottic space or the amount of fixation of the vocal cords. It is liable to increase rapidly when edema suddenly develops or necrosis of cartilage occurs.

The diagnosis is based on the laryngoscopic picture, general examination, history, presence of confirmatory lesions elsewhere, laboratory evidence and results of treatment. A history of a syphilis infection is significant but does not preclude the patient having tuberculosis or malignancy as well. Syphilitic lesions often coexist in the larynx with cancer or tubercle or both. The laryngeal picture often shows a lesion more extensive than the symptoms would seem to indicate and this picture is capable of rapid change. The Wassermann or Kahn blood and spinal fluid tests, chest x-ray and biopsie come to mind immediately. The therapeutic test, though not always immediately conclusive, is a favorite method of differentiation but should be undertaken cautiously with the patient under close observation. Remember that iodides may precipitate an edema of the larynx necessitating a tracheotomy, that iodides are contraindicated in tuberculosis and that malignant lesions often seem to improve for a while after the administration of potassium iodide.

It is imperative to control the general disease with adequate quantities of classic iodine, mercury, bismuth and arsenic, together with the recent therapeutic additions and refinements. The laryngologist should keep the patient under his observation lest edema develop or a full dose of arsenicals precipitate a Herxheimer reaction in the form of airway obstruction. Furthermore, arrested laryngeal syphilis is healed by contracting scar tissue which frequently results in laryngeal deformity, voice impairment, and even laryngeal stenosis. The treatment of these sequelae, particularly the stenosis, requires patience, ingenuity and persistence. Its consideration deserves a separate chapter.

160 Roseville Avenue

SUBDURAL HEMATOMA

Subdural hematoma is an occasional complication of cranio-cerebral trauma caused by the extravasation of blood into the subdural space where no mechanism for its prompt absorption exists. Although the condition exists in acute and chronic forms, the latter is more common. Symptoms of headache, drowsiness, and stupor may date from the time of injury, but more commonly there is a period of one to three months, or more, after injury during which the patient is apparently well. Neurological signs as a rule are inconspicuous. Bilateral hematomas are present in a considerable percentage of patients. Evacuation of the hematoma through bur openings is the treatment of choice and is attended by a low mortality. In practically all cases complete and speedy recovery occurs in patients with chronic subdural hematomas. — (Author's Abstract.) S. R. Snodgrass, M.D., J. Internat. Coll. Surg., 5:241-247, May-June, 1942. (Clinical Abstracts, 1942.)

A HISTORICAL SKETCH OF TUBERCULOSIS *

By Benjamin Lee Gordon, M.D., Atlantic City, N. J.

That tuberculosis prevailed from the earliest times there can be no longer any question.[1] While excavating in Grenelle, France, Pales [2] found two Neolithic skeletons, one showing evidences of tuberculosis of the hip and the other of tuberculosis of the spine. Hofschlaeger [3] cites Bartel's statement to the effect that a Neolithic skeleton from Heidelberg exhibits Pott's disease with kyphosis. Ruffer and Smith [4] record a case of Pott's disease in an Egyptian priest of Ammon of the twenty-first dynasty (about 1000 B. C.). In one case, Ruffer, by a histologic study, found a right psoas abscess.[5] Derry, according to Smith and Jones,[6] reported several tuberculous spines discovered at Thebes dating from the twenty-third dynasty. Pales mentions the case of a fifth dynasty child with coxalgia and that of a 1900 B. C. infant with a tuberculous hip.[2]

In America, Moodie [7] found Pott's disease in a Peruvian skeleton dating from prehistoric times. He is of the opinion that the Peruvian Indians were widely afflicted with tuberculosis.

The Old Testament refers in three different places to consumptive diseases *(Shapahath)*.[8] The only symptoms noted are extreme wasting of the body and phthisis bulbi. In Zechariah, the disease is described as follows: "In these shall be the plague * * * the flesh shall consume away and the eyes shall consume away in their holes."

Throughout the ages, tuberculosis has always been a dreaded disease. In the days of Hippocrates it was already known as a disease characterized by the breaking down and destruction of tissues. The name "phthisis", meaning "wasting away" or "decay", was applied to this malady by Hippocrates.† The father of medicine considered patients afflicted with this disease as incurables: "Many, and in fact, most of them die; and those confined to bed I do not know of a single individual who survived for any considerable time." The so-called *facies Hippocraticus* is a typical description of the last stage of consumption: "hollow eyes, sharp nose, sunken temples, tense skin, cold ears, parched and discolored face, livid eye-lids, open mouth and blanched lips".

Hippocrates had no other diagnostic procedures at his disposal than simple inspection and palpation. He had no stethoscope and no experience in percussion and auscultation. He had no tuberculin, no microscope and no x-rays to confirm his diagnosis. In spite of all these handicaps, his diagnoses appear usually to have been correct and his therapeutics far in advance of his time. He advised a young patient suffering from consumption to leave the city and rest in the sunshine, to ingest a rich diet and imbibe much milk until his flesh rounded his frail frame and until his cough was gone and strength had returned. He believed that phthisis was caused by small pus foci *(plymota)*.

Among the later ancient medical writers, no author surpasses Aretaeus (about 50 A. D.) in his vivid description of tuberculosis. In his book *De Causis et Signis Morborum* (The Causes and Diagnosis of Disease), he describes with extraordinary accuracy: "the curved nails, shrunken fingers, slender, sharpened nostrils, hollow, glazy eyes, cadaverous look and hue, the waste of muscles and startling prominence of bones, the scapulae standing off like the wings of a bird; the thin, veneer-like frames, the limbs like pinions, the prominent throats and shallow chests." He remarks that "moist and cold climates are the haunts of it".[9]

Incidentally Aretaeus was the first to make the following striking observation: "Hemorrhage from the lungs is particularly dangerous, although patients do not despair even when near their end. The insensibility of the lungs to pain appears to me to be the cause of this, for pain is more dreadful than precarious; whereas in the absence of it, even serious illness is unaccompanied by fear of death and is more dangerous than dreadful."

* Read before the Medical Staff of the Atlantic County Hospital for Tubercular Disease, Northfield, New Jersey.

† The belief in a special phthisical frame has existed in the profession from the days of Hippocrates, who says, "The form of body peculiar to subjects of phthisical complaints was the smooth, the whitish, that resembling the lentil; the reddish, the blue-eyed, the leuco-phlegmatic, and that with the scapulae having the appearance of wings."

The external signs of *habitus phthisicus,* which were described in great detail by ancient medical writers, have not changed up to the present time. Indeed, that frail, undersized, emaciated body with a long narrow, flat chest, in which the ribs stand out prominently, the chest-bone is depressed and the shoulder blades project in the back like two wings, is still classical of a large number of tuberculous patients.

There is no evidence that Hippocrates suspected contagion or infection to be the cause of these symptoms, although his contemporary, the historian Thucydides, in his *History of the Peloponnesian War,* expressed a definite belief in the infectious character of plague and its transmission from one person to another. Describing the plague of Athens, he states: "Nay, they (physicians) themselves died most of all, inasmuch as they most visited the sick."

Galen indicated the infectious character of consumption when he stated: "It is a matter of experience that those who sleep in the same bed with consumptives fall into consumption; also those who live long with them or wear their clothes and use their linens." [10]

The Byzantine and Arabic physicians, although in theory they had implicit faith in the teachings of Hippocrates and Galen, in practice were swayed by current superstitious beliefs, and did not advance beyond theorizing and discussing the texts of the ancient masters.

In the Middle Ages the infectious nature of tuberculosis was undoubtedly recognized.[11] Healers had ample opportunity to observe that tuberculosis was communicable from person to person. In the 13th century, some twelve diseases were looked upon as contagious *(Morbi Contageosi):* leprosy, influenza, trachoma, ophthalmia, gonorrhea, scabies, impetigo, typhus, cholera, anthrax, erysipelas and pulmonary tuberculosis; not that diseases were differentiated or comprehended, but popular feeling instinctively grouped those now designated by the foregoing names as transmissible. The medieval world, however, was submerged in such deep superstition and ignorance as to the nature of infection that no intelligent attempt to combat it was made. All disease was held to be of divine origin and to attempt to prevent the spread of tuberculosis would be sacrilegious. A strange idea prevailed that disease could be passed from one person to another like a parcel, with the complete cure of the transmitting party. Thus, far from seeking isolation, tuberculous individuals sought contact with other persons in the frantic attempt to transfer their onus to a scapegoat. Such superstition still lingers among certain peoples of eastern Europe and Asia. The method of transferring disease from person to person was by kiss, touch, or by making the other person or animal swallow the blood, saliva, urine, hair or nails of the sick person.

An established way of transferring tuberculosis, for example, was the attempt to convey the disease to a flock of sheep by walking among them while they were leaving for pasture in the early morning—a time when animals were thought to be most susceptible to disease.

In the history of the art and science of medicine, it often happened that a span of time passed between the one who theorized about a certain medical problem and the one who found a solution to that problem. The circulation of the blood, for example, was almost discovered by Erasistratus (200 B. C.) but had to wait 1,700 years for Harvey to explain it. The rationale of vision was almost announced by Aristotle but had to wait almost two millenia to be explained properly. The infectious character of tuberculosis was known to Galen but the obvious significance of this fact had to be delayed until the close of the 19th century to be utilized. The diagnosis of phthisis was surmised by Hippocrates but the world had to wait until the close of the 17th century for Franciscus de le Böe Sylvius (1614-1672) to recognize the little lumps present in the tissue of consumptive patients and to present an accurate dscription of its pathology. In doing a number of autopsies, Sylvius was impressed by the frequent occurrence of small, rounded, whitish-gray bodies in the lungs of patients who in life had been diagnosed as having phthisis. Sylvius came to the decision that these round bodies were the cause of phthisis. His conclusion was particularly prompted by the fact that pus commonly accompanies phthi-

sical sputum; he compared these nodules with the commonly observed pus-producing superficial inflammatory elevations or papules on the surface of the body. His explanation as to how and why they arose in the lungs and how they caused phthisis, however, is not conclusive, for his etiologic factors did not include the tubercle bacillus.

With the beginning of the eighteenth century, the problem of tuberculosis attracted the serious attention of such celebrities as Thomas Sydenham, Thomas Willis and Richard Morton of England. Morton in 1689 was of the opinion that the tubercle started the ulcerative lung process. He also thought that one could die of the disease without showing any evidence of the tubercle, as it may be invisible. This last thought anticipated the German maxim of recent years that "Jedermann hat ein bischen tuberculose am ende". Other famous physicians were deeply interested in the subject: Gerard Van Swieten, Boerhaave and Paul Barbette of Holland, Jacob Manget of Geneva, Sauvages of France and the famous anatomist, Giovanni Battista Morgagni of Italy. The last, while doing many autopsies in his anatomic investigations, admitted that he had performed very few autopsies on persons who had succumbed to phthisis, adding that his master, Valsalva, had done practically none. No shortage of material prevented autopsies on tuberculous cadavers. Morgagni readily admitted his great fear of contracting the disease from cadavers. He advised his young students to shun them also.

The connection of these little lumps with consumption was definitely proved by William Stark, a pupil of John Hunter, who in 1785, while describing miliary tuberculosis, pointed to these little lumps as the cause of the disease, thus anticipating much that Laennec was later destined to discover concerning tuberculosis. But Stark's work fell on sterile ears; it became a subject of controversy among students of pathology of various countries, among whom may be mentioned Cullen and Baillie of England and Portal, Kortum, Corvisart and Bichat of France.

Bichat (1771-1802) succumbed to tuberculosis at the age of thirty-one. Among his last utterances were the following remarks: "We really don't know much about the pathology of phthisis, for few autopsies have been done because of the foolish fear among physicians that the disease is catching." His early death proved that phthisis was catching. This brilliant scientist has been called the Napoleon of medicine. When his teacher, Corvisart (1775-1821), wrote to Napoleon: "Bichat has just fallen on a battlefield which numbers more than one victim; no one has done so much and so well in so short a time", the "Corsican" ordered the bust of Bichat placed in Hotel Dieu.

By the early part of the nineteenth century, the relationship existing between the little lumps found in the tissue and pulmonary consumption was firmly established. This recognition was largely due to the work of Gaspard-Laurent Bayle (1774-1816) and Réné-Théophile Laennec (1781-1826) of France, both students of Corvisart. Bayle, in his *"Recherches sur la Phthisie pulmonaire"*, published in 1810, describes the millet seed bodies, calling them tubercles; he traced the changes in the patient to caseation and softening of the tubercles which he found in many organs. He was of the opinion that a person must have a diathesis to contract phthisis and that the disease works constitutionally. After long and arduous clinical study and hundreds of post-mortem examinations on individuals who had died of consumption, he came to the definite conclusions that phthisis is an infectious disease and that the infection is caused by the inhalation or swallowing of the poisonous material secreted or excreted by the patient. Bayle himself died of tuberculosis in 1816 at the age of forty-two.

His intimate friend and junior collaborator, Laennec, continued the investigation where Bayle left off. In spite of violent opposition from high places in the medical world, he maintained Bayle's views and corroborated them with new evidence. He, too, performed hundreds of autopsies, during many of which he observed diseased areas containing these small lumps, which he and his fellow investigator, Bayle, called *tubercles*. Prior to Bayle's death, after more than a thousand autopsies, these two celebrated scientists came out with a state-

ment to the effect that these tubercles can be found not only in the lungs but in any part of the body: skin, intestines, bones, brain, eyes and mucous membranes.

Laennec also demonstrated that the disease, which was then called phthisis, not only hampers the organ it affects, but also produces a poison which spreads and affects the whole body, thus producing the symptoms so characteristic of the disease. With the use of a microscope and without benefit of the knowledge of the cell as the unit of tissue (the cell doctrine was promulgated in 1836), Laennec achieved perfect unity out of chaos. The several forms of the disease, he explained, depend upon the development of one small body, the miliary tubercle. His ideas were accepted almost everywhere. The basis of all modern knowledge of tuberculosis, save only the important fact that the tubercles were produced by the action of the tubercle bacillus, came from Laennec's researches. His description of the tubercle was a "body composed of a grey gelatinous form of infiltration * * * sometimes covering a whole lobe of a lung".

The first to use the term tuberculosis was Dr. J. L. Schoenlein of Zurich, Switzerland, in 1839.

The greatest problem in arriving at a diagnosis of tuberculosis of the lungs came from the lack of any precise methods with which to identify the location of the disease and to determine the changes indirectly from the external appearance of the patient, from the cough, loss of weight, fever and night sweats, etc., but most of these changes appear when the disease is well advanced and more practical devices were necessary to diagnose tuberculous lungs earlier in the disease.

The discovery of percussion of the chest, by a Viennese physician named Leopold Auenbrugger (1722-1809), was therefore a great help to the medical practitioner of those days. Auenbrugger was really the first to render available a means by which the clinician could make any direct estimate of the advancement or regression of tuberculosis of the lung.

His great discovery was tested out at the Hospital of the Holy Trinity at Vienna, and his diagnosis confirmed by post-mortem examinations. His work, *Inventum Novum et Percussione Thoraces Humani,* published in 1761, received scanty attention until 1808, a year before his death, when Corvisart popularized it.

Eleven years after Auenbrugger devised the method of percussing the chest, Laennec discovered another device which proved of great diagnostic value in pulmonary tuberculosis. It must be recalled that as late as the early part of the nineteenth century, physicians listened to the heart and respiration with their ears placed tightly against the chest of the patients. Some patients, particularly women, were too modest to have the physician's head close to their chests; others were dirty and covered with lice and the physician was not inclined to rest his head on them. Laennec, like many other physicians of his day, objected to this method of examination. One day, while working in the Necker Hospital, Paris, he attempted to examine a girl with heart disease, but she was so stout he could hear no sound at all from her chest. It is related that a few days after, while walking to the hospital by the way of the Louvre garden in Paris, Laennec's attention was directed to a group of children playing about a pile of lumber. Some of these put their ears against a beam; others tapped on the opposite side and the sound travelled through the wood. When he returned to the hospital he copied this simple device. He seized his notebook, rolled it into a tight cylinder and placed one end of the crude instrument against the patient's chest and applied his ear to the other end. Sure enough, there came to his ear a loud and clear heart sound, which he had never heard before. He observed the same clarity of sound by applying the little *trumpet,* as he called it, over the lung. Soon after, Laennec made many wooden trumpets on a turning lathe from which he daily derived new clinical observations from the ample clinical material at his disposal. He carefully studied abnormal respiratory sounds and other changes caused by tuberculosis. He came to the surprising conclusion that one-third of the patients admitted to the hospital were afflicted with active tuberculosis.

The name *stethoscope* went through a process of evolution. Laennec first changed the

name of his *trumpet* to *baton;* then to *solometer;* then to *cornet medicale.* For a time he accepted his Uncle Guillaume's suggestion that it be called *thoraciscope.* But Laennec evidently was disinclined to accept a word that combined Latin and Greek, so he dropped the Latin, *thoraci,* and substituted the Greek root for chest, *stetho;* hence *stethoscope.*[12]

With his stethoscope, Laennec analyzed and named the various symptoms and signs of pulmonary phthisis and then synthesized all the accessible clinical features of his cases into a technique of diagnosis that has held as the basic method of physician examination up to the present day.

In spite of the indispensability of the stethoscope to the modern practitioner, it was not until well past 1850 that it came into general use. In 1819, Laennec published his monumental work: "Medical Auscultation, or Treatise on the Diagnosis of Maladies of the Lungs and Heart". In 1826, at the age of forty-six, Laennec, like his inseparable colleague Bayle, died of tuberculosis.

The infectious nature of the tubercle was proved by Jean Antoine Villemen (1827-1892), in 1867, when he injected tuberculous tissue into rabbits. Villemin made a thorough study of the structure of the tubercles and demonstrated that they were caused by living entities. However, he was unable to identify the etiologic factor with his microscope. Incidentally, Villemin noted that rabbits were more susceptible to the inoculation of bovine than human tubercles. He told his assistant in the army where he was a surgeon that "the phthisical soldier is to his messmate what the glanderous horse is to his yoke fellow".[13]

In 1882, Robert Koch published his classical studies on the etiology of tuberculosis. After having first noted tubercle bacilli in sections of tubercles, he cultivated these organisms and inoculated guinea pigs with the cultures, thus producing tuberculosis in the laboratory animals.

By a stroke of good luck, Koch emerged from obscurity to be ranked among the greatest scientists of his age. There was nothing eventful in Koch's early life. His family was in modest circumstances. There was little reserve for luxuries or to give children a higher education, after the large family was provided with the necessities of life. When young Robert was about to finish the local high school, his parents planned for him to learn the shoemaking trade. Just then an unforeseen improvement in the financial condition of the elder Koch took place which enabled him to send his son to the University of Göttingen, where the celebrated pathologist, Frederick Gustave Henle (Jacob Henle) (1809-1885), the author of *A Handbook on Rational Pathology,* was professor. At that period Henle published his famous essay entitled *On Miasmata and Contagia* which was discussed widely in scientific medical circles. It contained the first clear statement in modern terms that infectious diseases are due to specific organisms. It cannot be doubted that this famous teacher had a great influence over young Koch.

After receiving his doctorate, Koch disappeared from academic circles for a period of ten years. His meager financial status compelled him to earn a livelihood immediately. He started his medical career as an obscure country doctor in the little town of Wollstein, in the province of Pausen, Czechoslovakia. This town had a mixed population made up largely of Czechs and Poles. There were certainly no laboratory facilities. All that he possessed was a microscope which he had purchased while at the university. One can be certain that he used it at his office whenever he could spare time from his medical duties.

In those days bacteriology was a branch of botany, and the leading authority on that subject was Ferdinand Cohn, of Breslau. Anyone who wanted information on the parasitism of the algae and fungi applied to Ferdinand Cohn. From a letter sent to Cohn by Koch in 1876, it is clear that the latter did not spend his ten years in Wollstein idly. The letter reads: "After many vain attempts, I have finally been successful in discovering the process of development of the anthrax bacillus. After many experiments, I believe that I am able to state the results of these researches with sufficient certainty. Before, however, I bring this into the open, I respectfully appeal to you, esteemed Herr Professor, as the foremost authority on

bacteria, to give me your judgment regarding this discovery."

The epoch-making discoveries of Pasteur undoubtedly had a great influence on Koch's research work. One evening, he read in a scientific journal that this great French chemist had demonstrated that microscopic plant germs could live and thrive in the bodies of men and animals and that the presence and growth of some of them were attended by disease. Soon afterwards he seriously began the task of developing new technical methods which became the basis of modern bacteriologic technique. He separated and identified bacteria; he grew them in pure culture; he stained them and photographed them.[14]

It was on the evening of March 24, 1882, that he startled the Physiological Society of Berlin by announcing his discovery of the tubercle bacillus. Koch was not satisfied with merely discovering the cause of tuberculosis. He tried to find means of preventing and curing this disease. In 1890, he prematurely announced that he had discovered a remedy for tuberculosis, which revelation was received with great enthusiasm everywhere. As a therapeutist, however, he failed to fulfill the expectation and hope which his announcement raised among millions of people. Although his tuberculin as a therapy for tuberculosis was a failure, the discovery proved to be of great diagnostic value.

Koch and his colleagues demonstrated that the tubercles described seventy-eight years before by Laennec and fifteen years before by Villemin were caused by the action of bacteria on the tissues, and that the dissemination of the disease was produced by the spread of these tubercle-forming bacilli.

In 1905 Koch was awarded the Nobel Prize. The following year, as head of the African Sleeping Sickness Commission, he introduced a treatment for that malady.

With the discovery of tuberculin, Koch furnished a most valuable test for the detection of the presence of either active or arrested tuberculosis in the body. This test does not, however, differentiate between the two grades of the disease. While it serves to indicate among whom we should look for tuberculosis, it does not show the place where the pathologic condition is located, nor even if the disease is active or quiescent.

The last link in the chain surrounding the diagnosis of tuberculosis of the chest came with the discovery of the x-ray in 1895 by Wilhelm Conrad Roentgen, Professor of Physics at Strassburg, who, while experimenting with electric discharges passing through vacuum tubes, discovered this peculiar kind of energy. This disclosure came to him unexpectedly. One day while examining a vacuum tube in a black box, he noticed that a paper screen, covered with barium platinocyanide which accidentally stood nearby, became fluorescent. His curiosity became aroused at this strange spectacle. He soon discovered that the unknown radiations from the tube could pass through substances ordinarily opaque to light and that these radiations possessed the power of affecting photographic plates. Two months later, he announced his discovery, which he named x-ray.

Before the aforementioned methods of examination for tuberculosis were discovered, there was no way of recognizing the disease in other organs. Tuberculous infection in different organs was therefore taken to represent various maladies. Tuberculosis of the lungs was classified under the name *consumption, phthisis* or *white plague*. Tuberculosis of the intestinal canal was known as *tabes mesenterica;* of the skin and eyelids, *lupus;* of the conjunctiva, *phlyctenules* or *phlyctenular conjunctivitis;* of the cornea, *phlyctenular keratitis;* tuberculosis of the spine as *Pott's disease;* tuberculosis of the bones and lymph glands as *struma, scrofula* and *king's evil.*

The term *king's evil,* which was applied to scrofula or tuberculosis of the lymph glands, particularly those of the neck, brings to mind the fact that for a period of eight hundred years this form of tuberculosis was treated in France and England by kings. Physicians were employed only to assort these patients. The disease was not difficult to diagnose. Children affected were badly deformed by the scars of chronically discharging abscesses. The treatment consisted merely of the *royal touch* and other impressive ceremonies. Edward the Con-

fessor (11th century) introduced the French practice in England. In the 15th century, during the reign of Henry VII, the practice was made into an elaborate church ceremony. Charles II was the busiest of all royal touchers. One day the crowd that applied for treatment at his tuberculosis clinic was so great that seven patients were trampled to death.

The rite of royal touch was carried out as follows: The afflicted children were led up by the royal surgeons, one by one, to the throne where they kneeled. The King then mildly stroked their faces or cheeks with both hands at once, at which instant a chaplain recited from the New Testament: "He put his hand upon them and he healed them."

It is noteworthy that more people are said to have died of scrofula during the reign of Charles II than in any other period in English history. It is related by Boswell that the famous lexicographer, Dr. Samuel Johnson, was one of the last patients touched by Queen Anne. He was about two years old at that time. Boswell records the fact that Johnson's scrofula persisted throughout his life. The royal touch, it seems, impressed the royal subjects, but made little impression upon the tubercle bacilli.

William III put an end to the practice of royal touch: "It is a silly superstition. Give the poor creatures some coins and send them away," he remarked. To a person who insisted that his son be touched by his royal highness, William said, "God give you better health and more sense."

Shakespeare refers to the practice of "King's Evil" in Macbeth,[15] where Malcolm says:

> " 'Tis called the 'evil'—
> A most miraculous work in the good king;
> Which often since my here-remain in England,
> I've seen him do, How he solicits Heaven,
> Himself best knows: But strangely visited people, all swoln and ulcerous, pitiful to the eye,
> The mere despair of surgery, he cures;
> Hanging a golden stamp about their necks,
> Put on with holy prayers; and 'tis spoken,
> To the succeeding Royalty he leaves,
> The ailing benediction with this strange virtue,
> He hath heavenly gifts of prophesy; and sundry blessings hand about his throne, that speake of grace."

The piece of gold or the *touch pin* bestowed by the English King served as an amulet and was considered by the patients to be of great importance. Patients were certain that the king's evil would recur if the king's token were lost.

Scrofula was for a time the most prevailing form of tuberculosis, and was considered the forerunner of pulmonary tuberculosis. Spontaneous healing did occasionally occur in scrofulous tuberculosis when the virus was of a mild form. More often, however, it terminated into tuberculosis elsewhere in the body. The striking aphorism of Niemeyer, "The greatest evil which can happen to a consumptive is that he should become tuberculous," might well have been applied to tubercular adenitis.

NOTES AND REFERENCES

1. First evidence of tuberculosis belongs to the later Neolithic period, some 5,000 years ago when men first began to live in groups and to domesticate animals.
2. Pales, Leon: Paleopathologie et pathologie comparative. Masson et Cie., 1930.
3. Hofschlaeger, R.: Von den Krankheiten des vorgeschichtlichen Menschen. Zeitschr., 6 (37):2319-24, 1939.
4. Smith, G. E., and Ruffer, M. A.: Pott'sche Krankheit an einer Aegyptischen Mumie aus der Zeit der Dynastie (um 1000 s. chr.), Zur Hist. Biol. der Kranheitscrreger, H. 3, S. 9-16, 1910.
5. Studies in the Paleopathologie of Egypt, University of Chicago Press, 1921 (ed. R. L. Moodie).
6. Smith, G. E., and Jones, F. Wood: The archaeological survey of Nuhia; report for 1907-08. Vol. II. Report on the human remains (with Vol. of Plates). National Printing Co., Cairo, 1910. The writer is indebted to Dr. W. M. Krogman, of the University of Chicago, for much of the information concerning prehistoric tuberculosis. See Ciha Symposia, May 1940.
7. Moodie, R. L.: Paleopathology. U. of Ill. Press, 1923.
8. Leviticus 26:16, Deuteronomy 28:22, Zechareah 14:12.
9. Cited by Biblical Theologic and Ecclesiastical cyclopedia, McLintock & Strong, Vol. 6, p. 32.
10. Galen believed in "Aero-therapy" for tuberculosis. He ordered his patients to warm climates and to the sunny slopes of the Vesuvius.
11. The bubonic plague often affected 100 per cent of the population and killed from 20 to 80 per cent of those affected. In the plague of London in 1665, the population was almost annihilated; bodies were thrown together and buried in trenches. When the plague subsided, the levels of these burial trenches were many feet higher than the surrounding ground.
12. Howard W. Haggard: The Lame, The Halt and The Blind. Blue Ribbon Books, Inc., New York, 1932, p. 258.
13. Cyclopedia of Medicine, VII, pp. 232-244. Ed. George M. Piersol. F. A. Davis Co., Phila.
14. Koch laid down three cardinal rules with reference to bacteria:
 a. A specific organism must be present in all cases of the disease.
 2. It must be cultivated in pure culture.
 3. It must produce the same disease when injected in healthy animals.
15. Macbeth, Act. 4, scene 3.

1616 Pacific Avenue

WHY A CESAREAN SECTION?

MATERNAL WELFARE ARTICLE NUMBER SEVENTY-SEVEN

By Arthur W. Bingham, M.D., F.A.C.S., East Orange, N. J.

On looking over the cesarean statistics for 1941 in New Jersey one sees that there is a considerable variation in the incidence varying from one in three deliveries in a small private hospital in a rural county where most of the normal cases are delivered at home, to one in 222 in an urban hospital having 1333 mothers delivered with no maternal death. The low rate as shown by the urban hospital is of course exceptional but shows what can be done and indicates that it may be possible to reduce the average incidence possibly from one in 38 to one in 50 deliveries in hospitals.

On looking at Fig. 17 in the annual maternal welfare report (Journal, October 1942), we see that 43 per cent of the cesareans were toxic patients. Here is a field for some action. Had these patients received proper preventive prenatal care, over 50 per cent would not have been toxic, and had these cases not been toxic probably at least 50 per cent of them would not have had cesareans. So the reason for many cesarean deaths is traced back to a lack of preventive prenatal care.

Contrary to general belief, one of the complications of pregnancy most easily prevented is toxemia. The patient must be prevailed upon to see a physician early in pregnancy. Then the physican must so impress the patient with the importance of frequent regular visits that she will carry out directions. The text books as well as recent articles state that the patient should see her physician each month for the first six months and every two or three weeks or oftener thereafter until the last month when weekly visits should be made. She should have her weight, blood pressure, and urine checked for indications of toxemia.

Why not go further? Why not tell the patient from month to month how much she may gain, what she may eat, and how much she may walk in the open air. Why wait for toxic symptoms to appear? The first indications of toxemia usually start in the fifth month or earlier but are so slight they are frequently overlooked.

It has been proven that patients of average height and weight who gain over 20 pounds during pregnancy are five times more apt to become toxic than if they gain less. Also patients who gain too rapidly during the first six months of pregnancy are in danger. Of course when a patient has become toxic she gains considerable weight due to water imbalance but the weight she gained before becoming toxic is the significant weight that leads to toxemia and should be carefully regulated. If she continues to gain excessively she is almost sure to become toxic.

Each case must be studied individually. The small woman, less than five feet in height and weighing around 100 pounds or under, should gain proportionately less as baby, placenta, and amount of liquor amnii will be relatively smaller. In most instances these patients should not gain over ten pounds during pregnancy, preferably less. The short, stout woman is already overweight and should gain very little if at all. These are the cases that make trouble unless the weight is carefully controlled.

The tall woman of moderate weight may gain up to 25 pounds with little danger.

All patients should be supervised with especial care if they have a history including scarlet fever or nephritis. Another group of toxemia cases are the patients who have chronic hypertension with or without nephritis. The majority of these cases should have an abortion or labor induced to relieve the strain on the kidneys as the results are most unsatisfactory for the baby as well as the mother as a rule. Occasionally a mild case can be carried up to eight months with utmost care. Such cases must be carefully selected and not permitted to gain any weight during pregnancy. They are very poor risks for cesareans.

Looking at Fig. 17 again we see that 32 per cent of the deaths following cesareans were due to sepsis. Four of the cases were elective

operations. What a catastrophe to have an elective cesarean die of sepsis. Our technic must be checked and possibly changed. Other cases of sepsis were due to patients being too long in labor before operating. Ten cases were allowed to be in labor over 24 hours. Unless an extraperitoneal operation is done the result is almost sure to be fatal in such cases. Extraperitoneal cesarean should be done only by experienced operators.

X-rays for determining position and relative size of baby and pelvis should be done only by specially trained technicians. Errors in x-rays have been the cause of many delayed cesareans as well as unnecessary cesareans.

Many babies born by cesarean are stillborn. Could not some other method of delivery be used especially when foetus is dead. What has become of the cephalotribe? Its use is much safer in some cases.

One type of case that requires careful judgment is that of a young primigravida whose measurements, size of baby, etc., make it a borderline case. Should not this patient be allowed to try to deliver normally even at risk of losing the baby? If the patient has a cesarean she is exposed to several possible complications and except in rare instances is marked for a cesarean in each subsequent pregnancy. Temporary reasons for doing cesareans such as large baby, poor labor, or hemorrhage may not recur but if an infection followed first cesarean she should have the operation for subsequent pregnancies because of danger of rupture of uterus in a weak scar.

It is not justifiable to do a cesarean in order to sterilize a patient. There must be a definite obstetrical indication for it. Toxemia, heart disease, and diabetes are conditions which are serious enough in themselves without adding the shock of a cesarean and only in rare cases is it justifiable.

Cesarean section is a means of delivery just as important and proper as forceps delivery when properly timed but complications which may require cesarean as a last resort should be avoided and usually can be through preventive prenatal care. The most common complications following cesarean section are sepsis, pulmonary emboli, hemorrhage, suffocation due to aspiraton of vomitus, shock, and adhesions.

One of the best ways to reduce the necessity for cesarean is to advise the patient to take daily walks, particularly in the sunshine. While some patients carry the fetus low in the pelvis and therefore must be advised to take more rest and often remain in bed to avoid a premature labor, the majority of patients should be urged to walk two to four miles daily. This is especially important from the sixth month on to the end of pregnancy. Walking helps the head to settle into the pelvis, making an easier labor. The results are most gratifying. Occasionally it may be necessary to curtail the amount of walking for a short time if the head settles too rapidly. If a patient walks from two to four miles daily and the head does not settle into the pelvis there is very little need for trial labor. The primigravida who has a floating head at term either has not walked enough, has made an error in dates, or there is some disproportion or obstructing pathology.

While we feel from studying the records that there are too many cesareans performed we admit that the operation might have been done to advantage in a few cases when it was omitted. However, that must not lead us to unnecessary operations. If a case has been carefully studied and guided and the patient has coöperated, the need for cesarean can be determined without trial labor in the majority of cases. If a trial labor is necessary, it should be carefully watched and not allowed to continue too long. When preventive prenatal care is accepted as the training preparatory to childbirth most of the avoidable complications will be eliminated.

FEW COMMENTS

1. Don't do a cesarean just because the family wish it. They do not realize the dangers.

2. Don't do a cesarean simply to sterilize a patient. It is safer to have a normal birth and operate later.

3. Don't do a cesarean on a young primigravida just because the presentation is breech.

4. Don't do a cesarean on a toxic case if there is any possibility of vaginal delivery.

5. Don't fail to have a good anesthetist for every cesarean. Accidents frequently happen.

6. Don't fail to have a blood count before doing a cesarean. Patient may be too anemic to stand the operation.

7. Don't remove the appendix at the time the cesarean is done.

8. Don't do a cesarean simply because there are twins. They are usually small babies.

9. Don't do a cesarean unless experienced.

10. Don't do a cesarean when membranes have been ruptured several hours.

11. Don't do a cesarean after a patient has been in labor more than a few hours unless it is extraperitoneal.

12. Don't ever do a cesarean if it seems possible to deliver patient safely by some other means.

A LESSON FROM A DEATH CERTIFICATE

NUMBER FORTY-EIGHT

Patient 32 years old. Grav ii, para i. Four days in labor, occiput posterior. Twenty hours after admission to hospital cervix was fully dilated. Sedatives were given at intervals and labor allowed to continue for three days.

A consultant was then called and the head was rotated and an eight-pound baby delivered without difficulty. Following return to her room patient began to bleed excessively and was given active treatment including transfusion. Temperature 104. Continued to run a septic temperature for five days and died. Baby died in convulsion on second day, probably due to cerebral hemorrhage from prolonged second stage.

Did not the long second stage invite hemorrhage and sepsis? Certainly the tired uterine muscle helped cause inertia, especially after repeated doses of sedatives. Repeated vaginal examinatons wth a fully dilated cervix invited sepsis.

Why wait so long before calling a consultant? It is easy to get one in New Jersey.

A. W. Bingham, M.D.

RENAL THROMBOSIS IN INFANCY

REPORT OF TWO CASES IN MALE INFANTS UROLOGICALLY EXAMINED AND CURED BY NEPHRECTOMY AT 13 AND 33 DAYS OF AGE

Renal thrombosis in infants and children is an exceedingly grave condition and terminates fatally in practically every case not promptly treated surgically. In infants, ileocolitis is the chief predisposing cause; the initial renal lesion in most cases is a massive hematogenous acute pyelonephritis. The precise factor or factors engendering the early intrarenal lesion are unknown. In many cases the clinical picture is that of overwhelming sepsis and toxemia consequent to the major initial condition, whether it be ileocolitis or peripheral infection. Manifestations suggesting renal involvement may be completely masked or may be absent. Urinalysis shows blood, albumin, pus, and sometimes pus casts. Yet even in the absence of a palpable tender kidney, the demonstration of albumin, pus and blood in the urine should arouse more than a passing suspicion. A sharp pain in the loin accompanied with hematuria, tenderness, and sudden renal enlargement in a child with ileocolitis, at once suggests the diagnosis of renal thrombosis.

When (1) the disease is unilateral, (2) the child is not hopelessly septic, and (3) prompt nephrectomy is employed, about 70 per cent may be expected to survive. In the two male infants here reported, cystoscopy, divided renal function tests, and retrograde pyelography were carried out in the early days of life and shortly following the onset of the disease. Both were cured by nephrectomy.—(Author's Abstract.) Meredith F. Campbell, M.D., and William F. Matthews, M.D., J. Pediat., 20: 604-615, May, 1942. (Clinical Abstracts, 1942.)

EXECUTIVE OFFICER'S PAGE

PUBLIC SPEAKING CAN BE PAINLESS*

LeRoy A. Wilkes, M.D., Trenton, N. J.

There are times when it is difficult to determine who suffers most—the speaker or the audience. Most of the time it is probably the audience which is the victim, but too often the speaker himself is not immune to suffering from his own efforts. I have seen brave men whose knees demonstrably shook when they faced an audience. I have sat in brave audiences where each individual would have gladly aided in the shaking process before the speaker had finished. Public speaking can be made painless to both the audience and the speaker if a few words of advice are heeded. The occasion can be made a really enjoyable and profitable one.

A speaker must have something worth saying, or he must be interesting enough to make his audience believe that he has. He must intrigue their interest right from the time he is introduced. The second requisite is that he deliver his message without undue delay, and in a clear and pleasing voice which can be heard by all present. The third requisite is that he stop when he has made his points.

TYPES OF TALKS

Someone has likened all speeches to the tails of animals. There are four categories into which speeches invariably fall:

First there is the *rat's tail*—the stories which resemble the rat's tail are "sharp and to the point".

Second is the *rabbit's tail*—the stories which resemble the rabbit's tail are "merely suggestive".

Third we have the *dog's tail*—the stories in this category are "bound to occur".

Fourth comes the *cat's tail*—here we find the stories that are "fur to the end".

While all stories may have their uses, it is the story that is short and to the point which the public speaker usually finds most useful to illustrate his point.

A simple, direct statement of fact—especially a challenging one—often makes an effective beginning for an interesting discourse. Follow this by similar short and concise additional pertinent statements, clearly enunciated, and do not forget that a smile begets a smile. When your audience is smiling you are still in good favor. Most experienced speakers speak slowly enough to be distinctly heard and understood. In their pronunciation they are not only correct but pleasing to the ear. They also pause at the proper time to allow the mind to grasp each point, and these pauses can be made as eloquent as the spoken word. One must speak with conviction in order to be convincing, and with understanding and sympathy to win support. Dogmatic pronouncements rouse opposition which may prejudice all subsequent remarks. One can use the question form which is flattering to the audience. *You* suggest, *they* decide. You offer evidence—they agree or disagree. Flattery in moderate amounts is always agreeable and many times wins support.

DISTRACTIONS

The quality of the voice is important. Is it musical, or rasping and jarring on the nerves? Do your nervous gestures distract attention from your words? Are they contradicting your speech with your gestures? One cannot persuade an audience of his respect, admiration and love, while at the same time shaking his fist at them. Are your clothes conspicuous and distracting or are you immaculate and well groomed in your appearance? Be meticulous in your choice of words and gestures. These things all count for or against you. Are your movements and postures graceful or awkward? One can be both natural and cultured. Artificial endeavors to effect superiority are not only bad manners, they alienate your listeners. A friendly, natural manner is far superior to

*This is the last article written by our Executive Officer prior to his death on November 29, 1942.

others, and quickly establishes in your audience that attention and receptive state of mind essential to a successful message.

THE ABILITY TO SPEAK

A few lessons in public speaking under a *capable* teacher is a good investment for any physician. The ability to speak well and to have supposedly extemporaneous speeches always on tap wins many friends. Equally important is the already mentioned element of the *length* of the talk. This cannot, of course, be standardized but must depend upon several factors such as available time, interest aroused, and pertinency of the subject at the moment. Contacts with people are the basis of a physician's growth in understanding of his patients from more than a medical standpoint. This opportunity is furthered materially by his ability to clearly and interestingly present his ideas to the public in a public address as well as in private conversation. Nothing is more depressing to an audience than the talk of a speaker who begins with the statement "I am not a good public speaker"—and who then proceeds to prove beyond a doubt that his statement is truthful. Look chiefly at your audience—not your paper or your vest.

PREPARATION

In addresses of especial importance, the preparation of the subject matter is a matter of laborious effort if one wishes to make the most of the opportunity to do a creditable job, and to enhance or sustain his reputation as a speaker of ability. The careful rewriting of certain portions in order to clarify an idea, and the elimination of redundant words, are both essential if the subject is likely to appear later in print.

The wise speaker gets a number of local facts pertinent to his subject and weaves these into his talk to give it "local color", by means of which he intrigues the interest of certain listeners who might otherwise miss his points of emphasis.

PURPOSE OF THE TALK

Every speech is delivered for a *purpose.* This purpose must be constantly kept in mind during the preparation and delivery of the speech. For instance, if one seeks merely to amuse he will think primarily of this purpose and sacrifice, if necessary, other considerations. As an illustration of how to amuse the audience, one makes fun of himself because he then offends no one else by his ridicule, which may otherwise prove to be a two-edged sword. If the purpose is to enlist financial contributions the speaker must arouse a desire in the members of his audience to participate in the project under discussion, and he must do this just before the collection is taken. If his desire is to convince he must offer incontrovertible evidence and suggest that no other conclusion than the one he offers is tenable.

TERMINATION

The time to stop speaking is most important. Many a cause has been lost after it was won—chiefly because the speaker had no terminal facilities. Inexperienced speakers at times think the address as prepared must be delivered in toto—even at the risk of mayhem. If you feel your audience has been convinced of your claims after you have used but two minutes of a ten-minute time allotment, find a way to tactfully terminate your remarks. One can always end on a complimentary note or quote an intriguing bit of verse. It is not, as a rule, good to end with a story unless it definitely leaves with your audience the point about which your speech has been centered in purpose.

ACTING EXECUTIVE OFFICER APPOINTED

At a special meeting of the Board of Trustees on December 3, 1942, Mrs. Edith L. Madden, Office Manager of the Executive Offices of The Medical Society of New Jersey, was appointed Acting Executive Officer until a suitable successor to Dr. Wilkes can be found.

LEGISLATIVE NEWS

ACCELERATED MEDICAL COURSES

As all medical schools in this country, to meet the war situation, are now giving their four courses of at least eight months each consecutively instead of in four different calendar years, it was necessary to amend our Medical Practice Act to permit graduates under the new "speed-up" courses to take the examination in this State for licensure. The New Jersey Medical Practice Act provided, as did the acts in many other states, that the four courses of at least eight months each should be completed in four different calendar years. Our Act was so amended that the applicable portion now reads "shall have completed four satisfactory courses of at least eight months each *consecutively or* in four different calendar years."

Permission was obtained from the Chairman of the Committee on Introduction of Bills for the introduction of the bill at this late date (November 16, 1942) and the situation was explained to the Speaker of the House and to the President of the Senate. The measure was introduced by Dr. Wegrocki, Assemblyman from Essex County, and passed the Legislature without dissent December 14, 1942, and was signed by the Governor.

WARTIME AMENDMENT TO NURSES' PRACTICE ACT

On December 14, 1942, an amendment to the Nurses' Practice Act was passed and has since been signed by the Governor, which changes the age of admission to nurses' training schools from 18 years to 17½ years, and further provides that graduates of approved nursing schools shall be permitted to take the examination for "R.N." upon satisfying the Board of Nurses Examiners that they possess the qualifications that were demanded at the time of their graduation. The purpose, of course, of this amendment is to increase the number of available accredited nurses. This measure was actively supported by the State Society's Committee on Legislation.

OSTEOPATHS AS COMMISSIONED OFFICERS IN THE NAVY

The following is extracted from a recent Federal Legislative Bulletin (December 1) of the A. M. A.:

H.R. 7672 has been signed by the President, making supplemental appropriations for the national defense for the fiscal year ending June 30, 1943, and for other purposes (Public Law No. 763). At the time this bill was before the Senate for consideration an amendment was submitted by Senator Downey of California providing that the appropriations for the Navy Department shall be available "for the pay of commissioned medical officers who are graduates of reputable schools of osteopathy". The following discussion on the amendment ensued:

"Mr. Downey: Mr. President, I wish to offer an amendment to the pending bill which I have discussed with the Senator who is sponsoring the measure (Senator McKellar of Tennessee). The amendment is on page 8, line 17, after the word 'law', to add the words 'for the pay of commissioned medical officers who are graduates of reputable schools of osteopathy'.

"I may say, in relation to the amendment, that there is at the present time no provision in the law by which payment can be made by the Navy to commissioned medical officers who are graduates of schools of osteopathy. The Navy is of the opinion, I understand, that some time during this year it may desire to commission officers who are graduates of schools of osteopathy. The provision is merely permissive, and in case the Navy should desire to make such appointments, this amendment would permit that to be done.

"Mr. President, I understand the distinguished Senator from Tennessee (Mr. McKellar) is willing to take the amendment to conference.

"Mr. McKellar: Yes. I have no objection to doing so.

"The Vice-President: The question is on agreeing to the amendment of the Senator from California (Mr. Downey).

"The amendment was agreed to."

The conferees permitted the amendment to remain in the bill.

STATE ACTIVITIES

SCIENTIFIC WORK COMMITTEE MEETING

The first meeting of the Scientific Work Committee was held on November 22, 1942, at 2:00 p.m. at the Academy of Medicine in Newark.

Those present were Dr. Marsh, Dr. John W. Gray, First District; Dr. William W. Maver, Second District; Dr. Patrick H. Corrigan, Third District; Dr. John H. Rowland and Dr. Royce Paddock, at large.

Dr. Marsh briefly outlined the work of former Scientific Work Committees, emphasizing that this is not a new committee, but one that had gradually become restricted in its functions to serve only as the Scientific Program Committee for the Annual Meetings. The idea of restoring the committee to its original purpose was to make it function as a year-round committee, to have the following program:

1. To collect information through the county reporters or otherwise, of members who are prosecuting scientific researches or studies in the State, in hospitals and similar institutions, in schools, in public health departments or other agencies, or in private, or of any who wish to undertake such studies.

2. To give to our members through the *Journal* information and progress reports on such work as is being carried on at specific places by identified individuals.

3. To facilitate the presentation of such work and its results, either (a) at the Annual Meeting, through the Annual Meeting Committee, or (b) in the *Journal,* through the Publication Committee.

4. To provide contacts between individuals carrying on research projects in various parts of the State.

5. To stimulate the interest of all members in the State Society by calling to their attention the efforts made at various times by the specific individuals engaged in research, and the subjects in which they are currently engaged in study.

Dr. Marsh stated that he realizes the difficulty of establishing the work of this committee on a continuously working basis in war time, but he feels that no time should be lost in getting a set-up which can function as soon as conditions seem favorable.

Dr. William W. Maver was unanimously elected Chairman of the Committee and Dr. Royce Paddock, Secretary.

In recent years the Reporter's duties have been restricted and have become more and more confused with those of the Secretary. It is hoped that through the *Journal* and other media to restore the functions of the Reporter to his orginal purpose, namely to record anything of scientific interest so that future historians, as well as our present members, will be made aware of the accomplishments of organized medicine.

Dr. Gray reported the endeavors of a group in New Jersey to found and operate a New Jersey School of Medicine, and he wondered if such a school would interfere with or further aid the efforts of the Committee on Scientific Work. The school is not yet assured nor has it been approved. The arrangements for the clinical training and teaching staff have not been completed.

Dr. Marsh, in discussing the work of the committee, suggested the need for coöperative effort on the part of other groups, such as school physicians and hospital staffs, in reporting on research undertaken, or possibly upon the need for specific types of research not yet being conducted.

Dr. Gray suggested the possibility of an endowment fund for research work being established at some time by the Medical Society to encourage those interested in and engaged in research.

Dr. Marsh stated he intended to propose the establishment of an endowment fund for scientific work at the next meeting of the Trustees. He suggested the possibility of the members purchasing war bonds and donating them to such a fund.

The facilities of the Executive Offices are available for correspondence and other work needed.

The Committee felt that either the work of the Scientific Committee of the Annual Meeting could be combined with that of the Scientific Work Committee, or through liaison membership a close integration of the work of these two committees could be assured and conflict and duplication avoided. Dr. Marsh stated his preference for a distinct and separate program for the Scientific Work Commttee.

All available material when collected from the various sources hereinbefore mentioned can be sent to the Executive Offices and from there presented to the Committee at its regular meetings. This would form a basis for centralizing all contributions to form a comprehensive report on the scientific work being conducted for publication in the *Journal*, for the information of the members of the Society.

Upon motion, it was agreed that the functions of the Reporters, as suggested by Dr. Marsh, be called to the attention of the Reporters, through the *Journal* and a personal letter.

MEMBERS OF THE MEDICAL SOCIETY OF NEW JERSEY NOW SERVING ON ACTIVE DUTY IN THE ARMED FORCES

SUPPLEMENTARY LIST NUMBER EIGHT

The figures in parentheses refer to County Societies as follows: (1) Atlantic, (2) Bergen, (3) Burlington, (4) Camden, (5) Cape May, (6) Cumberland, (7) Essex, (8) Gloucester, (9) Hudson, (10) Hunterdon, (11) Mercer, (12) Middlesex, (13) Monmouth, (14) Morris, (15) Ocean, (16) Passaic, (17) Salem, (18) Somerset, (19) Sussex, (20) Union, (21) Warren.

Abel, Henri E., Elizabeth (20)
Barlow, John D., Hightstown (11)
Berke, Raynold N., Hackensack (2)
Bernheisel, Louis E., Tuckahoe (5)
Blank, Samuel, Skillman (18)
Brown, John L., Grantwood (2)
Burrill, Benjamin B., Jr., Bloomfield (7)
Carrigan, Francis P., Newark (7)
Caruso, Paul F., Rutherford (2)
Cooke, H. Hamilton, Ridgewood (2)
Coppoletta, Joseph M., Cliffside Park (2)
Costabile, Vincent, Lyndhurst (2)
D'Agostini, Alfred J., Newark (7)
D'Agostini, Robert J., Newark (7)
Daly, John F., Teaneck (2)
D'Amato, Charles R., East Rutherford (2)
DeLia, Emilio F., Newark (7)
Donnelly, John H., Newark (7)
Donnelly, Joseph E., Paterson (16)
Doran, Ralph J., Hoboken (9)
Fager, Rudolph O., Bloomfield (7)
Falcone, Nicholas A., North Plainfield (18)
Farr, Walter J., Teaneck (2)
Finegan, Paul J., Trenton (11)
Finnerty, Urban R., Montclair (7)
Fitzhugh, William F., Ridgefield Park (2)
Gatti, Joseph D., Hackensack (2)
Gindhart, John H., Trenton (11)
Gitterman, David A., Englewood (2)
Godfrey, Alan O., Newark (7)
Goeller, Jacob, Irvington (7)
Goldberg, Harry C., Perth Amboy (12)
Goldfarb, Abraham, Rutherford (2)
Grueninger, Edward F., Cliffside Park (2)
Hagman, Frank E., Arlington (7)
Hall, Winthrop H., Westfield (20)
Hayes, Gerald W., East Orange (7)
Heineken, Theodore S., Bloomfield (7)
Hewson, George F., Newark (7)
Hillsman, R. Bryan, Teaneck (2)
Hirsch, Solomon, Jersey City (9)
Hitzmann, Louis A., Maywood (2)
Hummel, Lee C., Salem (17)
Imhoff, John G., Jersey City (9)
Jacobs, Alan L., Union (20)
Kay, Albert E., Perth Amboy (12)
Kiessling, Charles E., Newark (7)
Knight, William T., Oradell (2)
Koeck, George P., Newark (7)
Kooperstein, Samuel I., Jersey City (9)
Kosminsky, Louis, Palisades Park (2)
Krans, DeHart, Plainfield (20)
Levine, G. Irving, Jersey City (9)
Levitas, Irving M., Westwood (2)
Loman, Samuel G., Cresskill (2)
Lombardi, Frank L., Bergenfield (2)
Lord, C. Donald, Oakland (2)
Lynch, Maurice M., Hackensack (2)
MacLaren, Philip J., Westwood (2)
McLane, A. Donald, Englewood (2)
Meltzer, Louis, Bayonne (9)
Miller, Herbert G., Rutherford (2)
Modrys, Walter F., Hudson Heights (2)
Moore, Ralph L., Woodbury (8)
Mulligan, Luke A., Leonia (2)
Myers, Norman V., Tenafly (2)
Neary, Edward R., Palisades Park (2)
Nyvall, Pierre J., Barnegat (15)
Olpp, John L., Englewood (2)
Padden, Aloysius F., Bogota (2)
Patti, Frank A., Leonia (2)
Pecora, Samuel, Newark (7)
Peters, Richard C., Plainfield (20)
Pindar, Arthur W., Teaneck (2)
Prather, Charles G., Westwood (2)
Prince, Robert A., Paterson (16)
Reinhold, Herbert E., West Englewood (2)
Ringe, Charles L., Jr., Teaneck (2)
Robbins, Warren D., Cape May (5)
Rosen, Emanuel, Newark (7)
Rosenthal, Sydney, Newark (7)
Roylance, F. Dean, Jr., Closter (2)
Rubin, Abraham A., Belleville (7)
Ruttenberg, Louis, Woodbury (8)
Sax, Max T., Bloomfield (7)
Schwartz, Samuel H., Plainfield (20)
Seidman, Joshua I., Newark (7)
Silver, George A., Jr., Hightstown (11)
Thornley, William F., Maplewood (7)
Virgilio, Anthony A., Orange (7)
Weinstock, Michael B., Newark (7)
Wiesenfeld, Benjamin, Woodbridge (20)
Willner, Philip, Newark (7)
Wyman, Edward H., Burlington (3)
Zingales, Joseph A., Cranford (20)

CHILD CARE COMMITTEE—STATE CIVILIAN DEFENSE ADMINISTRATION

The State Director of Defense has appointed Dr. Ellen C. Potter, Director of Medicine, Department of Institutions and Agencies, as Chairman of the Child Care Committee of the Community War Services Division of the State Civilian Defense Administration. Dr. Julius Levy is a member of the committee, representing the Health Department; and Miss Anne Hoppock, Assistant in Education, representing the Department of Education. The Parent-Teacher Association, private child-care groups and the Extension Service of the State College of Agriculture are included.

Dr. Potter is a wise choice for Chairman of this committee because of her administrative ability, and Dr. Levy's extensive experience in the health aspects of child care makes his selection a good one. While both of these physicians are members of the Society and competent, a pediatrician chosen by the Medical Society and one representing the American Academy of Pediatrics would make most desirable additions to this committee. It is possible that both the representations suggested could be combined in a single representative, and this has been proposed to the proper authority.

OBITUARIES

DR. JAMES T. DAVIS

Dr. James T. Davis of Elizabeth died at his home on November 21, 1942. Dr. Davis was born in Jamaica, B. W. I., in 1889 and received his early education there. He came to this country in 1913 and was graduated from Howard Medical School with high honors in 1920. Dr. Davis moved to Elizabeth in 1922 and enjoyed a wide practice throughout Union County.

Dr. Davis was a member of the Union County Medical Society, North Jersey Medical Society, The Medical Society of New Jersey and Howard University Alumni Association. For many years he was President of the Elizabeth Branch of the National Association for the Advancement of Colored People and was a faithful and ardent worker in this organization, being at the time of his death a member of the Board of Directors.

DR. GEORGE S. LAIRD

Dr. George S. Laird of Westfield died on December 1, 1942, in Elizabeth General Hospital.

Dr. Laird was born in Rockport, Indiana, in 1876. He received his medical degree from the University of Michigan Medical School and interned at Elizabeth General Hospital. He served in the first World War at Camp Dix, after which he studied at the New York Eye and Ear Hospital and became a specialist. His time was devoted to eye and ear work in Westfield from 1925 until his death.

Dr. Laird was on the staff of Elizabeth General and the Children's County Home. He was long active in civic affairs and was a member of Westfield Medical Society, Union County Medical Society, The Medical Society of New Jersey, and the American Medical Association.

DECEASED PHYSICIANS — NEW JERSEY

Name	Age	Date of Death	Place of Death	Residence	Cause of Death
Joseph L. Fewsmith	65	Nov. 2, 1942	Newark	Same	Coronary thrombosis.
Thomas H. Flynn	85	Nov. 27, 1942	Somerville	Same	Chronic myocarditis.
Allan Harris	69	Nov. 2, 1942	Greenwich	Same	Coronary embolus. Arterio sclerosis
LeRoy A. Wilkes	59	Nov. 29, 1942	Trenton	Same	Cerebral hemorrhage.

• THE BULLETIN BOARD •

COMING MEETINGS

The Mercer County Component Medical Society is revising its habits. The next meeting on *January 19* is to be a public one, to which all interested members of the various lay county organizations, such as P.-T. A., are being invited. In order to get the object (public welfare) across to the meeting, three distinguished doctors of Philadelphia will conduct the panel discussion on "Child Welfare in Wartime". Dr. Ralph Tyson, eminent clinician; Dr. Emily Bacon, renowned lecturer, and Dr. James Waygood, famous child psychologist, will answer the questions put to them by the members and guests of the society. An "every member present campaign" will insure a full attendance. Neighboring county societies are invited. It will be well worth your while to mark off the 19th of January on your calendar now, and join us at the Auditorium of Junior High School No. 3, West State Street and Parkside Avenue, Trenton, at 8:30 p. m.

• • •

On *January 21,* Dr. Damon B. Pfeiffer of Philadelphia will speak on "War Surgery" before the Gloucester County Medical Society. The meeting will be held at the Country Club in Woodbury at 9:00 p. m.

• • •

NEW YORK STATE SOCIETY MEETING

The Medical Society of the State of New York cordially invites the members of The Medical Society of New Jersey to attend its annual meeting set for May 3rd to 6th, 1943, in the Hotel Statler in Buffalo. Scientific sessions begin on the morning of Tuesday, May 4th, 1943, and continue through Wednesday, May 5th, and Thursday, May 6th. An abbreviated program will be sent to your Journal later.

It is realized that difficulties in transportation may prevent many from New Jersey from accepting this invitation, but perhaps those who reside near Buffalo may find it convenient.

George W. Cottis, M.D., President
Peter Irving, M.D., Secretary
Medical Society of the State of New York, 292 Madison Avenue, New York, N. Y.

PHOTOGRAPHS OF MEMBERS

Members of The Medical Society may soon receive a visit from Mr. Joseph Merante, who has taken photographs of all the Trustees, Officers and Fellows, and who is engaged at present, in securing photographs of the members of the Society for the files of the Executive Office. The Executive Office is anxious to secure a file of photographs of all members so that these may be available for making cuts and slides when needed in the Society's activities. There will be no charge to the physician for the single photograph taken for the Society's files, nor will there be any obligation to purchase photographs for personal use from Mr. Merante.

• • •

BOARD OF MEDICAL EXAMINERS

Dr. Patrick Corrigan of Trenton has been appointed by the Governor to fill the vacancy on the State Board of Medical Examiners created by the resignation of Dr. A. Anderson Lawton.

• • •

PRIZE FOR ESSAY ON GLAUCOMA

The National Society for the Prevention of Blindness announces that a prize of $250 will be awarded for the most valuable original paper during 1943 adding to the existing knowledge about the diagnosis of early glaucoma. The award will be made by the Society with the guidance of an ophthalmological committee composed of Dr. Arnold Knapp, Dr. Manuel Uribe Troncoso and Dr. Mark J. Schoenberg.

Papers may be presented by any ophthalmologist, student in ophthalmology or research worker of the Western Hemisphere and may be written in English, French, German, Italian, Spanish or Portuguese, but those written in the last four languages should be accompanied by a translation in English. Papers should be in the office of the National Society for the Prevention of Blindness, 1790 Broadway, New York City, by September 15, 1943.

COUNTY SOCIETY REPORTS

CUMBERLAND COUNTY

H. S. Branin, M.D., Reporter

The regular December meeting of the *Cumberland County Medical Society* was held on December 8th, 1942, at Bridgeton.

The President, DR. EDWARD THALHEIMER, presided, and paid the Society's respects to DR. LEROY WILKES, State Executive Officer, and DR. S. D. BENNETT, one of our members, who recently passed away.

DR. ALDRICH CROWE, our District Counsellor, paid his official visit and asked physicians to apply for commissions to Emergency Base Hospitals.

DR. M. F. SEWALL reported on State Welfare activities and also paid tribute to Dr. Wilkes.

DR. CHARLES FROMKIN was elected a member of this Society. DR. HELEN WEITHASSE was made an honorary member of the Society.

Dr. Earl Lyon then introduced MISS HILDA R. SOLOMON, R.N., Past President of the Nurses Anesthesia Association of Pennsylvania, who gave a very interesting talk on "Spinal and Intravenous Anesthesia". Her paper was discussed by Drs. Leslie Myatt, E. C. Lyon and Sidney Siegel of our Society.

HUDSON COUNTY

Harry J. Perlberg, M.D., Reporter

The regular monthly meeting of the *Hudson County Medical Society* was held on December 1, 1942, at the Masonic Club. Communication relative to the establishment of a base hospital for emergencies by the U. S. Public Health Service was discussed.

A resolution of condolence was ordered sent to the family of the late DR. LEROY WILKES, Executive Officer of the State Society.

The talk of the evening was by DR. LOUIS STEVENSON, Associate Clinical Professor of Neurology, Cornell University. The subject chosen by Dr. Stevenson was "The Effects of Trauma on the Nervous System". This talk was illustrated with slides, and covered the subject of fractures of the skull with epidural and subdural hemorrhages and their effects. He stressed the value of air studies in diagnosis and also the effect of injuries to cord. The value of electro-encephalography was commented upon. The question of the practice of malingering was also brought up in the discussion of traumatic insanity. Dr. Stevenson stated that injuries to the head result in disturbance of brain cells with disturbance of function and there must be unconsciousness and often vomiting to show that the patient has had a concussion. Headaches and dizziness are caused by post-contusion syndrome and not post-concussion syndrome. He stated that traumatic neurosis is actually a nervousness following an accident, with tremors and vasomotor disturbances which are due to fear of returning to work, which may be considered dangerous.

Drs. Stockfisch, Londrigan, Ruoff, Brozdowski and Prince discussed the paper.

MIDDLESEX COUNTY

Alex M. Carr, M.D., Reporter

The regular monthly meeting of the *Middlesex County Medical Society* was held on Wednesday, November 18, 1942, at the Roosevelt Hospital, Metuchen, N. J., with DR. M. F. URBANSKI, President, presiding.

The regular order of business was set aside and DR. PHILIP M. STIMSON, Associate Professor of Clinical Pediatrics, Cornell University, addressed the Society and demonstrated the Sister Kenny ritual.

The genial doctor kept the audience interested by his facetiousness and yet gave a full picture of the method which has so greatly supplanted all others in the modern treatment of poliomyelitis.

After a brief, but keenly complete, review of pathology, he outlined in semi-technical language the basic principles of the Kenny treatment and the origin and reason for the establishment of those principles, giving many interesting comments on the history of Sister Kenny herself.

Briefly, her principles are based on:

1. Appreciation and exact diagnosis of muscle spasm.
2. Study of so-called substitution.
3. Alienation, "shell shock" and reëducation.

Dr. Stimson stated repeatedly the importance and almost absolute requirement of following the Kenny technique precisely. The degree of success depends on the thoroughness with which the "ritual" is carried out.

This, he said, implied the trained and adaptable person only. It was interesting to learn that Sister Kenny said "no"—emphatically—to our much-lauded respirators.

Another old established principle, that of splinting, has been definitely dropped and immediate treatment begun with "foments".

One also received the impression that a great deal of sensible and practical psychology was used, especially in reëducation.

It was conceded that this meeting was one of the most interesting and instructive of the year.

After the lecture-demonstration there was a discussion on the establishment of base hospitals by the U. S. Public Health Service and the assignment of physicians to such hospitals and U. S. P. H. S. Reserve Commissions.

There seemed to be much confusion regarding the interpretation of the communication from the Board of Trustees of The Medical Society of New Jersey on the subject, in the light of the request of Dr. Schlichter at the October meeting for an "age-roster" of Middlesex County to be forwarded to Procurement and Assignment Service in Newark. It was decided to forward the carefully prepared roster to Dr. Schlichter and reserve final action on the U. S. P. H. S. proposal until the December meeting.

DR. FITHIAN, being a member of the Board of Trustees, was asked to read various letters regard-

ing the establishment of U. S. P. H. S. control of hospitals in centers designated by the Government.

The consensus of opinion was that the physicians of our particular area were already fairly well organized for local hospitals and definitely conscious of the emergency, individually, and as a group.

The following were elected to regular membership:

*S. DAVID MILLER, formerly of New Brunswick;
ELI L. COOPERMAN, Fords;
*J. J. LUCEY, formerly of Perth Amboy, and
*WILLIM RUBIN, formerly of New Brunswick.

*Now with armed forces.

DR. EMERY SINGER of Avenel, formerly a member in good standing of the Bronx County Medical Society, New York, was elected to Associate Membership.

The proposed amendment to Section 7 of the Constitution and By-Laws, as proposed at our October meeting was adopted:

Section 7—*Business Meetings.* Thirty per cent of the active, paid-up members of the Society, in good standing, shall constitute a quorum for the purpose of transacting business, but, at a special meeting, no business shall be transacted except as shall have been designated in the call and notice.

Section 7a—*Scientific Meetings.* At meetings of the Society called for the purpose of presenting dissertations, reports, papers, addresses or discussion on medical, surgical or sanitary subjects or for the presentment of clinical cases, the object of which shall be for the advancement of medical science, fifteen members shall constitute a quorum for such Scientific Meeting.

(Amendment adopted November 18, 1942. President, Dr. Matthew F. Urbanski; Chairman on Constitution and By-Laws Committee, Dr. William H. McCormick, Jr.)

The meeting was then adjourned.

MORRIS COUNTY

Wilbur M. Judd, M.D., Reporter

Our December meeting was held at the New Jersey State Hospital, Greystone Park, December 17th, with PRESIDENT BOWERS presiding. Our attendance was considerably curtailed because of so many members being with the armed services and the development of a severe snow storm, early in the evening, making travel hazardous.

At the meeting of the Executive Committee held just prior to the meeting, DR. F. T. VAN BEUREN, JR., of Morristown was elected a member.

DR. FROST, Chairman of the Maternal Welfare Committee, discussed the subject of bed shortage for maternity care, which has become a problem because of so many new families in defense work in this area. A motion by Dr. Ruth Earp was approved to the effect that copies of Dr. Bingham's letter, stating the policy of the State Maternal Welfare Committee, be sent to the superintendents of the various hospitals in this county.

Dr. Geary introduced DR. SAMUEL GOSGROVE, Medical Director, Margaret Hague Maternity Hospital, Jersey City Medical Center, Jersey City, who outlined and discussed and illustrated with lantern slides, the subject of "Toxemias of Pregnancy" first and then, "Pregnancy, Complicated by Heart Disease".

In the toxemias, high blood pressure is one of the most important elements, and particularly is this true in reference to the duration of this before the termination of pregnancy, which unquestionably has a bearing on the immediate and future prognosis. Dr. Cosgrove presented statistics which resulted from an analysis of a large series of cases in his clinic, in which the differentiation of the severe and mild cases, determined by the degree of hypertension and proteinuria, age of the individual, appearance of hypertension early in pregnancy, and other factors are of particular significance in prognosis—obesity and family history of cardio-vascular disease also being factors. A favorable sign in such cases is a return to normal limits of the blood pressure within a period of six weeks after delivery. His recommendation for treatment was distinctly conservative and avoided surgical intervention.

In the discussion of "Pregnancy Complicated by Heart Disease", the importance of obtaining a history of previous cardiac failure was stressed, and with a positive history, bed rest is imperative. Artificial interference with the natural course of labor should be predicated upon its necessity from purely obstetrical grounds, rather than upon medical complications. The doctor pointed out that from a physiological standpoint the patient is better able to withstand the strain of labor at term than at the seventh or eighth month.

Drs. Frost, Geary and others briefly discussed the paper.

OCEAN COUNTY

Frederick N. Bunnell, M.D., Reporter

The *Ocean County Medical Society* meeting was held in Lakewood, N. J., at The Paul Kimball Hospital, on December 9, 1942, PRESIDENT CARL MENGE presiding.

DR. WILLIAM E. DODD reported a plan had been devised whereby a fee will be paid to physicians, for the prenatal care ($10.00); delivery and puerperium care ($25.00), also a hospital fee of $35.00 for expectant mothers who are wives of men of our armed forces below the rank of commissioned officers, and have been, after investigation, declared indigent. The arrangement is to operate in the six counties of Southern New Jersey.

MISS JESSIE WEST of the Ocean County Health Department has been appointed to supervise the work in Ocean County.

SUMMIT MEDICAL SOCIETY

Carroll S. Thomson, M.D., Secretary

The second meeting of the season of the *Summit Medical Society* was held at the Canfield Tea Room on Tuesday, November 24th, at 9:00 p. m.

Following a presentation on "Human Fertility", illustrated with moving pictures, DRS. A. E. TATOR, H. J. HALLOCK and M. G. BENSLEY discussed maternal mortality rates in New Jersey during 1941.

Following the meeting a collation was served.

WOMAN'S AUXILIARY

Atlantic County

Mrs. Charles Hyman, Press and Publicity Chairman

The November meeting of the *Woman's Auxiliary to the Atlantic County Medical Society* was held on Friday, November 13th, at the home of Mrs. James H. Mason at 2:30 p. m.

Members present enjoyed hearing Mrs. E. G. Shreve, Director of Atlantic County Public Health Service, speak. Mrs. Shreve mentioned particularly the good work being done on the Northside.

Essex County

Mrs. Stuart Z. Hawkes, Publicity Chairman

A symposium on "Doctors' Wives in the War Effort and Home Community Service" made memorable the first of a new type of meeting of the *Woman's Auxiliary to the Essex County Medical Society* held November 23 at the Academy of Medicine. The programs this year are to be streamlined in keeping with the war effort.

The Program Chairman, Mrs. S. Bernard Kaplan, struck a high keynote for the meeting with an excellent definition of "Morale". She then introduced the uniformed members of the Auxiliary prominently engaged in our community activities.

Mrs. Henry C. Barkhorn, Vice-Chairman of the Newark Red Cross Chapter and Chairman of the Woman's Division of the War Chest and Roll Call, graciously presided at the symposium in her Red Cross uniform.

"Home and Community Services" were discussed by Mrs. H. Roy Van Ness. She discussed the many ways in which doctors' wives have aided in establishing community projects of help to the medical profession.

A paper on "Doctors' Wives and the War Effort" was then read by Mrs. A. Elston Fink, who told how the wives of doctors at war could substitute for their absent husbands by listening to patients' woes, and by entering actively in community projects they would encourage other women to do likewise.

In the third phase of the symposium we heard from Mrs. Arnold Kallen and Mrs. Arthur Heyman, wives of two doctors who are with the Armed Forces. They spoke of the spiritual satisfaction they had found in their volunteer work as Nurses' Aides. Then Mrs. Asher Yaguda, our Auxiliary President, and wife of a Naval officer, speaking extemporaneously, described life in a mushroom naval community, and how, by making suggestions, she has had the organization of the Civilian Defense of that community thrust upon her.

Continuing our policy of "Good Neighbors" we had as our guests the President and Vice-President of the Auxiliary to the Hudson County Medical Society.

Hudson County

Mrs. James M. Murphy, Chairman Press and Publicity

The Christmas Party was held December 7th, 1942, at the Young Women's Christian Association, Jersey City, but there were no gifts for members this year. A collection box was at the door for donations towards kit bags for those leaving on service. Forty-six members and their guests were present.

Mrs. John Nevin reviewed "The Christmas Carol".

Commissioner Potterton introduced a group of the Potterton Choristers and their leader. The ten young people sang together, then each member did a solo number, songs, tap dancing and toe tap dancing. Mr. Potterton told of the excellent training and of the interest the boys and girls take in their work. Their performance justified his remarks.

Mrs. Andrew presided over the short business meeting which followed. Volunteers signed up to sell War Bonds and Stamps in two banks for the week of December 7th. It was decided to have a card party in January, although it had previously been decided to abandon large parties for the duration. This will be a simple affair. The members seldom see one another these days and this January card party is a tradition of the Auxiliary or at least is on the way to becoming one.

Mercer County

Mrs. A. F. Moriconi, Publicity Chairman

The *Woman's Auxiliary to the Mercer County Medical Society* held its meeting at St. Francis Hospital in Trenton on November 9th.

Dressings were made in the morning followed by a business meeting in the afternoon. Tea was served at 4 o'clock.

The President, Mrs. R. J. Cottone, spoke about cancer control and asked members to contribute to this cause.

Mrs. Samuel Sica, Chairman of the Student Nurse Committee sponsored by the Auxiliary, reported the nurse as being a good student and progressing well.

Mrs. D. Leo Haggerty Chairman of Public Relations, spoke on Civilian Defense, stating our duties and obligations as a group, and as citizens in helping our country.

OBITUARY

MRS. AGNES J. ALBRECHT

Mrs. Agnes J. Albrecht, wife of Dr. William J. Albrecht, of Somerville, died on November 8 of a cerebral hemorrhage, at the age of 48. Mrs. Albrecht was born in Carbondale, Pa., and came to Somerville ten years ago. She was president of the Woman's Auxiliary to the Somerset County Medical Society at the time of her death.

Mrs. Albrecht is survived by her husband, a daughter, Miss Marjorie E. Albrecht, and her parents, Mr. and Mrs. Hugh Wyllie of Philadelphia.

BOOKS RECEIVED FOR REVIEW

Handbook on Diseases of Children, including dietetics and the common fevers. By Bruce Williamson. 3d ed. Pp. 364. Baltimore, Wm. Wood, The Williams & Wilkins Co. 1942. $4.50.

Practical Survey of Chemistry and Metabolism of the Skin. By Morris Markowitz, M.D. Pp. 196. Philadelphia, The Blakiston Co. 1942. $3.50.

Mental Illness: A Guide for the Family. By Edith M. Stern and Samuel W. Hamilton, M.D. Pp. 134. New York, The Commonwealth Fund. 1942. $1.00.

Synopsis of Traumatic Injuries of the Face and Jaws. By Douglas B. Parker, M.D., D.D.S. Pp. 334. St. Louis, C. V. Mosby Co. 1942. $4.50.

Fractures. By Paul B. Magnuson, M.D., F.A.C.S. 4th ed. Pp. 511. Philadelphia, J. B. Lippincott Co. 1942. $5.50.

Venture in Public Health Integration. The 1941 Health Education Conference of the New York Academy of Medicine. Pp. 56. New York, Columbia University Press. 1942. $1.00.

BOOK REVIEWS

Ambassadors in White; the Story of American Tropical Medicine. By Charles Morrow Wilson. Pp. 372. New York, Henry Holt & Co. 1942. $3.50.

With the growing interest in the South American countries, this book is especially timely. The facts and figures given as to disease and death are breathtaking. The need to lower these figures is important for our own welfare, and to make concrete our good-neighbor policy. The author gives a few ways and means of accomplishing this purpose.

There follows a history of medicine in South America, and separate chapters are devoted to the lives and works of such men as Carlos Finlay, Walter Reed, William Crawford Gorgas, William Edgar Deeks and Noguchi.

The book will make interesting reading for the profession and the public, and should serve as useful propaganda toward the expenditure of money for the elimination of unsanitary conditions and the wiping out of insect pests and other carriers of disease.

M. V. Naylor.

Textbook of Gynecology. By Arthur Hale Curtis, M.D. 4th ed. Pp. 723. Philadelphia, W. B. Saunders Co. 1942. $8.00.

It is difficult to find adequate and yet temperate words with which to praise this, the latest of four editions within the past twelve years. The style is clear, the illustrations are beautifully done, and the material and pronouncements are ex cathedra.

Perhaps the most noticeable improvement is the description of the anatomy of the pelvis and perineum. The numerous contributions made by Curtis and his co-workers to anatomy in the last few years are well epitomized in this textbook.

The chapter on ovarian tumors is new and comprehensive. The treatment of the subject of gonorrhea is entirely new, made necessary by recent advances in the bacteriology and the therapeutics of that disease. The treatment of cancer of the cervix includes excellent illustrations of the radical operation of abdominal hysterectomy. The reviewer is of the opinion that it is too well done, for the illustrations may tempt someone to employ surgery where x-ray and radium had better be used.

The volume deserves a place on the shelves of both general practitioners and specialists.

William J. Carrington, M.D.

The Hand: Its Disabilities and Diseases. By Conduct W. Cutler, Jr., M.D., F.A.C.S. Pp. 572. Philadelphia, W. B. Saunders Co. 1942. $7.50.

In contrast to other publications on the subject of the hand, but one-fifth of Cutler's book is devoted to acute infections, a subject which has been thoroughly covered by other works. The value of the book, therefore, lies in its discussion of chronic infections, wounds of various types, fractures, dislocations, constitutional diseases, tumors, deformities, amputations and methods of repair and reconstruction.

The information in these latter chapters is, for the most part, sound and practical. More discussion of end results following tendon repair would be welcome. Many procedures do well on paper and but poorly in the living subject. Proper evaluation, therefore, is essential for the occasional operator or practitioner who has not had much experience in this field.

The book is recommended for all medical students and for all physicians who deal with diseases of the hand.

C. Abbott Beling, M.D.

Synopsis of Pathology. By W. A. D. Anderson, M.A., M.D. Pp. 671. St. Louis, C. V. Mosby Company. 1942. $6.00.

The author states that his "volume is intended to fill a gap which has existed between the very elementary manuals of pathology and the abundant larger textbooks and reference works. By the presentation of pathology in a compact and condensed form, it is designed to be useful to the medical student, to the dental student studying general pathology, and to the clinician who must maintain familiarity with the foundation sciences of medical practice". He has accomplished his purpose.

The arrangement of the subject matter is especially good and most practical for use as a reference book for the general practitioner. Including chapters on virus and rickettsial diseases; mycotic, protozoal and helminthic infections; chemical poisons and vitamin deficiencies, this volume is indeed a most concise, practical and complete treatment of one of the most complex of the basic medical sciences.

Carl L. Minier, M.D.

Central Autonomic Regulations in Health and Disease; with Special Reference to the Hypothalmus. By Heymen R. Miller, M.D. Pp. 430. New York, Grune and Stratton. 1942.

The author has produced an excellent book. He has been evidently keenly aware of the importance of the rôle played by the autonomic nervous system in the regulation of bodily functions in maintaining the health and soundness of the individual. In the opening sentence of the Introduction, Dr. Fulton says, "Recognition of the part played by the autonomic nervous system in the regulation of bodily functions may be ranked as one of the great milestones of modern clinical medicine."

The younger physicians are already versed in this new knowledge which is not more than a decade or two old. For those who have practiced medicine for more than 20 years, it is an eye-opener.

The reviewer feels that a modern practitioner cannot get along without the knowledge contained in this book. The work will enhance the progress of the unity of medicine in relation to the treatment of the sick person, who, in view of present-day knowledge, has to be treated from a broad psycho-somatic outlook. Every doctor should study this work and appropriate the knowledge for the better treatment of his patients.

Christopher C. Beling, M.D.

Clinical Anesthesia; a manual of clinical anesthesiology. By John S. Lundy, B.A., M.D. Pp. 771. Philadelphia, W. B. Saunders Company. 1942. $9.00.

The rapid advances in the last few years in the teaching and practice of modern anesthesiology are exemplified in this large volume by Dr. Lundy, head of the section on anesthesia of the Mayo Clinic for over 18 years. "Clinical Anesthesia" is an appropriate title for this book which is the result of his experience. All methods and techniques are fully considered and carefully described. Perhaps the most frequently consulted and useful chapter will be the one on the choice of anesthetic agents and methods. So far as possible the information has been arranged in tables, supplemented by text. In the first nine tables the author indicates his own preference for the agents for operations on each part of the body from head to foot with consideration of the condition of the patient. Complications are discussed in one table and pharmacologic effects produced by agents in another. There is also a test of drugs acting on the autonomic nervous system indicating whether the sympathetic or parasympathetic division is involved. Spinal anesthesia by the single dose and by the serial or so-called continuous technic is carefully considered. Included is a table of doses and concentrations of procaine. Local and regional anesthesia and a description of the various blocks is included.

The stages and signs of inhalation anesthesia with the various gases and volatile agents used for general anethesia are incorporated in tables. The Guedel classification is endorsed, and charts of symptoms of oxygen want and of carbon dioxide excesses are added.

The chapter on intravenous anesthesia with pentothal sodium is complete and authoritative, and well illustrated. Another chapter deals with venipuncture and will prove of help to many anesthetists. Endotracheal anesthesia technic is well covered and the sections on intravenous therapy, water balance and blood transfusion will prove of interest to many.

As a whole the book will prove to be a necessary reference volume.

A. C. Bush, M.D.

Emergency Care. By Marie A. Wooders, B.S., R.N., and Donald A. Curtis, M.D. Pp. 560. Philadelphia, F. A. Davis Company. 1942. $3.50.

The wide scope of this book on emergency care is one of its many features, although it does present the disadvantage of more-or-less scanty treatment of some subjects. The chapters on transportation of the injured, wounds, and the use of standardized first aid bandages are excellent, while the chapters on hospital accidents and operating room emergencies might seem superfluous. A thorough reading of them would save much trouble by showing us the many little things we seldom take into consideration.

The varied information on major disasters, emergency units, Army, Navy, chemical warfare, air raid precautions, and field sanitary measures is surprising.

At the back of the book may be found a resumé of the Red Cross and a tabular appendix of signs, symptoms, complications, and treatment in first aid, for ready reference.

This work should be in general use by civilian defense workers, nurses and doctors in all localities.

C. Abbott Beling, M.D.

War and the Doctor; Essays on the Immediate Treatment of War Wounds. Edited by J. M. Mackintosh, M.D. Pp. 135. Baltimore, William Wood & Company. $2.00.

This is an excellent book of 135 pages, packed full of succinct information of benefit to the lay and medical tyros when they first come in contact with the procedures obtaining in the conduct of the armed forces of the country.

The advice given with regard to shock treatment is sound and practical. It brings to the reviewer the recollection of the treatment for shock four decades ago, e. g., warmth to the body fluids with diffusible stimulants, caffeine in the form of hot coffee by rectum, and mild sedatives to calm restlessness. The newer treatment of great value is duly emphasized, e. g., coramine, gum arabic 6 per cent intravenously, and occasionally glucose.

The book takes in the fear neuroses, shock and hemorrhage, and surgical injuries to face, jaw and chest. Its chapters are written by medical men of experience and knowledge.

We recommend this little volume to all those who intend to enter or who are entering the military and naval services of the country. It will benefit the stay-at-homes as well.

Christopher C. Beling, M.D.

TUBERCULOSIS ABSTRACTS

A Review for Physicians

ISSUED MONTHLY BY THE NATIONAL TUBERCULOSIS ASSOCIATION

Vol. XVI **January, 1943** **No. 1**

INFORMATION from countries in the war area regarding present health conditions is limited and unsatisfactory. In certain European countries extreme hardship is being undergone, due especially to nutritional inadequacies. Evidences are already appearing that a sharp rise in tuberculosis encountered during the last war may again be expected, and with increasing severity. Although the death rate from tuberculosis in the United States showed its usual decline last year, increasing effort must be made to maintain this favorable situation.

TUBERCULOSIS AND THE WAR—HERE AND ABROAD

The United States

The world conflict of 1914-18 for the first time revealed tuberculosis as a major problem. From the early discovery of large numbers of tuberculous troops in the French army to the final assemblage of mortality records of the war years in the civilian population of all countries engaged, it was evident that tuberculosis was exacting a great toll, unrecognized in the wars of previous years. There is every reason to believe, however, that long wars accompanied by privation have always led to increase in tuberculosis. Crowding, malnutrition, exposure to infection and hardship of every sort have been considered responsible in different degree.

Fortunately, a quarter of a century of research since the last World War has led to a better understanding of methods for control of tuberculosis. Countries fearing the ultimate outbreak of hostilities, through the tense years preceding their final advent, anticipated tuberculosis as a grave menace and prepared accordingly. But in spite of forewarning and preparation, a rise in tuberculosis mortality rates appears already evident. Modern war is total war. Whole populations are engaged, through accelerated industry as well as actual combat.

In the present World War increasing effort is being made in the United States to avoid induction of soldiers with tuberculosis. Measures ensuring X-ray examination of practically all recruits admitted to the armed forces are in effect.

In the civilian population precautions are being taken against nutritional deficiency, since it is almost universally believed to have important bearing on the problem of resistance to tuberculosis. However, malnutrition may not be the gravest predisposing factor in a rise of tuberculosis. The acceleration of industry, leading to crowded quarters in industrial districts, brought about by the mass migration to industrial centers, has created another opportunity for widespread infection.

It is evident that a grave menace exists of another world-wide recrudescence of tuberculosis. Its prevention will require vigorous effort against the spread of infection and all measures possible to maintain a high level of resistance to disease.

War and Tuberculosis, Esmond R. Long, Amer. Rev. of Tuber., June, 1942.

Britain

To what extent the tubercle bacillus will repeat its former triumph of a generation ago in Britain cannot yet be properly gauged, but it has taken the initiative and the future course of events will be greatly determined by the effort put forward now by tuberculosis workers.

Deaths from respiratory tuberculosis increased about 6 per cent the first year of the war and 10 per cent the second, while the increase in deaths from other forms of tuberculosis was 2.4 per cent the first year and 17.6 per cent the second.

A considerable amount of infection is evidenced among the general population, particularly children, which means that either the infecting dose is large, or the resistance low. Both causes may have operated in the first half of 1941 when the nightly bombing of towns and cities made contact infection probable and frequent. However, if the increase is found to have continued since more normal conditions have prevailed, it will strengthen

the idea that there has been a general lowered resistance to infection in children under five. Many factors can have contributed to the lowering of resistance in children among which are change in diet, non-pasteurized milk, blackout and shelter conditions and lack of sleep and rest.

Comparing the trend of events during the first three years of the last war and available figures for World War II, a definite similarity can be traced, although living conditions now are probably more conducive to the spread of tuberculosis. However, there are some marked differences. Tuberculous meningitis has increased sharply, whereas in the corresponding period of the last war it fell almost to the pre-war level. A further point of difference is the small variation between the male and female curves.

These are ominous signs which mean that infection is lurking in hidden places taking its toll, especially in infant lives, and which emphasize the urgency of means for discovering these nests of infection and the need for their adequate control.

A Further Review of Tuberculosis in Wartime, F. Heaf and L. Rusby, Tubercle, May, 1942.

France

Food rationing started throughout France on October 1, 1940, when he following foods were restricted: bread, meat, cheese, fats, sugar, milk, chocolate and milled products. Technically other foods could be obtained, but in reality it was difficult to get them. The results of a survey carried on by the Institut des Recherches d'Hygiene on how different families of Paris were feeding themselves showed a total caloric insufficiency of about a thousand calories daily, a calcium deficiency and a calcium-phosphorus imbalance and an insufficient intake of Vitamin A.

Undoubtedly morbidity and mortality from tuberculosis have noticeably increased in Paris. The percentage of rapidly-developed tuberculosis has gone up in an alarming manner. Comparing the figures of the first six months of 1941 with the corresponding ones in 1939, the mortality from tuberculosis increased 10 per cent.

Four basic diets were prescribed for sick persons in four specific categories. To lessen the ill effects upon persons with active tuberculosis and known lesions, a diet was given which corresponded to their general category, plus a supplementary amount of 45 grams of meat and 15 grams of fat daily per patient. Despite the precaution indicated, the march of tuberculosis up to October, 1941, had been ominously progressive; thus if the present dietary regime continues and the consequences increase, the problem of tuberculosis in France will be exceedingly grave.

Food Rationing and Mortality in Paris, 1940-41, Ramon F. Minoli, Milbank Memorial Fund Quarterly, July, 1942.

Canada

The fall in the death rate from tuberculosis in Canada, which has been so evident for the past quarter of a century, has occasioned in some quarters a false sense of security. Nothing could be more unsound or misleading. A disease that kills nearly 6,000 of the population, leaves at least 30,000 incapacitated, and costs the country directly at least $8,000,000, annually, is still a formidable enemy and a major public health problem.

If control of tuberculosis is to be maintained in wartime, tuberculosis services must be continued, problems that arise as a result of the war must be attacked and advantage taken of wartime case-finding projects. Case finding has kept ahead of treatment facilities, which have been inadequate, and until both are developed to a greater degree, control of tuberculosis is still hidden in the future.

Two of the most important phases of case-finding services available are (1) for the general practitioners to provide an early diagnosis, since this is still the greatest source of cases, and (2) examination of contacts, the next greatest source.

Two opportunities have presented themselves as a result of the war: the X-ray examination of all recruits for the armed forces and case-finding projects among industrial workers, particularly in war industries. Tuberculosis is two and a half times as great in industry as in the general population. Therefore, the control of tuberculosis is an important phase of industrial hygiene.

Emphasis is being placed on retaining the open case of tuberculosis in sanatoria. Every patient who leaves against advice represents a weakness in the tuberculosis control system. The factors involved should be carefully analyzed and every way possible must be sought to remedy conditions in institutions to offset this failure in efficient segregation.

The Control of Tuberculosis in Wartime, G. J. Wherrett, Can. Public Health Jour., Sept., 1942.

SUPPLIED BY
NEW JERSEY TUBERCULOSIS LEAGUE
15 East Kinney Street, Newark, New Jersey

Bismuth

IMPORTANT IN THE SUCCESSFUL TREATMENT OF *Syphilis*

Especially effective where arsenic is not well tolerated or is otherwise contra-indicated. Particularly recommended in cases resistant or intolerant to arsphenamines and mercury. In many cases a reversal of Wassermann or Kahn tests may be accomplished by the use of Bismuthyl Sodium Tartrate alone. Of value especially where rapid distribution and saturation with bismuth is considered desirable.

Cheplin's Bismuthyl Sodium Tartrate for intramuscular use has certain definite advantages in the administration of bismuth therapy. Briefly these are: (1) *High metallic bismuth content;* (2) *Water soluble* and compatible with tissue fluids. Absorbed with a minimum of leucocytic infiltration and local irritation. Injection is quite free from pain; (3) Prompt absorption; (4) Rapid therapeutic results. Usually spirochetes disappear rapidly from early lesions and both primary and secondary manifestations clear up promptly.

Dosage: 2cc. administered bi-weekly for 6 to 10 weeks. Literature and samples on request.

Cheplin's

BISMUTHYL SODIUM TARTRATE

(For Intramuscular Use)

1½% solution

In 2cc. Ampules, 12, 25 and 100 per box. Also in 30cc. and 60cc. Vials.

3% solution

Recommended for cases requiring a higher bismuth content.

In 2cc. Ampules, 12, 25 and 100 per box. Also in 30cc. and 60cc. Vials.

BISMUTHYL POTASSIUM TARTRATE

(For Intramuscular Use)

2½% solution

In 2cc. Ampules, 12, 25 and 100 per box. Also in 30cc. and 60cc. Vials.



Cheplin's

QUALITY PURITY INTEGRITY

QUALITY PURITY INTEGRITY

PHARMACEUTICALS and BIOLOGICALS

CHEPLIN BIOLOGICAL LABORATORIES, INC.

SYRACUSE, NEW YORK

PRESCRIPTION PHARMACISTS

TO THE MEMBERS OF THE

MEDICAL SOCIETY OF NEW JERSEY

Place	Name and Address	Telephone
AUDUBON	W. H. Tegeler, 315 Atlantic Ave.	Audubon 1037
CRANFORD	J. Walter Seager, 103 Union Ave. N.	CRanford 6-0700
ELIZABETH	Kerner's Prescription Pharmacy, 504 Court St.	ELizabeth 3-9497
HARRISON	Squier's Pharmacy, 234 Harrison Ave.	HArrison 6-2127
JERSEY CITY	Smith & Williams Prescription Phar., 343 Jackson Ave.	BErgen 3-2616
MONTCLAIR	Wm. J. McNulty, So. Fullerton Ave. & The Crescent	MOntclair 2-2014
MORRISTOWN	Carrell's Pharmacy, Inc., 31 South St.	MOrristown 4-0143
NEWARK	Marquier's Pharmacy, Sanford & So. Orange Aves.	ESsex 3-7721
NEW BRUNSWICK	Hoagland's Drug Store, 365 George St.	New Brunswick 49
SOUTH ORANGE	Taft's Pharmacy, 2 So. Orange Ave.	SOuth Orange 2-0068
WEST NEW YORK	The Owl Pharmacy, 6611 Bergenline Ave.	UNion 5-0384

EFFECTIVE THERAPY
IN
Otitis Media
Requires Analgesia-Bacteriostasis, and Dehydration of the Tissues.
Auralgan
The Doho Chemical Corp., New York-Montreal-London

"The Glenwood" Sanitarium
Licensed for the care and treatment of
Nervous and mental disorders, alcoholism and drug addiction
Homelike surroundings, good nursing, psychiatric treatment and excellent food.
R. GRANT BARRY, M.D.
2301 NOTTINGHAM WAY
TRENTON, N. J.
Tel. 2-8053

"INTERPINES"
GOSHEN, N. Y. Phone 117
ETHICAL — RELIABLE — SCIENTIFIC
Disorders of the Nervous System
BEAUTIFUL QUIET HOMELIKE WRITE FOR BOOKLET
FREDERICK W. SEWARD, M.D., Director
FREDERICK T. SEWARD, M.D., Res. Physician CLARENCE A. POTTER, M.D., Res. Physician

ZEMMER
Write for Literature
Prescribe or Dispense Zemmer Pharmaceuticals
Tablets, Lozenges, Ampoules, Capsules, Ointments, etc. Guaranteed reliable potency. Our products are laboratory controlled. Write for catalogue.
Chemists to the Medical Profession
NJ 1-43
THE ZEMMER COMPANY • OAKLAND STATION • PITTSBURGH, PENNSYLVANIA



AURORA

Founded by Robert Schulman, M.D.
(Since 1920)

A RESORT FOR HEALTH

For cardiovascular, metabolic, endocrinological and neurological disturbances.
Resident physicians. Complete physiotherapy department.

May we send you literature?

BENJAMIN SHERMAN, M.D., Medical Director
Morr. 4-3260 — On Route 24 **MORRISTOWN, NEW JERSEY**

Mountain View Rest, Inc.

Established
1 9 2 7

Roseland, New Jersey
P. O. Box 158

A HOMELIKE NEUROPSYCHIATRIC SANITARIUM, where reliable and individual care and treatment are available.

Descriptive Booklet on Request

Phones: Caldwell 6-1651
6-1652

MRS. DONALD ST. CLAIR, Directress

FAIR OAKS

SUMMIT **NEW JERSEY**

DR. THOMAS P. PROUT, Medical Director
DR. CAMELLA A. LOSADA
DR. CARROLL S. THOMSON

A sanatorium equipped with many of the facilities of the hospital, minus the hospital atmosphere, for the modern treatment and management of problems in neuropsychiatry. We have finished our fortieth year.

PSYCHO-THERAPY
PHYSIO-THERAPY
CLINICAL LABORATORY
BASAL METABOLISM
DIETETICS
HYDRO-THERAPY
OCCUPATIONAL THERAPY
ELECTRIC SHOCK THERAPY

Telephone: Summit 6-0143

Belle Mead Sanatorium

BELLE MEAD :: NEW JERSEY

Under State License Since 1910

Sanatorium Phone BELLE MEAD, N. J. 21

● **For the individual care and modern treatment of nervous, mental, alcoholic, drug patients and general invalidism.**

FULL COOPERATION WITH REFERRING PHYSICIANS
RATES VERY REASONABLE FOR ATTRACTIVE ACCOMMODATIONS

●

J. C. KINDRED, M.D., *Consultant*
L. R. HARRISON, M.D., *Consultant*
MASON PITMAN, M.D. E. A. SCOTT, M.D.
Medical Directors

CHARLES B. TOWNS HOSPITAL

Serving the Medical Profession for Over 40 Years

For Alcoholism and Drug Addiction Exclusively

Definite Treatment • *Fixed Charges* • *Minimum Hospitalization*

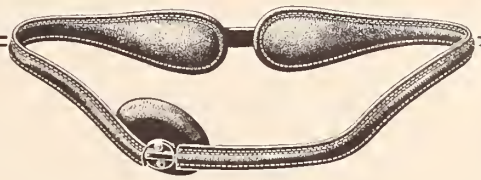
293 CENTRAL PARK WEST, NEW YORK, N. Y. — Tel. SChuyler 4-0770
(*Hospital Literature*)



WHIPPANY REST

(Formerly Whippany River Health Farm)
Licensed by State Department of Institutions and Agencies
Ideal for Chronic and Elderly Patients
Phone Whippany 8-0311
THERESA CUDDY SCOLA, R.N.
Directress
Whippany Road, Whippany, N. J.
Next Door to Seeing Eye

Comfort and Security, with complete freedom of action, are assured when your patient wears a POMEROY Frame Truss—fitted by the Pomeroy method.



Pomeroy
FRAME TRUSS

The POMEROY Frame Truss embodies the knowledge and experience of seventy-five years. Its time-proven effectiveness in retaining herniae through passive resistance, rather than through active pressure, has won the recognition and approbation of countless physicians through three generations.

There is no guarantee of truss satisfaction greater than the combination of POMEROY skill and experience as exemplified in the POMEROY FRAME TRUSS.

Pomeroy

901 BROAD STREET NEWARK, N. J.

NEW YORK — BROOKLYN — BOSTON — SPRINGFIELD — DETROIT — WILKES-BARRE



Jessie Simpson says: "I wear Duralumin limbs. My clothes fit beautifully. I drive my car and enjoy dancing, golfing, ping pong, and other sports."

Jessie Simpson

(Miss New Jersey of 1936)

WEARS HANGER LIMBS

For 80 years we have been making, wearing, fitting and improving artificial limbs. The knowledge and skill we have gained during this time enables us to give every advantage of construction, fit, and comfort.

The Hanger name guarantees complete satisfaction.

J. E. HANGER, INC.

104 FIFTH AVENUE **Established 80 years** **334 NO. 13th ST.**
New York, N. Y. *Inventors and Manufacturers* **Philadelphia, Pa.**

ENGLISH WILLOW AND DURAL LIGHT METAL ARTIFICIAL LIMBS

REPRESENTATIVE FUNERAL DIRECTORS

OF THE STATE OF NEW JERSEY

Special and Dependable Service Day and Night. Special Attention Given to Hospital Calls, Train and Express Shipments.

PLACE	NAME AND ADDRESS	TELEPHONE
ATLANTIC CITY	Jeffries & Keates, 1713 Atlantic Ave.	ATlantic City 5-0611
BLOOMFIELD	Peter J. Quinn Funeral Service, 320 Belleville Ave.	BLoomfield 2-1260
ELIZABETH	Aug. F. Schmidt & Son, 139 Westfield Ave.	ELizabeth 2-2268
IRVINGTON	W. Clifton / C. Hoyt Terrill, 660 Stuyvesant Ave.	ESsex 2-2203
MORRISTOWN	Raymond A. Lanterman & Son, 126 South St.	MOrristown 4-2880
NEWARK	Peoples Burial Co., 84 Broad St.	HUmboldt 2-0707
PATERSON	Robert C. Moore & Sons, 384 Totowa Ave.	SHerwood 2-3914
RED BANK	The Wordens—Albert, Harry & James, 60 E. Front St.	Red Bank 557
RIVERDALE	George E. Richards, Newark Turnpike	Pompton Lakes 164

TO PHYSICIANS JOINING THE

ARMED FORCES

We render a complete service on your accounts receivable, notifying patients of your entry in U. S. armed forces and tactfully collecting whatever amounts are due.

Write for details

Crane Discount Corporation

230 W. 41st St. New York

CLASSIFIED : ADVERTISEMENTS

WANTS FOR SALE TO LET
SITUATIONS, ETC.

4 Cents per word; Minimum Charge, $1.00
CASH MUST ACCOMPANY ORDER
Forms Close 26th of the Month

Doctor:
Get OUR PRICES and SAVE
Buy your Medical Supplies FOR DISPENSING
from
AKATOS, Inc.
55 Van Dam St., New York, N. Y.
Dependable PHARMACEUTICALS and
MEDICAL SPECIALTIES
Tablets—Capsules—Liquids—Ointments
A copy of OUR current price list should be on YOUR desk.
WRITE FOR IT

Disabilities occasioned by war are covered in full.
86c out of each $1.00 gross income used for members' benefit

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION

Hospital, Accident, Sickness
INSURANCE

For ethical practitioners exclusively
(57,000 Policies in Force)

LIBERAL HOSPITAL EXPENSE COVERAGE	For $10.00 per year
$5,000.00 ACCIDENTAL DEATH $25.00 weekly indemnity, accident and sickness	For $32.00 per year
$10,000.00 ACCIDENTAL DEATH $50 weekly indemnity, accident and sickness	For $64.00 per year
$15,000.00 ACCIDENTAL DEATH $75.00 weekly indemnity, accident and sickness	For $96.00 per year

40 years under the same management
$ 2,220,000 INVESTED ASSETS
$10,750,000 PAID FOR CLAIMS
$200,000 deposited with State of Nebraska for protection of our members.
Disability need not be incurred in line of duty—benefits from the beginning day of disability.
Send for applications, Doctor, to
400 First National Bank Building Omaha, Nebraska

The NEW YORK POLYCLINIC
MEDICAL SCHOOL AND HOSPITAL

(ORGANIZED 1881)
THE PIONEER POST-GRADUATE MEDICAL
INSTITUTION IN AMERICA

Obstetrics and Gynecology

A full time course. In Obstetrics: Lectures; prenatal clinics; witnessing normal and operative deliveries; operative obstetrics (manikin). In Gynecology: Lectures; touch clinics; witnessing operations; examination of patients pre-operatively; follow-up in wards post-operatively. Obstetrical and Gynecological pathology; regional anesthesia (cadaver). Attendance at conferences in Obstetrics and Gynecology. Operative Gynecology on the Cadaver.

Physical Therapy

Didactic lectures and active clinical application of all present-day methods of physical therapy in internal medicine, general and traumatic surgery, gynecology, urology, dermatology, neurology and pediatrics. Special demonstrations in minor electrosurgery, electrodiagnosis, fever therapy, hydrotherapy including colonic therapy, light therapy.

For Information Address

MEDICAL EXECUTIVE OFFICER

345 West 50th Street **New York City**

Effective, Convenient and Economical

THE effectiveness of Mercurochrome has been demonstrated by twenty years' extensive clinical use.

For the convenience of physicians Mercurochrome is supplied in four forms—Aqueous Solution for the treatment of wounds, Surgical Solution for preoperative skin disinfection, Tablets and Powder from which solutions of any desired concentration may readily be prepared.

Mercurochrome

(H. W. & D. Brand of dibrom-oxymercuri-fluorescein-sodium,

is economical because solutions may be dispensed at low cost. Stock solutions keep indefinitely.

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

Mercurochrome is accepted by the Council on Pharmacy and Chemistry of the American Medical Association.

Literature furnished on request

HYNSON, WESTCOTT & DUNNING, INC.
BALTIMORE, MARYLAND

COOK COUNTY
Graduate School of Medicine

(In affiliation with COOK COUNTY HOSPITAL)
Incorporated not for profit

Announces Continuous Courses

SURGERY—Two Weeks' Intensive Course in Surgical Technique starting January 11 and 25, February 8 and 22, and every two weeks throughout the year.

MEDICINE—One Month Course in Electrocardiography and Heart Disease starting the first of every month, except August.

FRACTURES AND TRAUMATIC SURGERY—Formal and Informal Courses.

GYNECOLOGY—Two Weeks' Intensive Course starting April 5; Clinical and Diagnostic Courses.

OBSTETRICS—Formal and Informal Courses.

OTOLARYNGOLOGY—Two Weeks' Intensive Course starting April 19. Clinical and Special Courses.

OPHTHALMOLOGY—Two Weeks' Intensive Course starting April 5.

ROENTGENOLOGY—Courses in X-ray Interpretation, Fluoroscopy, Deep X-ray Therapy every week.

UROLOGY—Two Weeks' Course and One Month Course available every two weeks.

CYSTOSCOPY—Ten Day Practical Course every two weeks.

GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES.

TEACHING FACULTY
Attending Staff of Cook County Hospital

Address: Registrar, 427 South Honore St., Chicago, Ill.

HAVE YOU PATIENTS

With Any Of These Conditions?



Spencer Abdominal Supporting Corset shown open revealing inner support. This is a SEPARATE section, adjustable to the corset section and the patient's figure by means of flat tapes that emerge on outside of corset.

Hernia?

Enteroptosis with Symptoms?

Sacroiliac Sprain or other Back Injury?

Spinal Arthritis or Sciatica?

Postoperative Conditions?

Maternity or Postpartum Conditions?

Breast Problems?

When you prescribe a Spencer Support you are assured it will meet your specific requirements and the patient's figure needs, *because* it will be individually designed, cut and made for the one patient who is to wear it.

Every Spencer Support is individually designed for the patient of non-elastic material. Hence, the support it provides is constant, and a Spencer can be—and IS—guaranteed NEVER to lose its shape. Spencer Supports have never been made to *stretch to fit;* they have always been *designed to fit.* Why prescribe a support that soon loses its shape and becomes useless before worn out? Spencers are light, flexible, durable, easily laundered.

For service, look in telephone book under "Spencer Corsetiere" or write direct to us.

SPENCER *INDIVIDUALLY DESIGNED*

Abdominal, Back and Breast Supports

SPENCER INCORPORATED,
137 Derby Ave., New Haven, Conn.
In Canada: Rock Island, Quebec.
In England: Spencer (Banbury) Ltd., Banbury, Oxon.

May We Send You Booklet?

Please send booklet, "How Spencer Supports Aid the Doctor's Treatment."

.....M. D.

Address

..... D-1

Wine in Diabetes Mellitus?

(Read this free booklet)

An authoritative summary, "The Therapeutic Uses of Wine," has been prepared in monograph form to answer such questions as this. In it, qualified and competent medical authorities review the pertinent scientific literature of present-day medicine. You are invited to write for this monograph.

The contents include sections on wine as a food and on the actions of wine on the gastro-intestinal system, the cardio-vascular system, the genito-urinary system, the nervous system and the muscles, and the respiratory system. The uses of wine in diabetes mellitus, in acute infectious diseases and in treatment of the aged and convalescent are also discussed. The value of wine as a vehicle for medication is dealt with, and an important section on the contraindications to the use of wine is included. An extensive bibliography is presented for those who may wish to pursue the subject further.

This review results from a study supported by the Wine Advisory Board, an agricultural industry administrative agency established under the California Marketing Act, and has been sponsored by the Society of Medical Friends of Wine.

Members of the medical profession are invited to write for this monograph. Requests should be made to the Wine Advisory Board, 85 Second Street, San Francisco.

WE GIVE YOU THESE

Five IMPORTANT SAFEGUARDS FOR UNIFORMITY



1 All tomatoes of same extra quality variety—developed through 23 generations of scientific tomato culture for exceptional color, flavor and tenderness. This is a basic safeguard for uniformity in Kemp's Sun-Rayed.

5 All tomatoes made into juice by patented process (No. 1746657) under strict laboratory control for high degree of uniformity. This process conserves vitamins A, B_1 and C and absolutely prevents juice from being thin or watery.



2 All tomatoes grown under factory supervision in same locality—the rich sugar tree loam soil of north central Indiana—a region noted for producing tomatoes of exceptionally high quality. Essential for uniformity.



Kemp's Sun-Rayed Brand Tomato Juice is produced exclusively by THE SUN-RAYED CO., FRANKFORT, INDIANA.

New York Agent: Seggerman Nixon Corp.
111 Eighth Avenue



3 All tomatoes selected and purchased on basis of U. S. Gov't grade—for color, firmness and absence of defects. By this standard of purchase, quality fruit is obtained for Kemp's Sun-Rayed.

4 All the nutritious red-ripe solids of the whole tomato are converted into juice for high retention of vitamin A. These solids are viscolized to assure smoothness and non-separating color.



You Can Recommend this Juice with Confidence



Non-Separating



can't spill MEAD'S OLEUM PERCOMORPHUM

Even if the bottle of Mead's Oleum Percomorphum is accidentally tipped over, there is no loss of precious oil nor damage to clothing and furnishings. The unique Mead's Vacap-Dropper* is a tight seal which remains attached to the bottle, even while the antiricketic is being measured out. Mead's Vacap-Dropper offers these extra advantages also, at no increase in price:

Unbreakable

Mead's Vacap-Dropper will not break even when bottle is tipped over or dropped. No glass dropper to become rough or serrated.

No "messiness"

Mead's Vacap-Dropper protects against dust and rancidity. (Rancidity reduces vitamin potency.) Surface of oil need never be exposed to light and dust. This dropper cannot roll about and collect bacteria.

Accurate

This unique device, after the patient becomes accustomed to using it, delivers drops of uniform size.

No deterioration

Made of bakelite, Mead's Vacap-Dropper is impervious to oil. No chance of oil rising into rubber bulb, as with ordinary droppers, and deteriorating both oil and rubber. No glass or bulb to become separated while in use.

**Supplied only on the 50 c.c. size. the 10 c.c. size is still supplied with the ordinary type of dropper.*

MEAD'S OLEUM PERCOMORPHUM

More Economical Now Than Ever

MEAD JOHNSON & COMPANY, EVANSVILLE, INDIANA, U. S. A.

EXIGENCY OF WAR

Oleum Percomorphum 50% is now known as Oleum Percomorphum 50% With Viosterol. The potency remains the same; namely, 60,000 vitamin A units and 8,500 vitamin D units per gram. It consists of the liver oils of percomorph fishes, viosterol, and fish liver oils, a source of vitamins A and D in which not less than 50% of the vitamin content is derived from the liver oils of percomorph fishes (principally Xiphias gladius, Pneumatophorus diego, Thunnus thynnus, Stereolepis gigas, and closely allied species).

Please enclose professional card when requesting samples of Mead Johnson products to co-operate in preventing their reaching unauthorized persons

ANNUAL MEETING—MAY 25 and 26, 1943
ACADEMY OF MEDICINE OF NORTHERN NEW JERSEY
91 LINCOLN PARK, NEWARK

THE JOURNAL

OF

THE MEDICAL SOCIETY OF NEW JERSEY

Place of Publication, Printing and Mailing:
12 SOUTH DAY STREET, ORANGE, NEW JERSEY
Entered as second-class matter, September 5, 1906, at the post office at Orange, New Jersey, under Act of March 3, 1879.

VOL. 40, NO. 2 — FEBRUARY, 1943 — Subscriptions, $3.00 per Year
Single Copies, 30 Cents

FEB 1 1943

CONTENTS—Pages 41-80

EDITORIALS— Page
THE NEW ACCELERATED PROGRAM FOR MEDICAL EDUCATION . . . 41
CARE OF THE INDUSTRIAL WORKER . . . 42

THE WAR—
Affiliated Hospital Units . . . 43
Office of Civilian Defense . . . 43
Medical Needs in Industrial Areas . . . 44
Procurement and Assignment Service Meeting . . . 45

MEDICAL-SURGICAL PLAN OF NEW JERSEY . . . 50
Medical Service Administration . . . 50

ORIGINAL ARTICLES—
DIAGNOSIS AND TREATMENT OF SHOCK—Robert H. Hill, A.B., M.D., F.A.C.S., Newark, N. J. . . . 51
SYPHILIS IN RELATION TO THE IRIS AND UVEAL TRACT—George P. Meyer, M.D., Wills Hospital, Philadelphia, Pa. . . . 55
THE DEVELOPMENT OF AND RESPONSIBILITY FOR LOCAL HEALTH WORK—R. C. Williams, M.D., Senior Surgeon, U. S. Public Health Service Director, District No. 1, New York, N. Y. . . . 58
APPENDICITIS COMPLICATING PREGNANCY. Maternal Welfare Article No. 78—J. Harris Underwood, M.D., Woodbury, N. J. . . . 62
A LESSON FROM A DEATH CERTIFICATE . . . 63

LEGISLATIVE NEWS—
Federal Legislative Bulletin . . . 64
Match This Record . . . 66

STATE ACTIVITIES— Page
GONOCOCCUS CULTURE FACILITIES OFFERED TO NEW JERSEY PHYSICIANS—J. Lynn Mahaffey, M.D., and Glenn S. Usher, M.D. . . . 67
State Board of Medical Examiners . . . 69
The Journal in Africa . . . 70
Infectious Diarrhea of the New-Born Made Reportable . . . 70
Scientific Work Endowment Fund . . . 70

BULLETIN BOARD . . . 71

COUNTY SOCIETY REPORTS—
Burlington, Gloucester, Hudson, Middlesex . . . 72
Monmouth, Passaic . . . 73
Somerset, Warren . . . 74

THE BOOK SHELF—
Books Received . . . 74
Book Reviews . . . 75

OBITUARIES—
Dr. John H. Bradshaw . . . 77
Dr. William L. James . . . 77
Dr. George W. Crile . . . 77

WOMAN'S AUXILIARY—
County Auxiliaries . . . 78
Obituary—Mrs. Anna R. Scammell . . . 78

TUBERCULOSIS ABSTRACTS . . . 79

Roster of Officers, Advertising Page 3A

Editorial and Executive Offices of the Society
222 WEST STATE STREET
TRENTON, N. J.
Tel. 5776

Acceptance for mailing at special rate of postage provided for in Sec. 1103, Act of Oct. 3, 1917, authorized July 29, 1918.

Copyright 1943 by
The Medical Society of New Jersey

PHYSICIAN'S INCOME PROTECTION

Our Physicians Special Policy—endorsed by the State Medical Society—will appeal to you also, if you investigate. Elimination of excessive acquisition costs and economy of operation makes possible our rate which is far below that of equally broad and dependable insurance.

Brief Outline of Coverage

Accident Benefits—from 1st day for 60 months for total disability.
Half benefits for partial disability, limit 6 months.
Dismemberment benefits up to $10,000.

Sickness benefits—from 8th day for 12 months, full benefits, *house confinement not required.*

Rate for $100 Monthly Benefit, up to age 50, $7.40 quarterly.

Slightly higher rates to age limit of 65. Policies available from $100 to $300 monthly. Additional provisions for accidental death benefit and hospital expense insurance.

Your State Medical Society Insurance Committee are sole arbiters for handling any claim requiring arbitration.

E. and W. BLANKSTEEN, Mgrs.

Authorized Representatives of The Medical Society of New Jersey

76 MONTGOMERY STREET **JERSEY CITY, N. J.**

Tel. Bergen 4-6051



In Congestive Heart Failure

Theocalcin

(theobromine-calcium salicylate)

To diminish dyspnea, reduce edema and increase the efficiency of the heart action, prescribe Theocalcin in doses of 1 to 3 tablets, t. i. d., with meals. It acts as a potent diuretic and myocardial stimulant.

Tablets 7½ grains each, also Theocalcin powder.

KNOLL BILHUBER

BILHUBER-KNOLL CORP. ORANGE, NEW JERSEY.

THE MEDICAL SOCIETY OF NEW JERSEY

Founded July 23, 1766

PLACE OF PUBLICATION, PRINTING AND MAILING, 12 SO. DAY ST., ORANGE, N. J.

EXECUTIVE AND EDITORIAL OFFICES, 222 WEST STATE ST., TRENTON, N. J. TEL. 5776

EDITH L. MADDEN, *Acting Executive Officer* Trenton
HENRY A. DAVIDSON, *Editor, in Service A. U. S.* Trenton

MEDICAL SERVICE ADMINISTRATION OF NEW JERSEY
MEDICAL-SURGICAL PLAN OF NEW JERSEY
31 CLINTON ST., NEWARK, N. J.
Tel. MItchell 2-0675

NORMAN M. SCOTT, *Medical Director*
Executive Assistant, The Medical Society of New Jersey

OFFICERS

President, ELIAS J. MARSH Paterson
President-Elect, RALPH K. HOLLINSHED Westville
First Vice-President, JOSEPH F. LONDRIGAN Hoboken
Second Vice-President, SAMUEL ALEXANDER Park Ridge
Secretary, ALFRED STAHL Newark
Treasurer, GEORGE J. YOUNG Morristown

TRUSTEES

THOMAS B. LEE, *Chairman* (1945) Camden
ALDRICH C. CROWE, *Secretary* (1944) Ocean City
ELIAS J. MARSH Paterson
RALPH K. HOLLINSHED Westville
JOSEPH F. LONDRIGAN Hoboken
SAMUEL ALEXANDER Park Ridge
ALFRED STAHL Newark
GEORGE J. YOUNG Morristown
E. ZEH HAWKES (1943) Newark
J. HOWARD HORNBERGER (1943) Roebling
ANDREW F. MCBRIDE (1943) Paterson
JESSE MCCALL (1943) Newton
WILLIAM F. COSTELLO (1944) Dover
GEORGE W. FITHIAN (1944) Perth Amboy
DAVID W. GREEN (1945) Salem
HARRY R. NORTH (1945) Trenton
JAMES F. NORTON (1945) Jersey City

COUNCILORS

First District (Union, Warren, Morris and Essex Counties) CHRISTOPHER C. BELING, Newark (1945)
Second District (Sussex, Bergen, Hudson and Passaic Counties) VINCENT P. BUTLER, Jersey City (1944)
Third District (Mercer, Middlesex, Somerset and Hunterdon Counties) BARCLAY S. FUHRMANN, Flemington (1943)
Fourth District (Camden, Burlington, Ocean and Monmouth Counties) S. EMLEN STOKES, Moorestown (1945)
Fifth District (Cape May, Cumberland, Atlantic, Gloucester and Salem Counties) CHESTER I. ULMER, Gibbstown (1944)

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

Delegates

WELLS P. EAGLETON (1944) Newark
HILTON S. READ (1944) Ventnor
THOMAS K. LEWIS (1944) Camden
ANDREW F. MCBRIDE (1943) Paterson
LUCIUS F. DONOHOE (1943) Bayonne

Alternate Delegates

ELMER P. WEIGEL (1944) Plainfield
LANCELOT ELY (1944) Somerville
CLARENCE W. WAY (1944) Fort Tilden, N. Y.
SPENCER T. SNEDECOR (1943) Hackensack
RALPH K. HOLLINSHED (1943) Westville

FROM AGE ONE TO FOUR ARE DANGEROUS DENTAL YEARS



● Studies indicate that the "six-year" molar begins to calcify at birth. Other studies show a deficiency of vitamins A and D results in a poor "coating" of enamel.

● Most babies have a physician's constant care. But children from one to four usually don't. Many do not get adequate vitamins A and D. When the molar does erupt, the enamel may be thin—more susceptible to tooth decay.

● You can help mothers by recommending Supplee Sealtest Homogenized Vitamin D Milk. It is an excellent source of vitamin A. And every quart contains 400 U.S.P. units of vitamin D.

SUPPLEE
A Division of National Dairy Products Corporation

Sealtest
HOMOGENIZED
(pronounced hoe-MAH-jen-ized)
VITAMIN D MILK

OWNED AND OPERATED BY THE STATE OF NEW YORK

Your directions are carried out in detail

To give directions is part of your contribution to the care of your patients. To follow your directions is the patient's responsibility.

At Saratoga Spa your directions for chronic cases of heart, circulatory and rheumatic disorders can be carried out in detail. In its restful environment your patients submit to regime and to your prescription-for-living. Relief from home distractions and pressures prepares your patient *for the full benefit of your continuing medical direction.*

Saratoga Spa was planned for *your* use. Around its world-famed, naturally carbonated mineral waters, New York State has organized superb facilities for the use of practicing physicians. The Medical Staff of the Spa is non-practicing. It only oversees the treatments prescribed by you or the local specialist you choose for your patient.

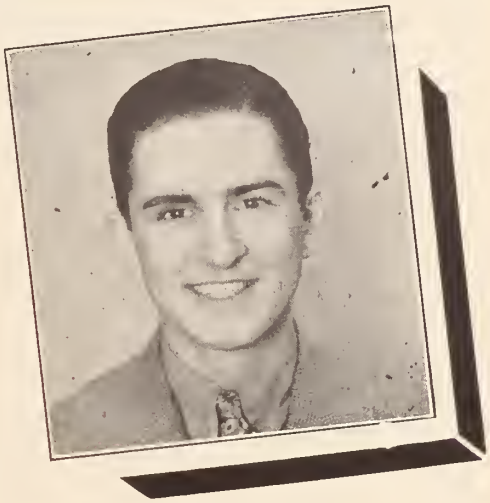
For professional publications of The Spa, physician's sample carton of the bottled waters with their analyses, write W. S. McClellan, M. D., Medical Director, Saratoga Spa, 159 Saratoga Springs, N. Y.

SARATOGA SPA

THE EMPIRE STATE'S CONTRIBUTION TO THE MEDICAL PROFESSION

Full-Motioned, Lifelike
ARTIFICIAL HUMAN EYES





We have the Enviable Reputation of "Really Knowing How" to produce that "Pleasing Cosmetic Effect" so desired by one wearing an Artificial Eye.

REFERRED CASES CAREFULLY ATTENDED

IT IS OF VITAL IMPORTANCE TO THE PATIENT'S FUTURE APPEARANCE THAT THE FIRST ARTIFICIAL EYE BE PROPERLY FITTED. IT IS IN THESE NEW CASES, WHERE UTMOST ATTENTION MUST BE GIVEN—AND OF WHICH WE HAVE MADE A SPECIAL STUDY.

Especially Made to Order Eyes by Skilled Artisans.
Also Eyes Fitted from Stock

SELECTIONS SENT ON MEMORANDUM UPON REQUEST.

FRIED AND KOHLER, INC.

"Specialists in Artificial Human Eyes Exclusively"

665 FIFTH AVENUE
near 53rd St.
NEW YORK, N. Y.
Tel. Eldorado 5-1970

"Pleasing Particular People for Over Forty Years!"

Bismuth

IMPORTANT IN THE SUCCESSFUL TREATMENT OF *Syphilis*

Especially effective where arsenic is not well tolerated or is otherwise contra-indicated. Particularly recommended in cases resistant or intolerant to arsphenamines and mercury. In many cases a reversal of Wassermann or Kahn tests may be accomplished by the use of Bismuthyl Sodium Tartrate alone. Of value especially where rapid distribution and saturation with bismuth is considered desirable.

Cheplin's Bismuthyl Sodium Tartrate for intramuscular use has certain definite advantages in the administration of bismuth therapy. Briefly these are: (1) *High metallic bismuth content;* (2) *Water soluble* and compatible with tissue fluids. Absorbed with a minimum of leucocytic infiltration and local irritation. Injection is quite free from pain; (3) Prompt absorption; (4) Rapid therapeutic results. Usually spirochetes disappear rapidly from early lesions and both primary and secondary manifestations clear up promptly.

Dosage: 2cc. administered bi-weekly for 6 to 10 weeks. Literature and samples on request.

Cheplin's

BISMUTHYL SODIUM TARTRATE

(For Intramuscular Use)

1½% solution

In 2cc. Ampules, 12, 25 and 100 per box. Also in 30cc. and 60cc. Vials.

3% solution

Recommended for cases requiring a higher bismuth content.

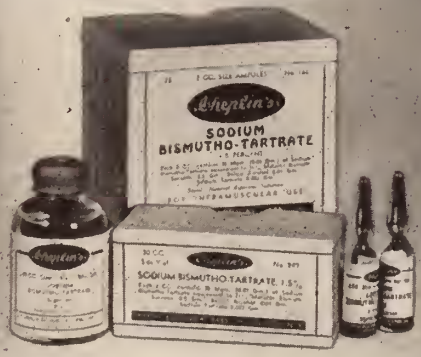
In 2cc. Ampules, 12, 25 and 100 per box. Also in 30cc. and 60cc. Vials.

BISMUTHYL POTASSIUM TARTRATE

(For Intramuscular Use)

2½% solution

In 2cc. Ampules, 12, 25 and 100 per box. Also in 30cc. and 60cc. Vials.



Cheplin's

QUALITY PURITY INTEGRITY

QUALITY PURITY INTEGRITY

PHARMACEUTICALS and BIOLOGICALS

CHEPLIN BIOLOGICAL LABORATORIES, INC.

SYRACUSE, NEW YORK



Some overworked doctor may appreciate knowing that . . .

Biolac saves time

Biolac provides for all nutritional needs of the young infant except vitamin C. You save valuable time because there are no extra formula ingredients to be calculated.

Biolac assures formula safety

Since mothers simply dilute Biolac with boiled water as you prescribe, there is less chance of upsets arising from errors or contamination in preparing formulas.

NO LACK IN BIOLAC

Borden's complete infant formula

• *Biolac is prepared from whole milk, skim milk, lactose, Vitamin B_1, concentrate of Vitamins A and D from cod liver oil, and ferric citrate. It is evaporated, homogenized, and* sterilized. *For professional information, write Borden's Prescription Products Division, 350 Madison Avenue, New York City.*

ACCEPTED AMERICAN MEDICAL ASSN

WALKER-GORDON OFFERS

an almost sterile milk ...Certified-*Pasteurized!*

As you probably know, Walker-Gordon Certified is generally accepted as the world's finest milk.

And now—*at no extra cost*—your patients can buy Walker-Gordon Certified-*Pasteurized* . . . a milk that is practically sterile!

In these days when every-other-day milk delivery is being put into effect in many cities, the keeping quality of milk is vitally important.

That's why the Boston Health Department made the following test, which proved that the purity of Certified-Pasteurized is little short of miraculous:

GROWTH OF COLONIES OF BACTERIA FROM A CUBIC CENTIMETER OF MILK

TYPE OF MILK	NO. OF SAMPLES		NO. OF COLONIES					
			ON DELIVERY	1 DAY AT 40°F.	2 DAYS AT 40°F.	3 DAYS AT 40°F.	4 DAYS AT 40°F.	5 DAYS AT 40°F.
Certified-Pasteurized	22	Maximum	20	40	100	850	1000	1400
		Minimum	0	4	5	8	15	20
		Average	8	14	44	157	286	770

• In discussing this table, the chemists stated that *even after ninety-six hours in the refrigerator*, Certified-Pasteurized still "conformed to the bacterial standards and was perfectly safe for use as measured by present knowledge of the subject."

The report . . . the complete results of which appeared in the *New England Journal of Medicine* . . . was made by the Laboratory for Chemistry and Sanitary Biology, Boston Health Department. If you'd like to have a reprint of the entire study, write to Walker-Gordon, Inc., Plainsboro, N. J.

* * *

There simply isn't any purer, more healthful, or better-tasting milk!

WHO ARE THE MEN BEHIND THE "FACTS"

?

FACTS quoted by PHILIP MORRIS are based on studies conducted by recognized authorities whose work is known to the profession ... whose findings have been published in leading medical journals.*

Their tests, not only in the laboratory, but in the clinic as well, have conclusively *proved* PHILIP MORRIS Cigarettes to be *definitely and measurably less irritating* to the sensitive tissues of the nose and throat ... an advantage due to a difference in the *manufacture* of PHILIP MORRIS.

May we suggest that you try PHILIP MORRIS, and observe the results for yourself?



PHILIP MORRIS

PHILIP MORRIS & CO., LTD., INC.
119 FIFTH AVENUE, N. Y.

* *Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154*
Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60
Proc. Soc. Exp. Biol. and Med., 1934, 32, 241
N. Y. State Journ. Med., Vol. 35, 6-1-35, No. 11, 590-592.

PROFESSIONAL LIABILITY PROTECTION

Afforded Members of

THE MEDICAL SOCIETY OF NEW JERSEY

Since 1921

FAULHABER & HEARD, INC.

Authorized broker to negotiate professional liability contracts for The Medical Society of New Jersey

CONSULT US

For Protection and Specialized Service

31 Clinton Street Newark, N. J.

Telephone MItchell 2-1294

FAULHABER & HEARD, Inc.

31 CLINTON STREET **NEWARK, N. J.**

Kindly send information on limits and costs of Society Professional Policy.

Name

Address

.....



For your patients' comfort

during colds—fast, sustained, nasal decongestion

without "sting" or appreciable side reactions

Neo-Synephrine

Hydrochloride

(laevo—alpha—hydroxy—beta—methyl—amino—3 hydroxy ethylbenzene hydrochloride)



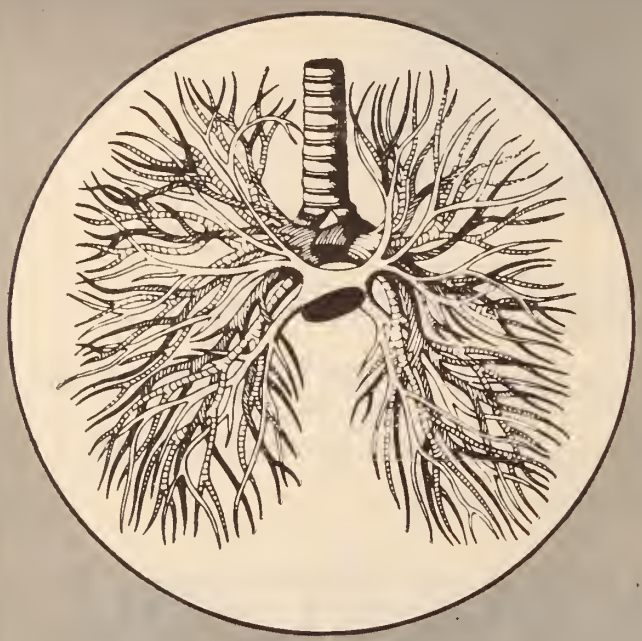
Available in a ¼% or 1% solution in 1 oz. bottles for dropper or spray; and as a ½% jelly in collapsible tube with applicator.

Frederick Stearns & Company

Since 1855... ESSENTIALS OF THE PHYSICIAN'S ARMAMENTARIUM

NEW YORK KANSAS CITY DETROIT, MICHIGAN SAN FRANCISCO WINDSOR, ONTARIO

SYDNEY, AUSTRALIA AUCKLAND, NEW ZEALAND





● From the rare volume, "Tabulae Anatomicae" by Bartholomaei Eustachii, comes this interesting illustration of the bronchi, arteries and veins of the lungs. Published in 1722.

SOUNDING THE

ALL CLEAR

WITH ADRENALIN IN ASTHMA

Adrenalin* sounds a clear, unwavering nate in its marked ability to dilate and clear the bronchioles in bronchial asthma . . . Adrenalin in aqueous solutions for speedy relief in asthmatic emergencies . . . Adrenalin in Oil for sustained all-night relaxatian and camfart. No medication is mare effective, none mare widely relied upon.

Adrenalin, an epinephrine manufactured exclusively by Parke, Davis & Campany, is of value in preventing and treating variaus allergic states, in checking superficial hemorrhage, far stimulating vital centers in certain crises.

Adrenalin is a pawerful vasacanstrictor, circulatary stimulant and hemastatic. It represents a standardized, natural harmane, 100 per cent active. Are your bag and affice supplied?

*Trade-mark Reg. U.S. Pat Off.

Adrenalin Chloride Solution **1:1000**
Adrenalin Chloride Solution **1:100**
Adrenalin in Oil Ampoules **1:500**

Products of modern research affered ta the medical profession by Parke, Davis & Company, Detroit, Michigan.

PARKE, DAVIS & COMPANY
DETROIT, MICHIGAN



It is a significant fact that more Keraphen is used in Cholecystography than any other type of gall-bladder dye.

points the way to more consistent gall-bladder studies

The important function of an oral agent in Cholecystography is its ability to create contrasting shadows in the gall-bladder. Roentgenologists contend that no other dye produces radiographs of such diagnostic clarity—rich in contrast and sharp detail—as will Keraphen.

KERAPHEN—The standard gall-bladder dye for use in

CHOLECYSTOGRAPHY

Keraphen is palatable. Its pleasant peppermint flavor and the purity of its basic, easily absorbed ingredients make it an ideal gall-bladder dye for even hyper-sensitive patients. If you have experienced difficulty in securing the proper degree of contrast—why not use Keraphen on your next difficult case?



prove it to yourself..

BY SENDING THIS COUPON

PICKER

X-RAY CORPORATION

300 FOURTH AVENUE • NEW YORK

PICKER X-RAY CORPORATION
300 Fourth Avenue, New York, N. Y.

Gentlemen: Please send me 12 doses (double dose method) of KERAPHEN "X" for oral administration in Cholecystography. You may bill me with the understanding that if I am not completely satisfied with results obtained, my money will be refunded.

DR.

ADDRESS

For timely and effective control of Scarlet Fever...

Treatment . . .

SCARLET FEVER STREPTOCOCCUS ANTITOXIN

GLOBULIN *Lederle* MODIFIED

Prevention . . .

SCARLET FEVER STREPTOCOCCUS TOXIN

Lederle

TODAY ANTITOXIN THERAPY may be administered with comparative safety —for both mild and severe scarlet fever. The advanced process of serum refinement by Parfentjev of Lederle Research Laboratories has greatly reduced the incidence of serum sickness[1]. This Globulin-Modified antitoxin usually brings about a sharp drop in temperature and prompt disappearance of symptoms[2,3]. Early administration is advised to thwart the development of complications[4].

In infected, susceptible persons, "Scarlet Fever Streptococcus Antitoxin *Lederle*" may be injected for prophylaxis, and a passive immunity is produced, lasting about two weeks. However, this temporary measure must be followed one week later by active immunization for lasting protection.

"Scarlet Fever Toxin *Lederle*," for active immunization, is a highly potent and carefully standardized preparation. Complete immunization can be achieved only if a full course of undivided doses is given. By such a method 90-95% of individuals may be rendered Dick-negative, the majority remaining so for as long as 12 years[4].

Some recommend that every child be given a Dick test on entrance to school or an institution, and that a record be kept of the result[5]. Dick-testing and immunization of susceptible individuals is indicated[6] in emergencies such as threat of an epidemic. It is a timely procedure for the large numbers of children who are being moved, in many parts of the country, into over-crowded war-plant areas.



Sterility Test

[1]KOJIS, F. G.: Am. J. Dis. Child. 64:93 (July), 1942; 64:143 (Aug.) 1942.
[2]TOP, F. H., and YOUNG, D. C.: J.A.M.A. 117:2056 (Dec. 13) 1941.
[3]PALMER, L.: Kentucky M. J. 40:254 (July) 1942.
[4]MELNICK, T.: Arch. Pediat. 59:90 (Feb.) 1942.
[5]HOYNE, A. L.: Illinois M. J. 81:12 (Jan.) 1942.
[6]THOMPSON, C. G.: Connecticut M. J. 5:736 (Oct.) 1941.

PACKAGES:

Scarlet Fever Streptococcus Toxin *Lederle*
1 complete immunization: 5 vials of 650, 2,500, 10,000, 30,000 and 100,000-120,000 S. T. D.
10 complete immunizations: 5—10 cc. vials.
Dose No. 5 for supplementary immunization: 1—1 cc. vial containing 100,000-120,000 S. T. D.

Scarlet Fever Streptococcus Antitoxin (Globulin Modified) *Lederle*
3,000 U. S. P. H. S. units (150,000 original neutralizing units) for prophylaxis and 9,000 U. S. P. H. S. units (450,000 original neutralizing units) for therapeutic use.

Scarlet Fever Streptococcus Toxin for Dick Test *Lederle*
5 Dick Tests in 1—2.0 cc. ampul.
50 Dick Tests in 1—10.0 cc. vial.

ACCEPTED AMERICAN MEDICAL ASSN. Council on Pharmacy and Chemistry

LEDERLE LABORATORIES, INC., 30 Rockefeller Plaza, New York, N. Y.



Rx *for Victory*

The eyes of those on the field of battle—those who care for the wounded—those in industry—and those in civilian defense corps—all must see clearly.

Give them the best professional service by recommending your colleague, the Eye Physician, for the examination and the Guild Optician to make the glasses, if any are necessary.

GUILD OF PRESCRIPTION OPTICIANS OF AMERICA

Guild of Prescription Opticians of New Jersey, Inc.

ASBURY PARK
Anspach Bros.
552 Cookman Ave.

ATLANTIC CITY
Atlantic Optical Co.
2146 Atlantic Ave.
Foerster Optical Co.
1708 Pacific Ave.
Freund Bros.
1006 Pacific Ave.

CAMDEN
E. F. Birbeck Co.
Fifth & Cooper Sts.
Harry N. Layer
106 N. 5th St.
J. E. Limeburner Co.
535 Cooper St.
Pelouze & Campbell
116 N. Broadway

EAST ORANGE
Anspach Bros.
533 Main St.
Harold C. Deuchler
541 Main St.

ELIZABETH
Brunner's
277 N. Broad St.

ENGLEWOOD
Fred G. Hoffritz
30 Park Pl.

HACKENSACK
Hoffritz & Petzold
315 Main St.

JERSEY CITY
William H. Clark
26 Journal Sq.

MONTCLAIR
Stanley M. Crowell Co.
26 S. Park St.
Ralph E. Marshall
5 Church St., Hinck Bldg.

MORRISTOWN
John L. Brown
57 South St.

NEWARK
Anspach Bros
1212 Raymond Blvd.
James J. Keegan
33 Central Ave.
J. C. Reiss
10 Hill St.
Charles Steigler
11 Central Ave.
Edward Anspach
20 Central Ave.

PATERSON
John E. Collins
241 Market St.

PLAINFIELD
Gall & Lembke
633 Park Ave.
Louis E. Saft
628 Park Ave.

RIDGEWOOD
Ray Grignon, Optician
17 N. Broad St.

SUMMIT
Anspach Bros.
382 Springfield Ave.
Room 212, Bassett Bldg.
Harold C. Deuchler
344 Springfield Ave.

UNION CITY
Arthur Villavecchia
1017 Summit Ave.

WESTFIELD
Brunner's
206 Broad St.

WHEN YOU SEND THEM

send





Camel

costlier tobaccos_

CIGARETTES

*the Favorite**





YOUR friends, relatives, fighting in far-off places . . . grimly battling against death, infection . . . think what a smoke can mean to them . . . in comfort—in consolation . . .

And remember, too, when you go to send that precious carton of cigarettes, that Camel, by actual survey*, is the favorite of men in the armed forces—for mellow mildness and appealing flavor.

Your dealer sells Camels by the carton; drop in and see him today.

* With men in the Army, the Navy, the Marine Corps, and the Coast Guard, the favorite cigarette is Camel. (Based on actual sales records in Post Exchanges and Canteens.)

—the favorite brand in the Armed Forces*

of outstanding service in the treatment of

NEUROSYPHILIS

Arsanilic acid, the most chemically accessible of the aromatic arsenic compounds, not only contains the therapeutic element arsenic in a salt-forming combination, but also carries a very reactive amino group which serves as a connecting link for the addition of a nonarsenical nucleus, requisite to make it suitable for therapeutic purposes. Of all the glycinamide arsonic acid derivatives formed from this acid, Tryparsamide (Sodium N-phenylglycinamide-*p*-arsonate) has been the one of outstanding service in the treatment of neurosyphilis.

★ *The following attributes of Tryparsamide Merck have been attested by more than twenty years of service in the treatment of dementia paralytica, tabes dorsalis, and other forms of syphilis of the central nervous system:*

★ **Unusual power of therapeutic penetration, especially in the case of the central nervous system.**

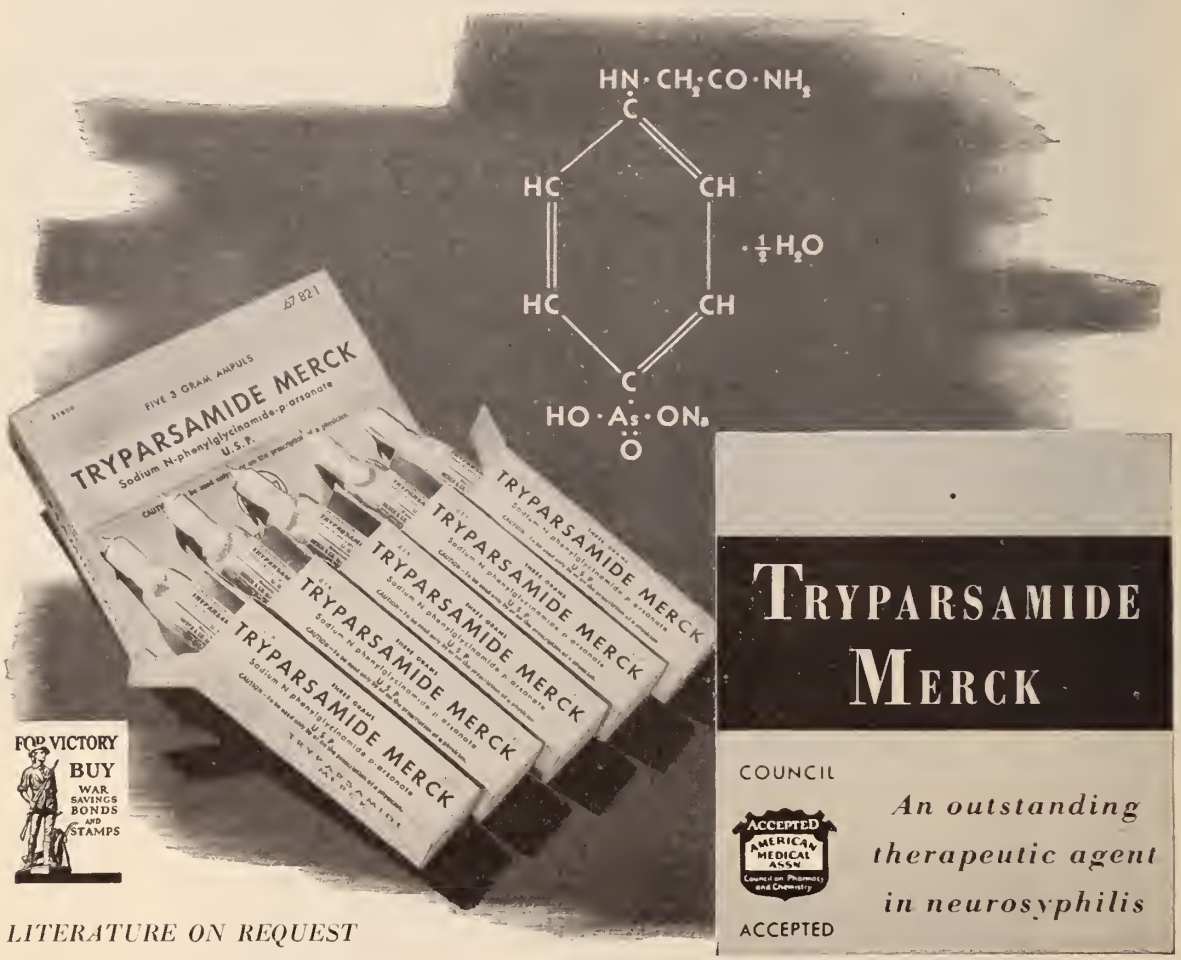
★ **Does not require hospitalization when used alone.**

★ **Easy to administer.**

★ **Inexpensive.**

★ **Prominent status in the therapy of neurosyphilis.**

★ **Available to patients through the services of their own physicians.**



LITERATURE ON REQUEST

TRYPARSAMIDE MERCK

COUNCIL ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry ACCEPTED

An outstanding therapeutic agent in neurosyphilis

MERCK & CO. Inc. *Manufacturing Chemists* **RAHWAY, N. J.**



GIARDIASIS

. . . Although evidence for the pathogenic nature of Giardia lamblia is not conclusive, this microorganism may possibly be the cause of diarrhea, abdominal pain and other symptoms of the clinical picture commonly referred to as giardiasis.

It has recently been demonstrated that Giardia lamblia can be eradicated from the intestinal tract with remarkable promptness by the administration of Atabrine Dihydrochloride.

The usual dose of Atabrine Dihydrochloride is 0.1 Gm. three times daily for five days.

ACCEPTED AMERICAN MEDICAL ASSN. Council on Pharmacy and Chemistry

Write for booklet: "Therapy of Giardiasis"

ATABRINE

Reg. U. S. Pat. Off. & Canada

DIHYDROCHLORIDE

Brand of Quinacrine Hydrochloride

Chemotherapeutic Specific Against Malaria

ARMY E NAVY

This cherished symbol of distinguished service to our Country waves from the Winthrop flagstaff.

WINTHROP CHEMICAL COMPANY, INC.

Pharmaceuticals of merit for the physician

NEW YORK, N. Y. **WINDSOR, ONT.**



Nikethamide, Endo

Nicotinic Acid Diethylamide



ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

The acceptance of NIKETHAMIDE by the Council on Pharmacy and Chemistry is a timely recognition of a wholly American-produced drug of importance.

A voluminous literature testifies to the frequent usefulness of Nikethamide in medical practice. The circulatory stimulating effects and analeptic action of this drug have proven often of value in anesthetic collapse and, indeed, in many instances of respiratory failure requiring emergency treatment.

NIKETHAMIDE, Endo, is supplied for parenteral administration in boxes of 12 and 100 ampoules of 1½ c.c. size; for oral use, in vials of 15 c.c.

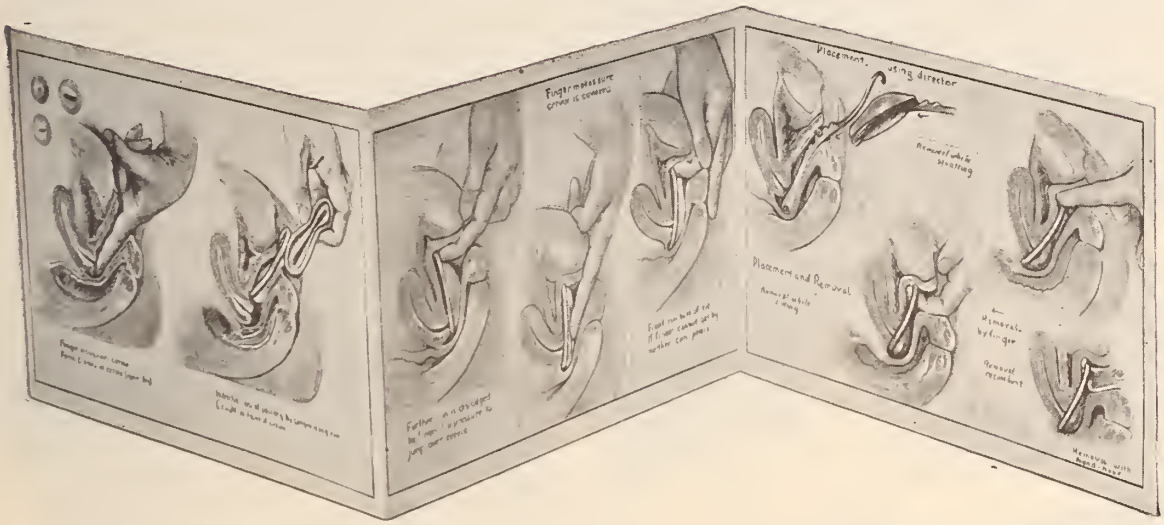
Literature on request



ENDO PRODUCTS, INC., RICHMOND HILL, NEW YORK

11th Edition Now Out

Send for Copy



The Technique *of* Fitting Diaphragms

A series of charts in booklet form (6 x 9) clearly illustrating the technique of fitting diaphragms by the physician, now accompanied by the Dickinson-Freret Charts in two colors. For use by the physician in explaining the technique to his patient. These charts are regarded as the most helpful explanatory aid on the subject ever published. Eleventh edition now out. Write, or use coupon, for a copy.

Holland-Rantos
Company, Inc.
551 FIFTH AVENUE, NEW YORK, N. Y.

Holland-Rantos Co., Inc.
551 Fifth Avenue
New York, N. Y.

Without cost, please send your booklet on Fitting Technique to:

Dr.....

Street.....

City.....State.....



To THE PATIENT who is ill or care-obsessed the administration of Ipral may mean the difference between long, dragging hours of wakefulness and a sound, restful sleep closely resembling the normal.

Used for more than fifteen years as a safe, effective sedative, Ipral, an intermediate acting barbiturate, produces a 6- to 8-hour sleep from which the patient awakens generally calm and refreshed. Dosage is small . . . absorption and elimination rapid . . . and cumulative effects avoidable by proper dosage regulation.

HOW SUPPLIED

Ipral Calcium (calcium ethylisopropylbarbiturate) in 2-grain tablets and in powder form for use as a sedative and hypnotic. ¾-grain tablets for mild sedative effect throughout the day.

Ipral Sodium (sodium ethylisopropylbarbiturate) in 4-grain tablets for pre-anesthetic medication.

Elixir Ipral Sodium in pint bottles.

For literature write Professional Service Dept., E. R. Squibb & Sons, 745 Fifth Ave., New York

E·R·SQUIBB & SONS

Manufacturing Chemists to the Medical Profession Since 1858



S·I·M·I·L·A·C

● The name is never abbreviated; and the product *is not like any other infant food*—notwithstanding a confusing similarity of names.

The fat of Similac has a physical and chemical composition that permits a fat retention comparable to that of breast milk fat (Holt, Tidwell & Kirk, Acta Pediatrica, Vol. XVI, 1933) . . . In Similac the proteins are rendered soluble to a point approximating the soluble proteins in human milk . . . Similac, like breast milk, has a consistently ZERO curd tension . . . The salt balance of Similac is strikingly like that of human milk (C. W. Martin, M. D., New York State Journal of Medicine, Sept. 1, 1932). *No other substitute resembles breast milk in all of these respects.*

ACCEPTED AMERICAN MEDICAL ASSN. Council on Foods

A powdered, modified milk product especially prepared for infant feeding, made from tuberculin tested cow's milk (casein modified) from which part of the butter fat is removed and to which has been added lactose, olive oil, cocoanut oil, corn oil and cod liver oil concentrate.

★ SIMILAC } SIMILAR TO BREAST MILK ★

M&R DIETETIC LABORATORIES, INC. • COLUMBUS, OHIO

ENDURING CHARACTER



SIXTY-SEVEN YEARS—TIME TO TRAIN SUCCEEDING CROPS OF YOUNG MEN IN LILLY TRADITIONS—TIME TO ESTABLISH A SOLID FOUNDATION ON A POLICY THAT IS STRIKINGLY LIKE THE GOLDEN RULE.

ELI LILLY AND COMPANY

INDIANAPOLIS, INDIANA, U. S. A.

FOR THE PHYSICIAN'S Lilly PRESCRIPTION

Buy War Bonds

THE JOURNAL
OF
THE MEDICAL SOCIETY OF NEW JERSEY

Published Monthly Since September, 1904

Whole Number of Issues, 462

Under the
Direction of the
Committee on Publication

Henry C. Barkhorn, M.D., Chairman

Henry A. Davidson, M.D., Editor
In Active Service A. U. S.

Place of Publication, Printing and Mailing—12 South Day Street, Orange, N. J.
Editorial and Executive Offices of the Society—222 West State Street, Trenton, N. J.; Tel. 5776

Each member of the State Society is entitled to receive a copy of The Journal every month.

Vol. 40, No. 2 February, 1943 Single Copies, 30 Cents
Subscriptions, $3.00 per Year

EDITORIAL

THE NEW ACCELERATED PROGRAM FOR MEDICAL EDUCATION

The first Medical School program under the "accelerated plan" for medical education has reached the Executive Offices. It appears in the Bulletin of July 1, 1942, of Vanderbilt University Medical School. This school is now operating on a twelve-month basis and first year classes are admitted on June 9, 1942, March 24, 1943, January 3, 1944, and September 25, 1944. The students continue their work through the summer and thereby complete the regular four-year course in three years. Applications are received twelve months prior to the entrance date. The enrollment limit in each class and the requirements for admission are unchanged. Accepted students may apply for commission in some branch of the Armed Services and when commissioned (Second Lieutenant in Army Medical Corps or Ensign H-V (P) in the Navy), are removed from the jurisdiction of the Selective Service and are allowed to complete the medical course. Vacations consist of two and a half weeks at Christmas, one month in the summer and occasional holidays, such as Fourth of July, Thanksgiving, and Easter week-end.

This is begun as an emergency measure. While the medical course is admittedly a strenuous course as educational courses go, one cannot ignore the economic value of a year of time, effort and investment saved, especially when one considers the age at which young men and women now begin the practice of medicine.

There is a tendency in educational circles to regard the academic preparation *for* the job to the exclusion of the intensely practical preparation *on* the job. As a physician one is gratified and impressed with the fact that the *medical* schools emphasize the clinical instruction so definitely; and from the beginning the

student deals with the demonstrable facts as well as the theoretical beliefs. Professional Practice continues this type of educational opportunity indefinitely.

The medical student begins with a human body—not a manikin—and learns its structure. He learns from the lower animals and from the actual living body its functions. From the same source he learns the effects of disease and disaster upon the human body and mind, and also what must be done immediately and he learns to some extent at least, how to avoid such conditions in other persons.

Time and experience will tell us whether the dangers to the student thought by some to be inherent in the increased load and sustained effort required in the accelerated courses now introduced in medical schools, offset the advantages already mentioned as real. Many persons think the long professional school vacations are a luxury, and that the student's need for such extended delays in his education is more theoretical than real.

CARE OF THE INDUSTRIAL WORKER

Physicians who have not recently reviewed the literature or taken special post-graduate courses dealing with the forms of injuries, poisonous by-products, illnesses associated with the industrial work, now so intensively carried on as war preparation, can help their patients and the country most by being prepared to diagnose and treat the many forms of industrial cases that are likely to confront them for the duration.

The morbidity among the nation's workers increased at the rate of one per cent a month during 1941 and will no doubt increase more rapidly with the increased number of workers entering industry, especially in view of the decreasing number of available physicians left in civil practice to care for their needs.

The need for refresher courses applies especially to the older physicians remaining at home who have not been called upon to diagnose and treat these more modern conditions not so prevalent in general practice a few years ago. Some of these conditions are not yet taught in the medical schools and have been recognized and studied chiefly by industrial physicians.

The Associated State Post-Graduate Committees decided at their meeting recently in Atlantic City to start post-graduate training courses to help physicians meet these needs and solve the medical problems of defense workers in industry. Dr. Leverett D. Bristol's report on this subject is recommended to each State Medical Society Post-Graduate Committee as a suitable text. Dr. Bristol is a New Jersey physician whose interest and experience in Industrial Medicine is well known not only in New Jersey but in many other states.

Further information concerning this movement can be had by writing to Dr. Carl M. Peterson, Secretary of the Council on Industrial Health of the American Medical Association, Chicago, Illinois.

A new manual of 300 pages for use by physicians who participate in caring for industrial workers has just been made available by the National Institute of Health, Washington, D. C.

THE WAR

AFFILIATED HOSPITAL UNITS

Five New Jersey hospitals have accepted the invitation, extended to them by the United States Public Health Service and the Medical Division of the Office of Civilian Defense, to organize "Affiliated Units". These units and their Unit Directors, as approved and appointed, are as follows:

Newark Beth Israel Hospital—Dr. Edwin Steiner
Newark City Hospital—Dr. James Lowrey
Jersey City Hospital—Dr. Earl Halligan
Elizabeth General Hospital—Dr. Milton A. Shangle
Atlantic City Hospital—Dr. Homer I. Silvers

Beth Israel Unit, of Newark, has completed its organization. The other units are in process of organization.

Definitions of three Civilian Defense medical organizations may clarify the status of Affiliated Units:

I. Casualty Receiving Hospitals

These are the already existing community hospitals to which casualties are to be admitted from the Casualty Stations, or directly from the site of the incident.

II. Emergency Base Hospitals

These are selected institutions, in relatively safe, rural areas, to which patients of the Casualty Receiving Hospitals may be removed in case of enemy attack, necessitating the partial, or complete, evacuation of Casualty Receiving Hospitals.

III. Affiliated Units

These are physician personnel units, organized from the medical staffs of Casualty Receiving Hospitals, for the purpose of staffing Emergency Base Hospitals. Each physician of the Unit will be granted a reserve commission in the United States Public Health Service.

It is the intent to activate the commissions of these physicians only in case of urgent need, and when their services are needed in Emergency and Base Hospitals, to which patients from their own area have been evacuated. They will not be activated for duty in their own Casualty Receiving Hospital. The entire unit, or any number of its members, may be activated. They may be activated for duty beyond State lines, if contingencies demand evacuation beyond preëxisting State lines. State lines disappear during such emergencies.

They may be activated for temporary duty in emergency military hospitals, should military casualties be heavy within their area. They will be subject to orders from higher authority, in accordance with the demands of the occasion, and these demands are now unpredictable.

It is purely a gentleman's agreement, in which the physicians concerned are demonstrating their faith in, and respect for, the sincerity, integrity and judgment of Federal medical authorities and the State Chief of Emergency Medical Service.

OFFICE OF CIVILIAN DEFENSE

122 EAST 42ND STREET, NEW YORK, N. Y.

January 25, 1943

The Editor
Medical Society of New Jersey
Dear Sir:

It has come to my attention that there was published in the December issue of *The Journal* a report of a meeting at the Executive Offices on Sunday, November 1st, in which report there is included informational material concerning the United States Public Health Service Affiliated Units for Civilian Defense. Since I am cited as one of those giving information upon which this report is based, I wish to take the opportunty of commenting upon it.

In his letter of invitation to hospitals, the Surgeon General of the U. S. P. H. S. has stated that the physicians commissioned on an inactive status in these units "will be called to active service only if hospitals in their region must be evacuated and civilian populations must be moved because of military necessity. Activation of the units in a grave emergency will take place by order from this office (office of the Surgeon General) at the request of the

Chief Medical Officer of the Office of Civilian Defense, upon the advice of the Regional Medical Officer and the State Chief of Emergency Medical Service in charge of the affected community."

It should be pointed out, in connection with the report published in *The Journal,* that the Surgeon General has not limited the units to service within a particular state, nor stated that they will always be activated as complete units.

It should be recognized that state lines are artificial boundaries often transecting important communities, as strikingly exemplified in the Northern New Jersey-New York and Camden-Philadelphia metropolitan areas. The State Chief of E. M. S. is at liberty to recommend that units or members of units within his state be activated to serve across state lines if he feels that the interests of his state or a community within his state are best served by such deployment.

The State Chief may recommend the activation of individual unit members or portions of units if he feels that activation in this way will solve a presenting problem with minimum impact upon the hospitals or communities from which the units are derived.

The Surgeon General has limited the use of the units and their members to grave emergencies affecting hospitals and civilian populations in the region in which the unit is organized, but he has not strictly limited the manner in which they shall be used since there must be enough elasticity in their use to provide for an intelligent solution of problems that may arise. It is considered that the State Chief of E. M. S., who is close to the scene, is in the best position to advise concerning their proper use during a grave emergency.

As indicated in *The Journal,* it is expected that unit members will, if they serve at all, serve in hospitals. It should be recognized, however, that in the event that "civilian populations must be moved because of military necessity", unit members might be called upon to serve in convoys or in clinics in reception areas in addition to hospital service. This possibilty is so remote that it scarcely merits discussion since such movements of civilian populations would occur only if the military situation had become bitterly unfavorable to the United Nations.

Yours very truly,

H. van Zile Hyde, M.D.,
Senior Surgeon, U. S. P. H. S. (R)
Medical Division
Second Civilian Defense Region.

MEDICAL NEEDS IN INDUSTRIAL AREAS

January 16. 1943

Dear Governor Edison:

Reports from numerous sources indicate that many areas in which there is an increase of population due to war activities are exposed to serious health hazards because there are not enough physicians to attend to the urgent medical needs of the people.

Thus far the general health conditions of the country have been good and the incidence of disease has been comparatively low. It is possible, therefore, that the effects and potentialities of the acute shortages of physicians and facilities for the care of the sick in various military and war industrial areas may not have come to your attention. With the possibility of an increase of disease due to seasonal or other conditions, and with the accumulation of persons for whom treatment cannot be indefinitely postponed, it is of vital importance that measures be taken to relieve serious shortages so that the war effort may not be hindered and that preventable suffering and loss of life may not occur.

May I urge that immediate steps be taken through your State Council of Defense, your State Board of Health, the State Chairman of the Procurement and Assignment Service, or other appropriate agencies to determine the medical needs of the areas within your State and to work out such arrangements as may be necessary and possible to meet them.

I realize fully that these problems are created largely by the necessary demands of the Federal Government and that our assistance may be required in meeting them. For this purpose, the United States Public Health Service and the Procurement and Assignment Service are prepared to comply with your needs for advice or practical assistance, and the State agencies which you may designate to assume the responsibility of this vital function may feel free to call upon me or the Surgeon General of the Public Health Service or the Chairman of the Procurement and Assignment Service at any time.

May I bespeak your earnest and immediate consideration of this matter.

Sincerely yours,

Paul V. McNutt,
Administrator.

Letter from President Marsh to Governor Edison on next page.

January 28, 1943

His Excellency, the Governor
Trenton

Sir:

My attention has just been directed by the Procurement and Assignment Office to a letter sent to you by the Federal Manpower Commissioner, Mr. McNutt, under date of 16th inst., on the subject of medical and health services. Although The Medical Society is not an official agency of the State, it is the authorized representative of the medical profession in the State, and I am glad to offer, and put at your disposal, any facilities of the Society that may be helpful to you in this connection.

Any communication from your office addressed to our Secretary, Dr. Alfred Stahl, 55 Lincoln Park, Newark, or to me, will receive prompt attention through the appropriate committee chairmen or other agency.

Assuring you of the wish of the Medical Profession of New Jersey to serve in any practicable way in the present emergency, I am, Sir,

Very respectfully yours,
ELIAS J. MARSH, President.

PROCUREMENT AND ASSIGNMENT SERVICE MEETING OF STATE ADVISORY COMMITTEE

JANUARY 21, 1943

The minutes of this meeting are presented to the physicians of New Jersey in order that they may be informed of the current activities of Procurement and Assignment Service in New Jersey.

The minutes of the meeting are as follows:

MEMBERS PRESENT	REPRESENTING
Charles H. Schlichter, Elizabeth	Chairman
Norman M. Scott, Newark	Vice-Chairman and Secretary
A. Charles Zehnder, Newark	First Councilor District
Elbert S. Sherman, Newark	First Councilor District
Francis H. Todd, Paterson	Second Councilor District
George W. Fithian, Perth Amboy	Third Councilor District
Henry B. Decker, Camden	Fourth Councilor District
Joseph F. Londrigan, Hoboken	Board of Trustees
J. M. Carlisle, Westfield	Industrial Surgeons
George N. J. Sommer, Trenton	American College of Surgeons
Jacob Reiner, Elizabeth	Civilian Defense
H. Roy Van Ness, Newark	County Consultants and Induction Boards
Major P. E. Schwehm, Trenton	Selective Service
Mr. I. E. Behrman, Newark	Hospital Administration
D. Leo Haggerty, Trenton	State Police

MEMBERS ABSENT	REPRESENTING
David B. Allman, Atlantic City	Fifth Councilor District
J. L. Mahaffey, Haddonfield	State Board of Health
E. C. Stillwell, D.D.S., Glen Ridge	Dental Section, Procurement and Assignment Service

GUESTS PRESENT	REPRESENTING
Abraham E. Jaffin, Jersey City	Tuberculosis Committee, Medical Society of New Jersey

I. REPORT OF MEETING OF CORPS AREA AND STATE CHAIRMEN

This report was read and discussed in detail. It may be found in the January issue of *The Journal*. Its content required no specific action by the Committee.

II. RELATIONS WITH PROCUREMENT AND ASSIGNMENT OFFICE

The general policies and administrative procedures of Procurement and Assignment Service are prescribed by memoranda issued by the Central Board. Activities of the Executive Office are in accordance with the provisions of these memoranda. Problems referred to New Jersey Procurement and Assignment Service, as a rule, must be acted upon promptly. This prohibits the presentation of all of our problems to the State Advisory Committee before action is taken. The office, at all times, gives consideration to any opinion expressed by the Advisory Committee but, in many cases, has to anticipate the reaction of the Committee in making its decisions. No action on this subject was taken by the Committee.

III. SPECIAL PROBLEMS

These problems are some of the current, active problems now being dealt with in our office, in accordance with instructions of the Central Directing Board and in accordance with anticipated reactions of this Committee.

A. Physician Potentials and Personnel Index

If we are to be responsible for sufficient medical personnel in each community, we cannot be guided by a numerical count of physicians. We must know the qualifications, physical condition, marital status, etc., of each physician, and his association with industry, public health programs, etc.

To obtain this information, we are preparing to send an "Information Blank" to each physician in New Jersey. We hope to have a 60 or 70 per cent return of these "Information Blanks". The blanks pertaining to those physicians who do not return them will be a problem of the County Chairman, or the Committee of the County Medical Society. County representatives will be requested to complete the work. These forms, when completed, will be filed in the Executive Office of Procurement and Assignment Service, alphabetically according to communities.

B. Alien Physicians

Thirty-five alien physicians, licensed prior to 1939, may be subject to revocation of their licenses in 1943. Their temporary, six-year licenses will expire before full citizenship can be granted to them. This is due to no fault of their own, but to the present delay in court procedures.

We are satisfied that this problem cannot be solved through the Immigration and Naturalization Service, on a State or Federal level. We are assured that Governor Edison, under provisions of his War Power Act, will provide for extension of these licenses, to allow time for the State Legislature to act upon a special bill being prepared by the Legislative Committee. Our Central Directing Board has requested that every effort be made to prevent revocation of these licenses.

Alien physicians, not licensed, are another problem. We are attempting to use them as Residents and Interns, by deferment granted by Selective Service System.

Major Schwehm requested an opinion of the Committee in this matter. After due consideration, the following motion was made and passed: That alien physicians not holding licenses to practice medicine should remain in their present capacities, as Residents, Interns, or paid employees of our hospitals.

C. Relationship with Selective Service System

State Selective Service Headquarters, and by far the majority of Local Draft Boards, have been most coöperative. To date, to our knowledge, only one New Jersey physician has been inducted. This physician was an alien whom we would have liked to retain, for use as a paid employee in our hospitals. However, he had no objection to being inducted and was inducted on November 11th, the same day upon which he received word that he had passed the examination of the State Board of Medical Examiners.

One other alien physician, now acting as a Resident in one of our voluntary hospitals, has expressed a desire to be inducted. He feels a sense of embarrassment as an alien physician in civilian life. His induction will be recommended to his Local Draft Board. He has been declared "available" by our County Consultant.

D. Needy Areas

The following areas have been reported to us by the Central Directing Board as "possible needy areas": Jersey City, Newark, Linden, Hamilton Township in Atlantic County, and Franklin Township in Warren County.

It seemed obvious that Jersey City and Newark could not be considered as needy areas, and we so reported to the Central Directing Board, without further investigation. (The Committee expressed approval of this opinion.) Linden was surveyed, the decision being that adequate medical care was available. Hamilton and Franklin Townships are now being surveyed.

E. Infectious Tuberculosis Cases

This problem was referred to us by Dr. Abraham Jaffin, of the Tuberculosis Committee. It concerns infectious cases rejected by Induction Boards, their disposition, and the disposition of cases proved later to have no pulmonary disease.

A conference with the State Board of Health and Surgeon, Second Service Command, resulted in a solution, which Dr. Jaffin feels will be satisfactory, by which all such cases will be referred to the Board of Health—the active cases referred for treatment, the inactive cases properly placed in industry, and the cases with no pathology returned for Selective Service reclassification.

It was duly moved and passed: That the State Board of Health be requested to refer back to Selective Service Headquarters the names of all rejected selectees who, upon subsequent re-examination, were found to have no pulmonary disease.

F. Relocation

Relocation is not extensively necessary in New Jersey. We have forwarded to the Central Directing Board the names of eight or ten physicians, as applicants for relocation in other States. Two physicians have re-located in needy communities at our request. Several physicians have located as replacements for physicians entering military service, by arrangement made with the out-going physicians. In other cases, physicians, on their own volition, have located in these areas.

G. Hospitals

Our most important hospital problem is the supply of Interns and Residents. It has been necessary, in some instances, to declare "essential" as Residents, some young physicians who would, otherwise, be available for military service. This has always been done with the approval of our Corps Area Consulting Committee.

It is questionable whether or not lack of hospital facilities is a problem of Procurement and Assignment Service. These shortages apply mostly to obstetrical facilities. We have attempted to assist in some cases.

H. INDUSTRY

There is no apparent shortage of physicians to cover the routine medical work of industry. There is, and has been, a shortage in the field of physicians trained in chemistry and in the hazards peculiar to chemical plants involved in our war industries.

IV. WAR PARTICIPATION COMMITTEES

Medical Preparedness Committees are to be superseded by War Participation Committees.

We understand the functions of these committees include studies of local conditions and the maintenance of the most adequate medical care, in each community, with the facilities and personnel available during the war period. This function closely parallels our functions, but is really quite distinct. Procurement and Assignment Service will coöperate closely with these committees, in providing necessary personnel.

We believe that many problems now involved in the Procurement and Assignment Service program should be taken over by War Participation Committees.

The major problem of Procurement and Assignment Service will have been accomplished by November 1st, when the procurement program of the armed forces will be completed. The War Participation Committees will carry on the important medical problems during the war period, blending their activities with those of the Planning Committees dealing with problems of the post-war period.

We believe the problems of medicine today, the problems of medicine yesterday, and the problems of medicine in the post-war period will prove to have been so closely associated that their solution will be an evolutionary program, without break in continuity from the pre-war period to the time when medicine becomes stabilized, after the war.

V. INCOME OF PROCUREMENT AND ASSIGNMENT SERVICE

Procurement and Assignment Service of New Jersey is supported by a Federal budget of $4,200.00, supplemented by profits obtained in the x-ray work of the Induction Stations. The x-ray work in the Induction Stations was undertaken over a year ago, in conjunction with the Committee on Tuberculosis, and for it the Chairman of the Medical Preparedness Committee received, from the Federal Government, seventy-five cents for each selectee examined. In return, all x-ray facilities, supplies and technical services were paid for by the Chairman. The work was discontinued in December, 1942, when the Army installed permanent, modern x-ray equipment in the Induction Stations.

The amount remaining in this fund, for expenditures against costs of Procurement and Assignment Service, as of this date, is between three and four thousand dollars.

To promote further economy, the office of Procurement and Assignment Service will be moved from 31 Clinton Street to the Office for Emergency Management Building, 20 Washington Place, in Newark, at a very early date.

NORMAN M. SCOTT, M.D.,
Secretary, Committee on
Procurement and Assignment.

CHARLES H. SCHLICHTER, M.D.,
Chairman, Committee on
Procurement and Assignment.

PROCUREMENT AND ASSIGNMENT SERVICE OF NEW JERSEY
PHYSICIAN PERSONNEL OF NEW JERSEY
PRE-WAR - BY COUNTIES

NEW JERSEY - 5,852 Physicians

County name and type	Population per physician	Population per private practitioner under 65	Number of physicians: All ages, both sexes, white and colored: Total	Private practitioners: Total	General practice: No special interest	General practice: Special interest	Practice limited to specialty	Full-time appointment	Colored	Female	Ages 65 & over: All physicians	Ages 65 & over: Private practitioners	Population 1940
State Total	711	859	5852	5468	2752	1798	918	384	117	283	653	625	4,160,165
Atlantic (A)	585	743	212	197	103	50	44	15	10	7	31	30	124,066
Bergen (A)	910	1042	450	437	227	168	42	13	5	30	44	44	409,646
Burlington (A)	844	1032	115	107	61	35	11	8	4	4	14	13	97,013
Camden (A)	876	1057	292	276	155	73	48	16	8	11	35	34	255,727
Cape May (A)	761	1157	38	36	30	6	-	2	-	3	11	11	28,919
Cumberland (B)	989	1284	74	70	47	19	4	4	1	8	14	13	73,184
Essex (A)	528	634	1587	1484	718	479	287	103	33	69	167	164	837,340
Gloucester (A)	1062	1474	68	63	41	17	5	5	2	2	14	14	72,219
Hudson (A)	777	887	839	801	412	261	128	38	18	42	74	66	652,040
Hunterdon (B)	836	1186	44	40	27	12	1	4	-	1	9	9	36,766
Mercer (A)	609	768	324	284	141	78	65	40	4	11	30	27	197,318
Middlesex (A)	1000	1149	217	202	92	75	35	15	3	6	14	13	217,077
Monmouth (A)	698	872	231	216	121	66	29	15	5	6	33	31	161,238
Morris (A)	683	861	184	164	81	56	27	20	2	22	20	18	125,732
Ocean (B)	754	967	50	48	22	21	5	2	-	-	9	9	37,706
Passaic (A)	668	787	463	440	178	172	90	23	7	14	48	47	309,353
Salem (A)	1007	1409	42	38	28	9	1	4	1	-	8	8	42,274
Somerset (A)	689	1283	108	79	48	25	6	29	-	12	23	21	74,390
Sussex (B)	956	1140	31	30	19	11	-	1	-	1	4	4	29,632
Union (A)	762	890	431	404	163	152	89	27	14	30	37	35	328,344
Warren (A)	965	1321	52	52	38	13	1	-	-	4	14	14	50,181

A - Metropolitan county. B - Adjoins a metropolitan county. C - Other county.

This table is presented in The Journal for several reasons: (1) It is the basic personnel information upon which were based the activities of Procurement and Assignment Service. (2) It represents the analysis made of the questionnaires submitted in 1941, by the American Medical Association, and the later supplementary questionnaires distributed by Procurement and Assignment Service, as incorporated in the records of the National Scientific Roster. (3) It is of current interest to the profession. (4) It will be of value in the future, as part of the history of medicine in New Jersey.

MEDICAL-SURGICAL PLAN OF NEW JERSEY ORGANIZED BY THE MEDICAL SOCIETY OF NEW JERSEY

NORMAN M. SCOTT, M.D., Medical Director

The experience of Medical-Surgical Plan from July 1 to November 30 was reported in the January issue of *The Journal.*

Our experience in December, as compared with November, is presented in the following table:

1942	Monthly Earned Income During Month	Monthly Claims Incurred During Month	Assets End of Month	Liabilities End of Month	Reserves (Excess of Assets Over Liabilities)
November	$2,355.67	$1,435.50	$7,961.12	$3,780.27	$4,180.85
December	2,615.00	446.00	9,856.15	4,004.81	5,851.34

As of January 1, 1943, Medical-Surgical Plan has no indebtedness. All claims have been paid or money to cover them set aside; listed under "Liabilities" above. All organization and administrative expenses have been paid, including $836.00 incurred in December for changes in our contract form, necessary to adapt it for use on electrical tabulating machines.

The small number of claims incurred during December is worthy of note. It parallels to a certain extent the decline in hospital admission rates during Christmas month. Its full significance may be reflected in an abnormal increase in our claim experience during January.

Occasionally, by mistake, a subscriber is admitted to hospital as a ward case, and as such is cared for as a free case by the visiting and resident staff. In such cases the profession is deprived of income which would otherwise be payable under our contract. The fact that the physician is deprived of this income is important, but of even more importance, from a sociological standpoint, is the fact that the patient has not been spared that stigma of indigency associated with free medical care, although he has done his part to avoid it. This defeats one of the purposes of the Plan. It may be due to lack of understanding, on the part of either the physician or the patient, regarding the benefits payable under our contract.

Our contract provides benefits in the form of payments to private physicians for care rendered in hospital to subscribers or their dependents. Each subscriber also has a contract with Hospital Service Plan of New Jersey providing payment for semi-private hospital accommodations or a credit payment toward the cost of private hospital accommodations.

MEDICAL SERVICE ADMINISTRATION

Arrangements have been made with Federal Farm Security Administration to increase the subscription rate of the Farm Security Medical Plan. This increase will be effective May 1, 1943, and will provide for payment of mileage allowances for home calls. It is justified by the reduction in the number of physicians in rural areas which has increased the distances to be covered by the remaining physicians in making these calls.

ORIGINAL ARTICLES

DIAGNOSIS AND TREATMENT OF SHOCK*

Robert H. Hill, A.B., M.D., F.A.C.S., Newark, N. J.

In these days of high speeds, explosives, and temperatures, bumpers, bayonets, bullets, bombs, blasts, and burns, the diagnosis and treatment of *shock* deserves the unusual amount of attention that is being paid to it. Blalock cites 246 articles in his recent chapter on shock. Harkins recently devoted 118 pages to a review of 848 articles on shock. Everyone is talking about it, more or less.

Unfortunately, the word is not clearly limited or defined, but is applied to an ill-defined group of shock-like states, variously called primary shock, syncope, collapse, neurogenic shock, vasogenic shock, and secondary shock.

The term *shock,* for the present purpose, is limited to that familiar clinical state variously termed secondary shock, traumatic shock, wound shock, surgical shock, operative shock, post-operative shock, burn shock, shock from hemorrhage, oligemic shock, hematogenic shock, peripheral vascular failure, or simply *shock*. All these terms apply to a progressive circulatory phenomenon, initiated by some form of trauma, characterized by vasoconstriction and diminution of circulating blood volume, and complicated by many other associated factors. The significance, diagnosis, and treatment of a few of these factors will be discussed with the greatest brevity consistent with sound reasoning.

The most significant factor in secondary shock is diminution of circulating blood volume. This is due to the loss from the circulating blood of various proportions of whole blood, plasma protein, and water. These various and varying proportions depend somewhat on the type of trauma, and influence the laboratory findings and clinical course in any particular case. Where, as in the usual case of secondary shock, the loss is predominantly protein and water, the circulating blood becomes concentrated and more viscid. Arteriolar constriction and increased peripheral resistance causes decreased volume flow, and the ultimate result is stagnant anoxia. The magnitude of this process may be roughly estimated from the degree of hemoconcentration, and expressed in terms of hemoglobin, erythrocyte count, cell volume, or specific gravity of whole blood.

The basic pathological physiology of secondary shock is an increased capillary permeability to plasma protein, with consequent loss of plasma protein and plasma water in different proportions under different circumstances. The relative proportions of plasma protein and water remaining in the circulation can be estimated by determining plasma specific gravity. No attempt is made to distinguish between capillary permeability and capillary dilatation as factors in the loss of circulating blood volume. Both are generally assumed to occur in shock. It would seem to make no material difference in current methods of diagnosis and treatment, if one believes that capillary dysfunction initiates blood volume loss, or if one prefers to think that the initial blood volume loss occurs at the site of the trauma, and that the capillary dysfunction is then secondary to stagnant anoxia.

Stagnant anoxia is described as the greatest single cause of the perpetuation or aggravation of circulatory deficiencies in shock. All agree upon its ill effect on capillary tonus and permeability. Haldane has said that anoxia not only stops the machine, but wrecks the machinery. It has been suggested that hyperpotassemia may be evidence of this wreckage in shock.

Vasoconstriction is a perfectly normal physiological reaction to diminished blood volume. It maintains blood pressure at the expense of an enormous decrease in volume flow, which leads to stagnant anoxia. It is the "bottle-

* Read before the Section on Surgery at the Annual Meeting of The Medical Society of New Jersey, in Atlantic City, N. J., on April 22, 1942.

neck" of secondary shock. Considered apart from its place in the vicious circle of shock, it would seem that one can neither get along with it or without it. But apparently it reflexly relents on restoration of blood volume. Some also think that the sodium ion of hypertonic saline relaxes vasospasm by direct action. The trick, of course, lies in restoring volume flow without losing the benefits of sustained blood pressure.

Blood pressure is maintained in secondary shock until circulating blood volume is reduced by 20-30 per cent. This represents the loss of perhaps a liter of plasma, and is accompanied by a significant degree of stagnant anoxia. The initial fall of blood pressure does not represent the onset of shock, but the beginning of the failure of the sympatho-adrenal mechanism to compensate for the diminished blood volume. Except for an increase in pulse rate, the patient can do little more for himself, and is now poorly protected against further loss of blood volume. A little more operating, a little more loss of blood or plasma, a little more trauma or exposure, even a change of position, and all the well-known evidences of shock begin to appear. A systolic pressure of 80 represents a profound peripheral circulatory collapse, due to a really enormous loss of circulating blood volume.

Continuation at or below this level tends toward irreversible shock. If shock is ameliorated or reversed and normal blood pressure restored, the patient may still be in moderate shock, and one may still obtain evidence of hemoconcentration that justifies further restoration of blood volume, in order to obtain a reasonable margin of safety.

Of all the related physiological disturbances included in the vicious circle of shock, only a few are of value in diagnosis. Clinical experience may suggest the probability of shock in association with certain familiar types of trauma. The sphygmomanometer may give the first warning. Shock may be grossly obvious when first noted. At any point, however, the clinical impression should be verified by various tests for hemoconcentration. A 5 per cent rise in hemoglobin represents a loss of perhaps 250 c.c. of plasma. The erythrocyte count is accurate to 250,000 cells, the hematocrit to 100,000, and the "falling drop" to 10,000 cells. Changes in the specific gravity of plasma indicate changes in the proportions of plasma protein and plasma water. Knowledge of the progress of these changes is essential to the intelligent use of blood and blood substitutes. The use of formulae is perhaps more convenient, and yielding to local custom may add to one's social acceptability, but neither approaches the accuracy of blood studies as a guide to therapy.

Present treatment of shock is a combination of old and new ideas that have justified a reasonable expectancy of success. It is to be noted that it is possible to treat and correct only certain factors in the vicious circle. Shock itself yields to the correction of these factors, if it yields at all.

Treatment should begin with prophylaxis, although prophylaxis here is often beyond our control. Certainly the patient's general condition has much to do with his reaction to any particular trauma. In accidental trauma, temporary emergency splinting and prompt shock treatment have contributed much to the prevention or amelioration of shock. For surgical procedures, much can be done by pre-operative control of nutrition, hydration, and blood volume; by careful evaluation and planning; by graded procedures; by atraumatic surgery; and by supportive treatment during and after operation. In any kind of surgery, the management of shock takes precedence over surgical indications. I imagine that it was in this connection that the saying originated that "it is better to be half cured than all dead".

Recumbency, heat, morphine, and rest are popular, logical, easily applied measures of limited value.

Recumbency, with or without the reverse Trendelenburg position, tends to correct cerebral anemia. It also results in an increase of 20 per cent or more in volume return to the right auricle, thus contributing to improved cardiac output. Recumbency would therefore be good treatment even if the patient could stand up.

It is reasonable to apply external heat and to avoid exposure to cold. The heat regulating

mechanism is temporarily disturbed, and the body temperature is reduced by sweating, decreased metabolism, diminished muscular activity, and exposure. But although the patient may seem frightfully cold, it is unreasonable to apply excessive heat. Peripheral blood flow is retarded and unable to protect the skin from an otherwise safe amount of external heat. Warm blankets are enough. If hot water bottles, etc., are used, they should probably not be above 80-90 degrees F.

It is merciful and helpful to give enough morphine. But morphine in excess contributes to anoxic anoxia by depressing the response of the respiratory center to carbon dioxide excess, and of the carotid body to oxygen lack.

It seems worth while to administer pure oxygen. Frequently clinical improvement is immediately apparent. Tissue oxygenation is said to be increased upwards of 50 per cent. Capillary function is improved and vital centers are protected.

The administration of these and other measures should be so planned as to permit the patient to rest. Shock does not tolerate constant manipulation and disturbance.

Certain other measures are popular, but seem unreasonable and perhaps harmful. Vasoconstrictive drugs probably serve no useful purpose in the presence of vasoconstriction. Caffeine and strychnine tend to stimulate cerebral and cord centers, but mental and physical activity on the part of the patient is not helpful or desirable. Respiratory stimulants are not helpful in stagnant anoxia.

Certain measures are of limited popularity, but are favorably reported by certain workers. Hypertonic sodium chloride solution may correct vasospasm and may tend to restore normal sodium-potassium balance. But by virtue of its hypertonicity it may draw dangerous amounts of potassium into the circulating blood, and by virtue of its quick dilution it probably leaves the circulation nearly as quickly as does normal saline.

Adrenal cortical extract in adequate dosage may aid in the correction of capillary dysfunction. Given prophylactically, it probably tends to inhibit normal adrenal cortical function. Its value in either case is apparently not generally accepted.

There is general agreement that replacement and maintenance of circulating blood volume by adequate administration of blood or blood substitutes is indispensible to the treatment of any but the mildest degree of secondary shock.

To a limited extent, the administration of isotonic crystalloid solutions may and does serve to restore blood volume in the milder and earlier stages of shock. Of course these solutions do not improve osmotic balance. They not only dilute plasma protein, but, if shock is at all advanced, they leave the circulation very promptly, carrying plasma protein with them. Successful water and crystalloid replacement depends on reëstablishment of osmotic equilibrium, even in the presence of dehydration.

In shock the basic loss has been loss of intra-capillary osmotic pressure, due to the loss of plasma protein. No replacing fluid, irrespective of capillary permeability, can remain in the circulating blood unless and until osmotic equilibrium is attained and maintained. Hence the necessity of introducing, in sufficient quantity, an innocuous colloid to which the capillary endothelium is still relatively impermeable, and which has a relatively high osmotic pressure. Attempts have been made to satisfy these criteria by the use of acacia, pectin, isinglass, hemoglobin, etc., but each suffers from certain definite and valid objections. The criteria are best satisfied by plasma protein as a whole, by plasma albumin and globulin, or by plasma albumin alone. Although water, as their vehicle, serves to replace lost plasma water, the resultant rise in blood volume depends on the total quantity of protein administered, and is independent of the dilution of the protein.

There are several methods of introducing plasma protein, each method having certain advantages and disadvantages.

Under certain conditions, the lost plasma itself may be attracted back into the circulation. This probably happens during and after spontaneous recovery from shock. Hypertonic saline has this effect at least temporarily. Concentrated plasma has a more lasting effect, due to its high osmotic pressure and to its tendency to remain in the circulation.

As a replacement, the value of whole blood lies in its 55 per cent or so of plasma. Its cells tend to increase hemoconcentration, viscosity,

and peripheral resistance, and are of little or no value in the absence of anemia.

There are certain limitations to the use of serum, which seem to militate against its general use.

The availability of plasma and its various modifications has materially simplified the problem of plasma protein replacement. The development of safe bovine plasma, and of both bovine and human albumin promises still further simplification of the problem. Correction of the most massive upsets in osmotic equilibrium promises to be quite easily attainable.

But, even if plasma protein becomes as easily available as water, salt, and sugar, its administration will still necessitate certain blood studies as a guide to the quantitative and qualitative adequacy of this replacement therapy, if conditions permit. If conditions do not permit laboratory control, clinical judgment must needs follow the lines of thought that these blood studies would serve to clarify. Shock will still remain an orderly disorder of many related physiological factors, of which only a few are capable of recognition, a few indicative of therapeutic requirements, and a few susceptible to treatment. Shock will always be too dangerous, insidious, and treacherous to treat casually, carelessly, or blindly.

339 Parker Street

WITH NEW JERSEY MEDICAL AUTHORS

It is requested that any New Jersey physician who publishes an article outside the state, notify the Editorial Office in Trenton, giving the title of the paper and the name of the periodical, as well as the month, date, volume and page number. It would also be helpful to this office if members would notify us of articles published by their colleagues.

Comando, Harry N., and Joseph I. Echikson (Newark)
Elephantiasis of the scrotum; case report. Am. J. Surg. 58: 264-266, Nov. 1942

Echikson, Joseph I. (Newark) — see Comando, Harry N.

Flicker, David J. (Camp Blanding, Fla.)
1. The profitable application of psychiatry to dentistry. Dental Outlook, Vol. 29, No. 10, Oct. 1942.
2. The self-inflicted injury, a case report. Am. J. Psychiatry, Vol. 99, No. 2, Sept. 1942.

Fowler, Royal H. (Newark)
Traumatogenic peptic ulcer. Rev. Gastroenterol. 9: 393-403, Nov.-Dec. 1942.

Geary, Paul (Plainfield)
Extrapleural pneumothorax, late results. Am. Rev. Tuberc. 46: 646-655, Dec. 1942.

Goldstein, Hyman I. (Camden)
Pernicious anemia alternating with polycythemia (polyglobulia). Rev. Gastroenterol. 9: 406-411, Nov.-Dec. 1942.

Gordon, Benjamin Lee (Atlantic City)
Ancient medical jurisprudence with special reference to the eye. Arch. Ophth. 28: 860-881, Nov. 1942.

Haury, Victor G. (Audubon)
Variations in serum magnesium in health and disease: a review. Jour. Lab. and Clin. Med. 27: 1361, Aug. 1942.

Hutner, Cyril I. (Perth Amboy)—see Urbanski, Adrian X.

Orton, Henry Boylan (Newark)
Deep infections of the neck. J. A. M. A. 120: 873-879, Nov. 21, 1942.

Rake, G. (Squibb Institute, New Brunswick)—see Shaffer, M. F.

Reich, Henry (Newark)
Sulfanilamide and appendicitis. Rev. Gastroenterol. 9: 427-428, Nov.-Dec. 1942.

Revitch, Eugene (New Brunswick)—see Stein, William

Saffron, M. H. (Passaic)
Dermatology and the war. Mil. Surgeon, 91 (5): 559-564, Nov. 1942.

Shaffer, M. F., and G. Rake (Squibb Institute, New Brunswick)
Isolation of virus from a patient with fatal encephalitis complicating measles. Am. J. Dis. Child. 64: 815-819, Nov. 1942.

Stein, William and Eugene Revitch (New Brunswick)
Traumatic rupture of the right ventricle, an unusual case. Am. Heart J. 24: 703-705, Nov. 1942.

Strelinger, Alexander (Elizabeth)
Acute postoperative lung abscess. Jour. Lab. and Clin. Med. 27: 1510-1516, Sept. 1942.

Urbanski, Adrian X. and Cyril I. Hutner (Perth Amboy)
Thrombopenic purpura complicating pregnancy; treatment by splenectomy resulting in clinical cure and followed by three full-term pregnancies. J. A. M. A. 120: 754-756, Nov. 7, 1942.

SYPHILIS IN RELATION TO THE IRIS AND UVEAL TRACT *

(PART OF SYMPOSIUM ON SYPHILIS AND ITS RELATION TO EYE, EAR, NOSE AND THROAT)

George P. Meyer, M.D., Wills Hospital, Philadelphia, Pa.

Syphilis has always been held to be a common cause of uveal disease. The older observers (Hutchinson, Jacobson, Mauthner, Förster and others) considered it to be much more common than do such present-day authors as Guyton and Woods, Moore, Weiss and others. Reports from different clinics varied greatly in the importance assigned to different etiologic factors. Fifty years ago the common causes were syphilis, gout, rheumatism and tuberculosis. In the early part of this century focal infections were advanced as a new and common cause. Though this etiologic factor was given great prominence in this country, the continental observers minimized its importance, and ascribed the greater rôle to syphilis and tuberculosis. Gonorrhea always caused a small percentage of cases. Lately our attention has been called to the rôle that may be played by sarcoid and brucellosis. It is probable that new factors will be added as medical knowledge enlarges.

Syphilitic eye disease has definitely decreased in the last half century, because the incidence of syphilis itself has decreased, and improved diagnostic skill and therapeutic effectiveness have lessened the evils that follow the initial lesion. Public enlightment has played no small part in the improved outlook.

However, the reports vary greatly as to the rôle of syphilis as the cause. Eight to 82 per cent of iritis has been ascribed to syphilis, the variability depending on geographical and racial factors, the type of clinical material studied and the character of the observer. Some of the more representative figures may be stated as follows:

00.34% of all eye disease is syphilitic iritis.
13. % of all syphilitic eye disease is syphilitic iritis.
55. % of all iritis is syphilitic (Weiss).

Of all syphilitics 3 to 5 per cent show eye troubles, of these 50 per cent have uveitis (Groenouw, Moore).

In an analysis by Guyton and Woods of 562 cases of well-studied uveitis, 69 had syphilis and of these 69 cases, 59 had syphilitic eye disease (10.5 per cent of the 562 cases studied). These were made up of: 36 cases of luetic iritis, 7 cases of choroiditis, and 16 cases of general uveitis.

Of the 59 cases of syphilitic eye disease, 22 had the congenital and 37 the acquired type.

The ocular manifestations first make their appearance with the *systemic* infection or secondaries. After that stage of all syphilitics;

25% become Wassermann negative and symptom free.
25% retain a positive Wassermann but are symptom free.
25% develop the fibrotic or degenerative changes that may cause cardiovascular or central nervous system involvement.
25% become sensitive to the treponema, so that late violent inflammatory reactions occur in the presence of but few organisms. In this group are the cases of late uveitis.

Luetic uveitis is exceedingly varied in its clinical expressions, but the pathology underlying all is very similar. The manifestations of congenital and acquired syphilis too are really not fundamentally different but for convenience, classifications and entities are described.

We may first of all classify cases clinically into acquired and congenital uveal disease.

Under acquired there occur two main clinical forms:
1. Roseola of the iris.
2. Syphilitic iridocyclitis.
 a. Secondary syphilitic iridocyclitis.
 b. Tertiary syphilitic iridocyclitis.
 c. Recurrent syphilitic iridocyclitis.
 d. Jarisch-Herxheimer reaction.

Under the congenital:
1. Acute iridocyclitis.
2. Anterior uveitis.

Roseola of the iris are rare but may be the first manifestation and proof of the general spread of syphilis. They are essentially hyper-

* Presented before the Eye, Ear, Nose and Throat Section of The Medical Society of New Jersey, Wednesday, April 22, 1942.

emic spots on middle third of iris which are usually transient and clear up without permanent visual damage. They are rarely seen by the ophthalmologist because they cause little trouble. Dermatologists, if they looked during the early secondary stage, would find them oftener than the oculist. Recurrent roseolae may occur in the later stages up to two years after infection, and instead of being just a hyperemia, they may form exudates, patches and synechiae and papules.

Secondary syphilitic iridocyclitis.—Of 10,000 syphilitics, 4.5 per cent developed this condition (Moore). Maximum incidence occurred between the fourth and sixth month, but cases have been reported as early as five weeks after infection. Three-fourths of the cases have a skin rash. One-half are unilateral, in the others involvement is bilateral, but not usually simultaneously. The condition is usually severe, maybe fulminating, but the prognosis is in the main good, as impairment of vision is uncommon and blindness rare. It does not tend to relapse if the treatment is adequate.

Tertiary syphilitic iridocyclitis is, according to Duke Elder, somewhat less frequent than secondary. Moore found them of equal frequency. The average age of onset is ten years after infection, but it may occur as early as the first or second year or as late as twenty or even fifty years after infection.

It may occur as an isolated phenomenon (Igersheimer, Zimmerman) or in association with other tertiary skin, bone, cardiovascular or central nervous system manifestations (Moore).

It may be mild or severe and in contrast with the early type, tends to relapse, even with adequate treatment.

Prognosis is less favorable for visual damage and even blindness occur.

Recurrent syphilitic iridocyclitis or recidive reaction is relatively rare, largely because recurrent syphilis is rare. It occurred twenty-nine times in Moore's (1931) series of 249 cases of iridocyclitis in 10,000 syphilitics. It is usually unilateral.

It follows inadequate therapy and comes on as a rule six to eight months after treatment is stopped. It may, however, be delayed four and one-half years (Moore). It does not usually follow an early secondary iritis, but rather appears as a new phenomenon, and it is extremely rare for a recurrent iritis to be followed by a subsequent relapse.

It is unusual for it to be accompanied by a muco-cutaneous eruption, but 15 per cent are associated with evidences of neuro-syphilis or meningeal involvement.

This condition has the same favorable outlook as early iridocyclitis and is probably due to the reactivation of a few viable organisms that were retained in the central nervous system, where arsenical medicaments penetrate with difficulty.

The Jarisch-Herxheimer reaction consists in the development of an acute iritis in a previously uninjured eye 24 to 48 hours after the primary injection of an arsenical. This reaction is part of a general systemic exascerbation of the luetic lesion. It is thought to be due to either (1) the endotoxin liberated by the sudden death of many treponemeta or (2) the sudden massive release of inflammatory products from infected tissues in the course of resolution.

It always clears up under continued treatment and is of no great clinical importance, except when deliberately induced for diagnostic purposes.

The symptoms of a typical case of syphilitic iridocyclitis are headache, pain in the eye and impairment of vision.

The signs are tenderness, hyperemia and edema of iris. With extension of the diffuse involvement of all the iris, fibrinous exudation occurs which is the main feature of the disease; and there follow: muddy aqueous, precipitates on the posterior surface of the cornea, synechiae, etc. In severer cases, hyphema may occur or rarely hypopyon.

The pathology is nodular in essence microscopically, but nodules are not always grossly visible.

In some cases the nodule becomes so large as to be called syphiloma.

Complications of acquired iridocyclitis do occur, but they are unusual. These consist of:

1. Vitreous opacities, which indicate a more substantial involvement of the uvea.
2. An anterior choroiditis, which is rather common and though ophthalmic examination may be difficult, scotomata may be mapped out in strong light.
3. A group of lesser incidence such as Försters ring scotomata, neuro-retinitis, optic neuritis, interstitial keratitis or a deep punctate keratitis. Secondary cataract, massive retinal detachment and phthisis bulbi may be rarer complications.

CONGENITAL SYPHILIS OF THE UVEA

Congenital syphilis of the uvea may be manifested by:

1. Acute iritis.
2. Interstitial keratitis with anterior uveitis.
3. Chronic iridocyclitis.
4. Choroiditis.
5. Vitreous opacities.

Acute iridocyclitis is a not uncommon disease, and syphilis is the commonest etiologic factor in infants. It may come on at five to six month of age. May be unilateral or bilateral. It is usually of the acute fibrinous type and may either clear up rapidly under treatment or result in serious visual damage because of the occurrence of exudative occlusio-pupilli, massive vitreous exudate or pseudoglioma, panophthalmitis, or phthisis bulbi.

The pathology too of congenital syphilis, in the absence of well-defined nodular lesions, is essentially that of any nondescript chronic inflammation with infiltration of lymphoid and plasma cells.

Vascular changes are not characteristic, though some observers have stressed the perivascular round cell infiltration, homogeneous hyaline degeneration of the vessel wall and proliferative endothelial overgrowth ending in endarteritis obliterans. Other observers feel that these changes are either absent or small and non-pathognomonic.

The progressive change toward nodulation with the development of central epithelioid masses may result in papules, or syphilomata or gummata in the latter of which an endarteritis obliterans has caused central necrosis.

The earlier smaller lesions may heal without sequellae, while others more advanced leave atrophic areas behind them.

Those cases with marked fibrinous exudation may glue together many of the structures in the anterior segment and cause relative blindness.

DIAGNOSIS OF UVEAL SYPHILIS

The diagnosis of uveal syphilis rests on the following findings:

1. The clinical picture; which in some cases is specific, as in iritis papulosa; and in others merely suggestive.
2. The presence of syphilis as determined by:
 a. History of syphilis.
 b. Positive physical findings in acquired lues which occur in 95 per cent of early syphilitics: healed chancre, muco-cutaneous lesions, and more rarely alopecia, arthritis, periostitis, and meningeal signs.
 c. Signs of congenital lues; Hutchinson teeth, Cluttons joints, typical fascies, etc.
 d. Positive Wassermann:

 In late inadequately treated and in congenital lues the blood Wassermann may be negative.

 Spinal fluid examination may be positive and help in establishing the diagnosis. However, dependence on one Wassermann alone, it is estimated, will result in 20 per cent misdiagnoses.
3. Positive Herxheimer reaction.
4. Exclusion of other etiologic factors.
5. Favorable response to anti luetic treatment.

PROGNOSIS OF UVEAL SYPHILIS

In only 10 per cent of cases of uveal syphilis occurring in secondary stage is there residual visual damage; while 50 per cent of tertiary have visual damage and of these 10 per cent become blind.

Proper treatment is the adequate treatment of syphilis. Don't discontinue treatment merely because of subsidence of eye lesions, because there is a real danger of recurrence in inadequately treated cases.

The ocular treatment I'll omit.

THE DEVELOPMENT OF AND RESPONSIBILITY FOR LOCAL HEALTH WORK*

R. C. Williams, M.D., Senior Surgeon, U. S. Public Health Service Director, District No. 1, New York, N. Y.

In extensive areas of the United States the exercise of local health functions is vested in political jurisdictions such as townships, boroughs, villages, and, in some instances, counties, in which the population consists of from a few hundred to a few thousand inhabitants. Such local subdivisions are in most instances nothing more than geographical fictions designed to fulfill the political requirements of the horse-and-buggy era. They bear no relationship to present community life, nor do they in any sense contain institutions or administrative units which meet the economic and social needs of the population.

In such jurisdictions legal health authority is often exercised by a person who devotes only a small part of his time to health functions. He may hold his position as health officer solely by virtue of the fact that he was elected town clerk or marshall, or he may have been appointed to the job. In either case his tenure of the position is based on no qualifications beyond his ability to secure and hold office.

For the most part the political map of this country, insofar as local jurisdictions are concerned, was made by surveyors who thought in terms of rectangles and plotted the land before it was inhabited and developed. In settling the country, however, people were motivated by economic and social factors rather than by geometry. They chose to make their homes in places where the topography, soil, and other material resources were suited to the gaining of a livelihood, and as a result community outlines developed which bore little or no relationship to political boundaries. As more speedy and convenient methods of transportation were perfected, the disparity between the social and political unit became even more pronounced. Nevertheless, in many instances the public services designed to meet the people's needs continued to be administered within the arbitrarily imposed and outdated political framework.

The obvious remedy is to extend the administrative unit charged with performing the service so that it will conform in general outline with the community to be served. When so extended the health organization has a rational basis for existence and a theater of operations in which it can be expected to achieve tangible results. Of course, certain difficulties are sure to be encountered in bringing about such changes, but these difficulties are by no means insuperable. There is really nothing novel or revolutionary about such rearrangements; they have been resorted to time and time again in the course of our national development. The township, once the unit of all local government, is today nothing more than a symbol of local autonomy. As circumstances warranted, its functions passed into the hands of the counties or larger jurisdictions. Maintenance of the highways was once a duty of the local road district, but with the advent of the automobile the responsibility passed to the county only to be assumed later by the State. Likewise, districts were formed for the administration of water supplies, sewerage systems, educational facilities, mosquito control, and other functions which could not be carried out effectively by existing official units. It has also been demonstrated that boundaries can be altered and political entities regrouped when such an expedient serves political ends.

Local health organizations have lagged behind other branches of public service in adjusting their organizational structure to suit changing social conditions. It is now a question of determining how to accelerate this natural process of adaptation in order to meet an emergency situation.

Fortunately, one professional body has already been courageous enough to take the lead in this matter. The American Public Health Association, through its Committee on Admin-

*Presented at Joint Meeting of New Jersey Health and Sanitary Association and New Jersey Tuberculosis League, Trenton, N. J., October 23, 1942.

istrative Practices, has recently formulated a provisional set of basic criteria for local health services. In its report the committee states that all population units or areas in the United States should be served by local health units which are directed by full-time medical health officers. In general, such local units should serve a population of not less than 50,000 and not more than 250,000, except where one or more counties constitute a single health jurisdiction in a metropolitan region. The area served by one unit should not extend more than 40 miles in any direction from the headquarters office. The units so conceived may be single-county units, multiple-county units, or district units including a part but not all of one or more counties. The committee recommends that cities located within a county be served by an inclusive type of county or district health unit.

The report assumes that most services of a clinical nature will be performed by part-time medical personnel drawn from the local practicing profession. It also states that a unit should have not less than one nurse for each 5,000 of population; one sanitarian for each 25,000 to 35,000 population, with at least one member of the sanitation staff of engineer grade if the population is 50,000 or more; and a sufficient clerical force to keep records and leave the technical staff free for professional work.

The objection may be made that redrawing the health map on the basis of such principles is a highly theoretical procedure. This, however, is not so. Today, we cannot deny the immediate and practical value of any thoughtfully conceived effort to put on a rational basis the distribution of our nation's health services. The war has brought about a tremendous disruption in community life in hundreds of localities throughout the country. Health problems have been multiplied and magnified, whereas our resources for dealing with these problems have diminished. Shortages of many kinds of essential materials, and above all of personnel, are already crippling the inadequate services hitherto maintained. At the same time, all available evidence points to a long war and to a depletion of manpower and materials which will make our present plight seem enviable by comparison. Rationing of several kinds of civilian commodities has already been put into effect, and restrictions will soon be placed on many more. There can be no doubt that a redistribution of health services will also be necessary.

The United States Public Health Service is now receiving a steadily increasing number of requests, under its grants-in-aid program, for financial assistance in the support of incomplete health units. A unit which has been operating under the direction of a full-time medical officer loses that officer to the military forces, and a request is made that the unit be allowed to continue without a full-time health officer. Obviously, this is not a feasible solution if a satisfactory standard of service is to be maintained. Instead of attempting to operate in a headless manner, such a unit should pool its resources with a neighboring unit which has a medical health officer. In this way it can continue to operate under the competent direction which is necessary to produce desired results.

What I have said concerning the necessity for complete coverage of the country by full-time, profesionally staffed health units may arouse some misgivings in those who advocate State control of local health services. Considerable difference of opinion exists with regard to the relative merits of centralized versus local direction. This, however, is not the subject I am discussing. I recognize that there are circumstances of time, place, and type of service which bring out the advantages of one plan as contrasted with the other. The point I wish to make is that, regardless of where ultimate authority lies, it is chiefly at the community level that the service must be performed. And, as I said before, by a community I do not mean a village or artificially established political unit. Almost all sections of the country today are tributary to some population center which satisfies a majority of the inhabitants' needs. To such centers people go for education, recreation, the purchase and exchange of commodities, and, in the main, for medical treatment. They do not look to the crossroads village for satisfaction of these needs, nor do they depend upon the State capital.

It is in recognized community centers that public health services must be established and maintained if they are to operate economically and efficiently. Whether such a local health unit should have a high degree of autonomy or whether its activities should be directed by a central State authority is a matter of opinion or local tradition, and perhaps relatively immaterial. The important point is that a health unit established under such circumstances is in a position to become a vital part of the community. Thus it can gear its activities to the needs of the people, and provide an integrated set of services with a minimum of waste motion and expense. *The vital element is direct contact and community of interest between those who provide the service and those who benefit by it.*

Let us assume for purposes of discussion that a community possesses a health organization capable of carrying out a satisfactory health program. What then should be the content of the program? The situation at this time calls for reëmphasis upon those basic aspects of public health activity which engrossed the attention of our early health administrators—elementary sanitation and law enforcement. By this I mean the maintenance of ordinary communal cleanliness—a safe water supply, milk that is fit to drink and food that is fit to eat, restaurants that are conducive to appetite, proper disposal of garbage, absence of vermin, decent housing, and a safe and hygienic working environment. To these basic needs must be added the provision of medical care, a function which was originally a part of poor relief but which is now generally recognized as a necessary part of a health program.

These basic activities—sanitation, law enforcement, and medical care—are today taken more or less for granted, as if they would take care of themselves. In recent years more stress has been placed on certain less basic functions of an educational or promotional nature. These activities are not without considerable value, but there are certain things which simply cannot be talked or educated away. One is filth and another is sickness. There is unmistakable evidence that simple sanitary services and the distribution of medical care—neither of which we have ever attained to a satisfactory degree—are now breaking down in many areas in the country, and I believe that for the duration of the war the chief instruments in the health officers' armamentarium will once again have to be the shovel, the club, and the pill bag. A health conservation contest is not the way to approach the problems of a population that has become lousy, nor will an educational campaign serve to remedy a water supply that is being polluted by an unsanitary trailer camp.

There are several reasons for the breakdowns which are now occurring. First, there is the dislocation of population to which I have already referred. Second, there is a scarcity of materials upon which we have come to depend for various types of sanitary devices and installations. There is likewise a growing labor shortage, and an acute lack of engineering personnel, many of whom have entered the armed services. With regard to the distribution of medical care, the situation is truly alarming in many communities. Doctors, dentists, and nurses have been withdrawn in large numbers from civilian service. At the same time, people once again have money to spend, and are seeking medical care which they could not afford prior to the war boom. Industrial hygiene and related medical service, largely neglected throughout our years of remarkable industrial development, has now, because of the urgency of war production, taken on compelling significance.

In addition to intensifying the need for action along traditional lines, the war has also brought to health departments some entirely new problems. Chief among these are the many-sided aspects of what is termed "civilian defense". This includes the organization of emergency medical and hospital services in preparation for possible enemy action, the establishment and maintenance of blood banks, and the protection of public water supplies and other facilities against sabotage.

The Industrial Hygiene Service developed by the State Health Department during the past year is the only agency in New Jersey offering coördination of consulting facilities in the field in chemical analysis, dentistry, environmental engineering, general medicine, nurs-

ing, venereal disease control, and x-ray screening for abnormalities of the chest, in industries. Interest in this work has grown throughout the State. Increased requests for assistance are being received from management, from industrial physicians, and workers.

This important work in industrial hygiene is essential to the maintenance of industrial production in the State of New Jersey. It should be expanded and developed as rapidly as possible.

It is quite apparent that these increased duties—both old and new—cannot be discharged without readjustments in organization and methods. Ingenuity is demanded in many respects, but most important of all is the utilization of existing personnel to the greatest possible advantage. This involves not only rationing of services, but redistribution of skilled workers and their reassignment to localities and tasks in which their services are most needed.

If existing staffs or obtainable personnel are to be employed most effectively, a reorganization of many types of facilities and services is essential. Idle equipment must be put to use, and all resources pooled so that they will be of benefit to the largest possible number of people. Time and labor-saving procedures must be adopted. The provision of medical care, for example, must whenever necessary be organized around clinics and hospitals. More attention must be given to methods of financing medical care for the individual so that care will be more readily available to a larger percentage of the population.

These emergency measures, however, cannot be effected except around some administrative unit with the legal authority and the technical ability to put them into practice. The health department is unquestionably the organization best suited for the assumption of this responsibility.

The question we must face then is, how will New Jersey meet the challenge?

APLASTIC ANEMIA

Aplastic anemia should be regarded as a disorder of varied manifestations, in which the fundamental defect is one of general hemopoietic insufficiency, varying from inhibition of normal cell maturation and distribution to actual hypoplastic changes. This view is supported by the observations that all variations can be found in cases due to definite hemopoietic poisons, such as arsenicals and benzol, and that such cases do not differ in any major respect, except possibly that of prognosis, from those cases in which the cause is undetermined. The present study has shown that the disorder can occur at any age, in either sex, and in a variety of racial and vocational groups. The clinical findings include symptoms and signs of anemia, hemorrhagic disease, and less commonly of ulcerative processes. In addition, febrile reactions and gastro-intestinal disturbances are very common. Of unusual interest in this group of 34 cases was the comparatively frequent finding of lymph node, splenic, and hepatic enlargement. With few exceptions the cases exhibited the classical triad of blood findings—severe anemia, leukopenia, and thrombocytopenia. The anemia was of the normocytic orthochromic type in only slightly more than half of the cases. Minimal signs of regenerative activity were found in the blood, and signs of excessive blood destruction were not observed. A leukopenia of less than 3,000 was found in 70 per cent of the cases. This leukopenia, in most cases, was the result of absolute deficit in all types of cells, and not simply a neutropenia. Immature cells in small numbers were encountered in a minority of the cases. Thrombocytopenia was almost, but not quite, a constant finding, and while the presence or absence of hemorrhagic symptoms usually seemed to depend upon whether the number of platelets was below or above the so-called "critical" level, this was not always true.

There was no evidence that any type of treatment exerted a specified effect. Transfusion of blood was thought to be the most effective supportive measure, and there is reason to believe that frequent use of this measure may prolong life, and, in certain instances, actually preserve life until spontaneous recovery occurs. The use of bone marrow transfusion in a few cases did not seem to alter the course of the disease. A few cases recovered entirely. In the great majority, death resulted in from a few weeks to about 33 months. —(Author's Abstract.) Stuart L. Vaughan, M.D., New York State J. Med., 42:978-985, May 15, 1942. (Clinical Abstracts, 1942.)

APPENDICITIS COMPLICATING PREGNANCY

MATERNAL WELFARE ARTICLE NUMBER SEVENTY-EIGHT

J. HARRIS UNDERWOOD, M.D., F.A.C.S., Woodbury, N. J.

Appendicitis as an acute emergency during gestation is frequently a serious matter, but is often overlooked because the pathognomonic symptoms are blurred. The doctor and the patient are apt to regard the symptoms referrable to the abdomen as more or less minor disturbances of pregnancy. Some statisticians tell us that 1 per cent of all pregnant women have appendicitis, and 2½ per cent of all women who have appendicitis are pregnant. Most authors hold that appendicitis in pregnancy is much more frequent than is generally supposed. This has not been the writer's experience, since in the last 1000 pregnancies under his care he has carried out appendectomies but six times. During the first months of pregnancy appendicular attacks may simulate ectopic pregnancy or right-sided salpingitis. In the later months pyelitis, cholecystitis, premature separation of the placenta, myoma, or a cyst of the ovary with twisted pedicle must be considered.

Since an increasing leukocyte count is the rule in pregnancy, gastric disturbances are common, and the sedimentation time offers nothing, we are sometimes at a loss to differentiate between acute appendicitis and these conditions. Previous attacks are significant. Rigidity over the rectus with vomiting and with a temperature above 100 is suggestive.

Gestation has a tendency to aggravate a previously diseased appendix, and make it an acute one. During the last four months of pregnancy, the cecum is pulled upward above the pelvic brim, and also rotated outward to some extent. The onset during pregnancy is similar to that which occurs under other conditions, but many women suffer from distress while pregnant, and initial symptoms cause no alarm. This is most significant as the mortality of appendicitis in pregnancy is the mortality of delay.

It is said that 80 per cent of the cases of appendicitis in pregnancy occur before the sixth month. In suppurative cases the death rate recently stated, was 29.7 per cent by operation, or 80 per cent in non-operative cases. In non-suppurative cases 1.1 mortality in operation, 4 per cent with non-operation. Abortion or death of fetus occurring in 40 per cent of the cases due largely to the failure to recognize the condition early. The pregnancy aggravates the diseased appendix many fold. Gangrene and perforation come on more rapidly, there is more violent and widespread inflammation, less likelihood of protective adhesion, increased vascularity, greater danger of thrombosis and embolism, and less adequate drainage, and an early occurrence of intestinal obstruction, than in the non-pregnant woman.

The percentage of recoveries is increasing because formerly there was less tendency to diagnose early or lack of moral courage to take time by forelock. We regard the condition as dangerous only as the appendix itself is dangerous. Pregnancy adds but little risk in the early months. The pregnant state, so far as being a contraindication, is even a more urgent indication for prompt operative interference. Pregnancy affords no untoward influence on the normal appendix. It may, however, on the abnormal. The length, mobility, the shape and location of the appendix may have some bearing and may interfere mechanically with the uterine contractions of labor. As soon as a positive diagnosis of acute appendicitis is made, an appendectomy is indicated immediately. Even if some doubt exists, it is better to operate than to neglect the possibility of advancing inflammation. At or near term it assumes a more obstetrical aspect and admits of individual judgment. Conservatism is permissible in proportion to appendiceal pathology. Gestation is not to be interrupted, as this increases the danger. If an operation is performed, the McBurney muscle-splitting incision is usually preferable, but the utmost care must be exercised. The uterus, ovaries and tubes must be touched and irritated as little as possible, since anything disturbing the

corpus-luteum may cause uterine contractions and labor pains. Morphine should be given generously after the operation to quiet the irritable uterus. In case of rupture, the prognosis is much less favorable as peritonitis is apt to ensue and abortion and frequently death follow. Administration of sulfanilamide in the peritoneal cavity at time of operation, intravenous solutions of glucose and free drainage are helpful.

509 North Broad Street

A LESSON FROM A DEATH CERTIFICATE

NUMBER FORTY-NINE

Patient 35 years old. Grav ii, para 0. Three months pregnant. When admitted to hospital had been bleeding for several days at a time for six weeks. Continued to bleed and after three days in hospital, vagina was packed. Twelve hours later a three months' foetus was passed. Several large clots were passed and one of them was thought to be placenta; however, placenta was retained and bleeding continued. Four hours later patient went into coma and died.

1. Why was uterus not examined to obtain definite information regarding the placenta?

2. If placenta was found to be still in the uterus and condition of patient did not warrant its removal, why was not uterus and vagina packed and a transfusion given, and uterus emptied after patient had rallied?

3. Was the blood count and hemoglobin taken after the patient had been bleeding six weeks?

A. W. BINGHAM, M.D.

SAYS INJURIES TO THE HEART BY BLOWS TO CHEST OFTEN ARE OVERLOOKED

Injury to the heart and adjoining structures caused by blows to the chest or to distant parts of the body is often overlooked because of the prevailing idea that the chest wall and the cushion effect of the lungs prevent such injury, Louis H. Sigler, M.D., Brooklyn, declares in *The Journal of the American Medical Association* for July 11, 1942. He emphasizes the importance of bearing in mind that such injury to the heart may occur in any bodily injury and that such patients should be given frequent heart examinations.

The types of blow or impact that may result in heart injury in man, he says, include (1) direct blow to the chest, especially if applied to the region over the heart or stomach; (2) compression of the chest between two solid objects; (3) sudden extreme increase in the pressure within the abdomen by external violence; (4) lifting of an extremely heavy object or other severe strain thrown on the body.

"It must be stressed that it is not the latent force but the velocity of travel of the force when it strikes the body which produces the injury," Dr. Sigler declares.

Factors which help increase or diminish the effects of the striking force on the heart, he says, include the flexibility and resilience of the chest cage. In youth the chest is much more resilient than in advancing age, hence a striking force is more apt to damage the heart in a young man than in an old person.

The presence of disease of the arteries of the heart in advanced age is a sensitizing factor for the production of heart disturbances, if not actual damage, by comparatively little force.

"Injury to the heart may occur without any subjective or objective manifestations," Dr. Sigler advises. "This is especially true if the injury is not severe. If carefully followed, however, even the mild grades of injury may show manifestations by which the injury can be recognized."

LEGISLATIVE NEWS

FEDERAL LEGISLATIVE BULLETIN

The Seventy-seventh Congress adjourned December 16 after having been in continuous session since January 3, 1941. During this time numerous bills of medical interest, a few of major importance, were considered by the Congress, a large majority of which failed to receive favorable action. In fact, few measures of medical interest passed other than those associated with the general war effort. This should occasion no surprise, for the recent Congress functioned through turbulant times. First the imminence of war and then its actuality necessarily focused sharply the attention of the lawmakers on programs pointing to our national security. Other matters received only secondary consideration.

A brief summary of the action taken by the Congress on some of the proposals previously reported follows.

The bill that was introduced to protect diabetic patients from impure insulin became a law. Under this law, insulin will be distributed under regulations promulgated by the Federal Security Agency. The enactment of this legislation became necessary because of the expiration of the insulin patient under which the purity and potency of insulin has heretofore been regulated.

Proposals were submitted to the Congress to authorize the expenditure of Federal funds to investigate the cause of encephalitis lethargica, to provide better facilities for the treatment of cancer and tuberculosis, to authorize the United States Public Health Service to conduct investigations in relation to dental diseases, and to effect a better control of occupational diseases in general and silicosis in particular but none of these bills was enacted. Congress did complete action on the May bill prohibiting prostitution within such reasonable distance of military or naval establishments as the Secretary of War and Navy may determine to be needful to the efficiency, health, and welfare of the Army and Navy. This measure, of course, has for its objective a reduction in the venereal disease incidence in the armed forces.

Federal funds, to the extent of $5,000,000, were made available for loans to students pursuing accelerated medical courses and certain other designated technical courses. Likewise, additional funds were made available to the United States Public Health Service for the training of nurses to augment the supply depleted by the demands of the military program.

Numerous bills were submitted to broaden the field of operation of the Social Security Act. Bills were proposed to amend the act so as to provide medical care for recipients of public assistance, to provide additional aid to the blind, to provde aid to permanently and totally disabled individuals, to bring within the coverage of the act certain employees now excluded, such as employees of charitable, religious, scientific. literary or educational institutions, but none of these received favorable consideration. Late in the session Representative Eliot introduced his bill to amend and extend the provisions of the Social Security Act to include, among other things, sickness and hospitalization benefits. While this measure was apparently not officially sponsored, it did undertake to effectuate some of the recommendations submitted by the President in his Budget Message in the early days of the Congress. No action was taken on the bill and it died in the House Committee on Ways and Means.

The Congress took no action on bills to establish a Chiropody Corps in the Medical Corps of the Army and to require the appointment of a chiropodist in each base hospital or training camp. Meeting similar fates were proposals to establish a Pharmacy Corps in the Army, to place a registered pharmacist in charge of army dispensaries and to appoint an officer of the Veterinary Corps as assistant to the Surgeon General of the Army with the rank of Brigadier General. During the early days of the Congress legislation was proposed to open the ranks of the Army Medical Corps to graduates of unapproved medical schools but no action was taken on it.

Persistent efforts were made by the chiropractors to secure the enactment of the Tolan bill to amend the United States Employees' Compensation Act so as to authorize adherents of this cult to treat beneficiaries of the act, the bill being identical with the measure sponsored by Representative Tolan in the Seventy-sixth Congress. This legislation died on the calendar of the House of Representatives. The osteopaths were likewise persistent in their demands for recognition at the hands of Congress and were successful to the extent that the Surgeon General of the Army was *authorized* to appoint osteopaths as interns in army hospitals and to the extent that *authorization* was included in a bill providing appropriations for the Navy

Department for the use of funds "for the pay of commissioned medical officers who are graduates of reputable schools of osteopathy". No osteopath has been appointed as an intern in an army hospital nor are osteopaths eligible for appointment in the Medical Corps of the Navy. The authorizations given by the Congress are *permissive* in form only.

While the so-called Wagner-George hospital construction bill received no consideration by the Congress, the Lanham bill became a law by virtue of which considerable Federal funds were made available for the construction, in distressed areas, of needed public works, including hospitals, health facilities and clinics. Under this legislation, hospitals, clinics and other health facilities were augmented in many States in areas where existing facilities had proved totally inadequate to serve the influx of population due to defense activities. Additional funds, too, were made available to the Veterans' Administration, $4,557,000 to be exact, for major reconditioning, replacements and new construction of hospitals and domiciliary facilities for veterans. Other bills proposing the construction of veterans' hospitals in particular communities or States failed of enactment.

The President submitted to the Congress a recommendation for such additional appropriations as the Children's Bureau might need during the emergency for allotment to the States for maternal and child welfare purposes. Some of this money, it was contemplated, was to be used in providing medical, hospital, obstetric and pediatric care for the wives and children of men in military service. Companion bills were introduced to effectuate this recommendation but Congress failed to act on them. The Children's Bureau did, however, set aside a part of its regular appropriations for allotments to the States to provide the indicated services for the wives and children of servicemen.

A bill proposing to estabish a Federal Department of Health in which could be combined the public health activities carried on by the various branches of the Government failed of enactment. Likewise no action was taken on another bill, sponsored by the Federal Security Agency, to effect a reorganization of the United States Public Health Service.

During the closing days of the Congress legislative action was completed on a Treasury Department initiated measure to regulate the growing of opium poppy in the United States and to provide for the manufacture of opium from the plants. The growing of opium poppy, particularly in certain western States, has created a distinct problem to prevent the diversion of opium obtainable therefrom into illicit channels. The war, too, has greatly diminished the sources of supply for opium. The law that was enacted provides a method by which both problems may be handled by the Government.

Another measure enacted during the last days of the Congress increases the pay, allowances and rank of the Army and Navy Nurse Corps and authorizes the employment by the military establishment of and accords a military status to female dietetic and female physical therapy personnel. This law, too, authorizes the employment of other technical and professional female personnel in categories required for duty outside the continental United States.

The Congress took one more step looking toward the provision of adequate housing for the Army Medical Library when it authorized an additional appropriation for the purchase of a site for the building. Apparently, however, this urgent project will not be carried to completion until more settled times.

The Soldiers' and Sailors' Civil Relief Act was variously amended to provide additional civil relief for persons in military service. Of particular interest to the medical profession is a provision in the amendatory act under which leases for office space entered into by persons who thereafter go into military service may be cancelled.

The new Revenue Act will greatly increase the tax burden of physicians as it will other Federal income taxpayers. It does not effect any changes in the deductions that a physician may claim on account of professional activities. It does impose an obligation on physicians who have in their employ persons receiving wages in excess of $12 a week a duty of withholding the victory tax. The new act eliminates an injustice that has obtained for a number of years in the manner in which outstanding accounts on the books of a taxpayer at the time of his death have been treated for income tax purposes. Hereafter such unpaid accounts will not be considered as part of the income of the decedent for the year of death, as has heretofore been the case, but will be taxable when paid, as a part of the income of the person who receives the money. A provision in the new law authorizes a taxpayer to deduct amounts expended for medical, dental and hospital care to the extent that such expenses exceed 5 per cent of the net income of the taxpayer but not in excess of $2,500 in case of the head of a family, or $1,250 in case of other individual taxpayers.

Additional funds were made available to the

United States Public Health Service for a continuation of a program to provide reserves of blood plasma in hospitals, the reserves being established to meet any wartime contingency caused by enemy action which may necessitate blood transfusions to civilians.

A bill providing for the regulation of interstate traffic in dentures became a law as did also a proposal to establish in the Dental Corps of the United States Navy the rank and the grade of rear admiral, dental surgeon.

Among the other bills of general applicability that failed of enactment was the hardy perennial, the so-called Capper-Epstein health insurance bill, proposals to establish a system of Federal medical academies, to provide compensation for air raid wardens and other civilian defense workers, to create a national physical fitness institute, to provide for programs of physical education and for vocational rehabilitation, to provide for the appointment of women physicians in the Medical Corps of the Army, to confer on the United States Public Health Service additional duties with respect to the prevention of water pollution, to provide medical and hospital treatment and domiciliary care for members of the WAAC's and to veterans of the present war, to provide workmen's compensation for employees of carriers engaged in interstate transportation by motor vehicles, to amend the Longshoremen's and Harbor Workers' Compensation Act so as to provide among other things for the selection by the injured employee of his own physician and to establish in the Labor Department a bureau for the welfare of the deaf.

As applicable only to the District of Columbia, a bill was enacted providing for the annual registration of practitioners of the healing art and another to redefine the property in the District exempt from taxation to include as exempt specifically the property owned by the Medical Society of the District of Columbia and certain properties owned by nonprofit hospitals and educational institutions. Other bills relating to the District of Columbia, to prohibit experiments on living dogs, to provide for temporary permits to practice the healing art, to confine licensure to citizens of the United States, to amend the birth registration laws, to provide for scientific tests to determine the degree of intoxication of motor vehicle operators, to substitute the medical examiner for the coroner system and to provide for premarital examinations, died with the adjournment of Congress.

J. W. HOLLOWAY, JR., Director,
Bureau of Legal Medicine and Legislation, American Medical Association.

MATCH THIS RECORD

Editorial in "The South Amboy Citizen" on Friday, January 22, 1943

More than 28,000 physicians volunteered their services without pay to the Selective Service boards. More than 40,000 physicians gave up their careers in civilian practice to serve with the armed forces. The directing board of the Procurement and Assignment Service for Physicians, and its many representatives throughout the nation, serve without one cent of remuneration. The hundreds of physicians on the consultant committee of the Division of Medical Science of the National Research Council, and in the Office of Research and Development, contribute time and income without one cent of remuneration. Throughout the nation, thousands of doctors furnish countless services in connection with civilian defense without one cent remuneration. It would be interesting to know what other trade or profession can match this record of public service.

And yet proposals are made to throw American medicine into the political arena and level it off to the standards prevailing in European countries where experiment in socialized medicine have utterly failed to produce the health records and benefits to the general public which are the rule rather than the exception in the United States. Fortunately for the people of this country, such efforts seem to have failed.

American medicine is marching ahead unselfishly and scientifically in its determination to maintain for our armed forces and the people at home and the highest medical standards in the world—not for this year, or next year, but for every year.

STATE ACTIVITIES

GONOCOCCUS CULTURE FACILITIES OFFERED TO NEW JERSEY PHYSICIANS

J. Lynn Mahaffey, M.D.
Director, N. J. State Department of Health

Glenn S. Usher, M.D.*
Chief, Bureau of Venereal Disease Control, N. J. State Department of Health

One of the recent advances in medical science is the development of methods of gonococcus culturing whereby the specimens may be sent through the mail. The State Health Department has participated in the research work [1] which has resulted in this development, and it is now prepared to offer gonococcus culture service by mail to New Jersey's physicians.

From the point of view of the participating physician, the procedure used in New Jersey differs from the procedure for diphtheria cultures, for example, in that a different type of specimen tube is required and a "culture station" is interposed between the physician and the laboratory. These culture stations are listed at the end of this article.

To submit a specimen to be cultured for gonococci the physician must first obtain a culture outfit from one of these stations. After the specimen is obtained from the patient the outfit must be returned to the culture station *within three hours.* At the culture station the specimen will be incubated for 18 to 24 hours and mailed to the laboratory.

Each culture outfit contains a set of instructions. Physicians are urged to read these instructions carefully and follow them rigidly. Otherwise satisfactory results cannot be expected. For example, one of the instructions is to hold the specimen tube upright when the stopper is removed. If this is ignored the carbon dioxide contained in the tube will be spilled and the gonococci will not have a favorable environment in which to grow.

It is recommended that whenever a culture is taken a smear be taken also. The reason is, although cultures detect a much higher percentage of cases than do smears, there are still occasional cases that are detected by smears that are not detected by cultures.

It is expected that the offering of this new service will give a renewed impetus to New Jersey's program for the control of gonorrhea. The advent of sulfathiazole has resulted in a downward trend in the prevalence of gonorrhea. It is expected, however, that this downward trend will level off at a still sizable rate unless the prevalence of *chronic gonorrhea in women* can be quickly and materially reduced. The chief obstacle to the accomplishment of this is the difficulty of making the diagnosis. Chronic gonorrhea in women is often relatively asymptomatic, and very frequently smears are consistently negative. Cultures, however, will detect a much higher percentage of the cases. Cultures have an additional advantage over smears in that they differentiate the gonococcus from other gram negative diplococci which may be merely contaminants.

Chronic gonorrhea in women is a major reservoir of gonorrheal infection. To lower its prevalence the following procedures are advocated:

1. Routine smears and cultures on the following groups of female patients:
 a. All patients on whom pelvic examinations or general physical examinations are performed. (Especially obstetric and gynecologic patients.)

 Note: It is important that the culture be taken *before* a bimanual exam-

*P. A. Surgeon, U. S. Public Health Service.

1. The research work was performed by Daniel Bergsma, M.D., former Chief, and Russell Stein, B.S., Bacteriologist, of the Bureau of Venereal Disease Control. Dr. Bergsma is on leave of absence and serving as Venereal Disease Control Officer in the Army.

ination because the lubricant used for the latter would cause unsatisfactory results from the culture.

b. All patients known or suspected to have any venereal disease (syphilis, chancroid, etc.).

2. Treat with sulfathiazole all women to whom *any one* of the following applies:

a. Named as source of infection (contact) of patient with gonorrhea (even if smears and cultures are negative).

b. History or physical signs indicative of gonorrhea; e. g., cervical or urethral discharge or inflammation (even if smears and cultures are negative).

c. Positive smear or culture (one positive specimen is sufficient to warrant treatment).

It is fortunate that sulfathiazole is so nontoxic. Otherwise it would not be wise to recommend the treatment of all women named as sources of infection regardless of the results of physical and laboratory examinations. It is recognized that in so doing some women without gonorrhea will be treated. However, it is important to recognize that unless this is done many gonorrhea carriers will escape detection and continue to spread their disease.

For the diagnosis of gonorrhea in men cultures are useful in differentiating gonorrhea from non-specific urethritis or prostatitis.

As an aid in treatment control gonococcus cultures are far superior to smears. At least three negative cultures at weekly intervals, starting a week after treatment is stopped, should be required before discharging a patient as cured.

RECOMMENDED TREATMENT FOR GONORRHEA

Order abstinence from alcohol and sexual excitement as usual. Instruct the patient to drink about 1500 c.c. of water daily. Give one gram of sulfathiazole four times daily (after meals and at bedtime) for five consecutive days.

If the patient is not cured the recurrence of symptoms usually appears in six to eight days after discontinuing sulfathiazole. However, the disease may be completely masked by the drug for as long as twelve days. Occasionally asymptomatic carriers occur who cannot be detected except by cultures.

Should symptoms and signs recur, do not resume the use of sulfathiazole immediately, but wait for at least one week. Then give a second course of sulfathiazole.

Apply tests of cure no sooner than three days after the symptoms have disappeared and sulfathiazole has been discontinued. Require at least three negative cultures at weekly intervals.

In all cases order the use of a condom in sexual intercourse for three months after the symptoms have disappeared if patient will not abstain.

Report all cases promptly.

Interview all patients to learn sources of infection and contacts and report same. Or ask for a public health nurse to interview your patients and attend to all public health aspects.

Report patients who lapse treatment or whom you do not wish to treat, either because of the patient's inability to pay or for any other reason.

SUMMARY

1. The State Health Department offers a new service to the physicians of New Jersey—namely, cultures for the detection of gonococci.

2. The procedure to be followed by physicians is outlined.

3. Gonococcus cultures are a great improvement over smears for diagnosis and for test of cure. Even cultures are not perfect. It is recommended that cultures and smears be taken concurrently.

4. Chronic gonorrhea in women is a major reservoir of gonorrheal infection. Case-finding is the most difficult aspect of this problem. Therefore, smears and cultures are advocated as a routine part of all pelvic examinations and all general physical examinations of women.

5. It is recommended that clinical and epidemiologic evidence be given equal weight with laboratory evidence in making the diagnosis of gonorrhea. In other words, in the presence of clinical or epidemiologic evidence treat with sulfathiazole even if smears and cultures are negative. It is fortunate that sulfathiazole has such low toxicity.

6. A recommended method of treatment is outlined.

7. The importance of contact tracing (finding the source of infection and other contacts) is emphasized. By this means the chain of infection can be broken.

GONOCOCCUS CULTURE STATIONS IN NEW JERSEY

Bayonne—Bayonne Hospital.
Bloomfield—Health Department.
Dover—District Health Office, 16 West Blackwell Street.
East Orange—Health Department.
Hackensack—Health Department, 346 State Street.
Hillside—Health Department.
Linden—Health Department, City Hall.
Maplewood—Health Department, Municipal Building.
Montclair—Health Department, 65 Chestnut Street.
Morristown—All Souls' Hospital.
Mount Holly—Burlington County Hospital.
Newark—St. Barnabas Hospital
St. James Hospital
St. Michael's Hospital
Presbyterian Hospital
American Legion Hospital
Beth Israel Hospital
Columbus Hospital.
Orange—Orange Memorial Hospital
Health Department, City Hall.
Passaic—St. Mary's Hospital.
Princeton—Princeton Hospital
Health Department.
Riverside—Zurbrugg Memorial Hospital.
Somers Point—Shore Memorial Hospital.
Somerville—Somerset Hospital.
Summit—Health Department, 71 Summit Avenue.
Weehawken—North Hudson Hospital.

Note: The above list includes only those stations active at the time this article was being prepared for publication. In the event that your community is not represented, we suggest that you contact your local health department, for it is possible that this agency may have joined the program in the interim.

A culture station must have a refrigerator and incubation which are accessible at all hours and every day.

STATE BOARD OF MEDICAL EXAMINERS

E. S. HALLINGER, M.D., F.A.C.S., Secretary

Following is a report of the Board's activities in enforcing the Medical Practice Act since our last report:

June 11th, 1942, John Horvath of Passaic was tried before Judge Hinchliffe of the First District Court in Paterson and found guilty of practicing medicine without a license. Horvath treated all conditions with plasters of an ointment, which he dreamed about and later made in two strengths. He claimed the stronger one would cure cancer.

October 9th, 1942, Caroline Simonsen of East Orange, a masseuse, paid a penalty for practicing medicine without a license. Mrs. Simonsen massaged, gave electric cabinet and other electric treatments, also ordered diet and various remedies.

October 9th, 1942, Charles Schaefer of Oaklyn was arrested on a charge of practicing medicine without a license and paid the penalty. He practices laying-on-of-hands.

October 9th, 1942, Herman Charles Segal of Atlantic City, a registered pharmacist, paid a penalty for practicing medicine without a license.

October 9th, 1942, George O. Samuelson of Bloomfield, a physio-therapist, paid a penlty for practicing medicine without a license.

October 9th, 1942, Adeline D. Risatti of New Brunswick, an unlicensed chiropractor, paid a penalty for practicing medicine without a license. Miss Risatti is a school teacher and practices chiropractic evenings and Saturdays.

October 20th, 1942, Nathan Strumph of Bloomfield, a registered pharmacist, pleaded guilty to a charge of practicing medicine without a license before Judge MacMahon of the First District Court of Newark.

October 20th, 1942, William Jackson of Newark, a colored man, pleaded guilty to a charge of practicing medicine without a license before Judge MacMahon of the First District Court of Newark. Jackson claimed he paid $35.00 for a course in personal magnetism. His treatment consisted of laying-on-of-hands, massage, ordering diets and enemas and giving out literature to read on personal magnetism. He worked in a dry cleaning establishment during the day and practiced medicine evenings.

October 29th, 1942, Maurice Sussman of Passaic, a physio-therapist, was tried before Judge Hinchcliffe of the First District Court of Paterson and found guilty of practicing medicine without a license. Sussman gave electric treatments, high colonic irrigations and massage.

December 9th, 1942, Vivian Gould of Chester, an unlicensed chiropractor, paid a penalty for practicing medicine without a license.

December 9th, 1942, Derbert Brazy of Beverly, colored clerk in a drug store, paid a penalty for practicing medicine without a license.

December 9th, 1942, Carl Q. Schilling of Paterson, a licensed chiropractor, paid a penalty for practicing medicine without a license. He exceeded his chiropractic license by giving electric treatments, prescribing and dispensing herbs.

November 10th, 1942, Charles S. Hirsch, M.D., of Ventnor paid a penalty for practicing medicine without a license. Dr. Hirsch, who is licensed to practice medicine in Pennsylvania, practiced in Ventnor in the summer without a license in this State.

December 11th, 1942, Charles Schaefer of Oaklyn, previously mentioned in this report, was again arrested and paid a penalty for practicing medicine without a license. This was his ninth arrest. He has since announced to his patients that he has discontinued practicing until the war is over.

January 11th, 1943, Henry A. Forrest, M.D., of New Brunswick, a licensed physician, paid a penalty for failure to display his name at his place of practice.

January 13th, Elizabeth Lila Burke of Morristown paid a penalty for continuing to practice chiropody after having failed to secure an annual certificate of registration.

THE JOURNAL IN AFRICA

Africa
January 5, 1943

The Journal of The Medical Society of
New Jersey
Dear Sirs:

Thank you for sending *The Journal* to me so regularly. I am now on duty overseas and it gives me great delight to read and re-read *The Journal*. It comes about a month or more late but even at that it's always "news" and is therefore greatly appreciated.

Thank you for not forgetting the "boys" overseas and I'm sure they, like myself, will always be your best "rooters"!

Sincerely,
MATTHEW J. SHEFT, Major, M.C.

INFECTIOUS DIARRHEA OF THE NEW-BORN MADE REPORTABLE

At a meeting of the State Department of Health on January 12, 1943, Regulation 1, Chapter VI of the State Sanitary Code was amended by the addition of "Infectious Diarrhea of the New-Born" to the list of reportable diseases.

Therefore, superintendents of hospitals in which there are maternity wards and/or nurseries for the new-born are required to report cases of this disease which occur in such hospitals to the local board of health in the same manner as other communicable diseases are reported.

SCIENTIFIC WORK ENDOWMENT FUND

In his preliminary program President Marsh emphasized the Committee on Scientific Work (The Official Transactions 1942, page 16).

This committee has been organized under the chairmanship of Dr. William W. Maver of Jersey City and is now functioning.

Our President is eager to establish an endowment fund "in order to support and encourage scientific work, as means and opportunity may be available". Aware of the present financial difficulties he is appealing to your patriotism and generosity. All of you are buying war bonds; if when you next buy a bond you also purchase one for The Medical Society of New Jersey, Series other than E, a material sum can be accumulated in the next ten years.

Will you help?

CUT HERE

I, ..., of

agree to purchase a War Bond for $..... in the name of The Medical Society of New Jersey.

Signed.....

• THE BULLETIN BOARD •

COMING MEETINGS

Dr. William Harvey Perkins of Philadelphia will speak on "Medicine's Inheritance of World War II" before the Gloucester County Medical Society at the Country Club, Woodbury, on *February 18* at 9:00 p. m.

• • •

MEDICAL EDUCATION CONGRESS

The Thirty-ninth Annual Congress on Medical Education and Licensure, sponsored by the Council on Medical Education and Licensure of the American Medical Association, will be held at the Palmer House, Chicago, *February 15 and 16.* The Federation of State Medical Boards of the United States will participate in the congress.

• • •

"THE FOUNDATION PRIZE" OF THE AMERICAN ASSOCIATION OF OBSTETRICIANS, GYNECOLOGISTS AND ABDOMINAL SURGEONS

Rules Governing the Award

1. The award which shall be known as "The Foundation Prize" shall consist of $150.

2. Eligible contestants shall include only (a) interns, residents, or graduate students in obstetrics, gynecology or abdominal surgery, and (b) physicians (with an M.D. degree) who are actively practicing or teaching obstetrics, gynecology or abdominal surgery.

3. Manuscripts must be presented under a nom-de-plume, which shall in no way indicate the author's identity, to the Secretary of the Association together with a sealed envelope bearing the nom-de-plume and containing a card showing the name and address of the contestant.

4. Manuscripts must be limited to 5,000 words and must be typewritten in double-spacing on one side of the sheet. Ample margins should be provided. Illustrations should be limited to such as are required for a clear exposition of the thesis.

5. The successful thesis shall become the property of the Association, but this provision shall in no way interfere with publication of the communication in the journal of the author's choice. Unsuccessful contributions will be returned promptly to their authors.

6. Three copies of all manuscripts and illustrations entered in a given year must be in the hands of the Secretary before June 1st.

7. The awards will be made at the Annual Meetings of the Association, at which time the successful contestant must appear in person to present his contribution as a part of the regular scientific program, in conformity with the rules of the Association. The successful contestant must meet all expenses incident to this presentation.

8. The President of the Association shall annually appoint a Committee on Award, which, under its own regulations shall determine the successful contestant and shall inform the Secretary of his name and address at least two weeks before the annual meeting.

Jas. R. Bloss, M.D., Secretary
418 Eleventh Street
Huntington, West Virginia

• • •

NEW JERSEY HOSPITAL PLAN NAMES EDGAR S. BAMBERGER EXECUTIVE VICE-PRESIDENT

Edgar S. Bamberger of West Orange, formerly vice-president of the L. Bamberger & Co. department store, has been elected Executive Vice-President of the Hospital Service Plan of New Jersey to succeed the late Curtis R. Burnett, H. Theodore Sorg, President of the Plan, has announced.

Mr. Bamberger, who also was named a trustee of the organization, will occupy a full-time position, working with J. Albert Durgom, Executive Director of the Plan, which has an enrollment of 425,000 persons subscribing for non-profit hospital protection. A trustee of Newark University and Newark Museum, Mr. Bamberger is also a trustee and secretary of the Institute for Advanced Study at Princeton and is active in other civic groups.

• • •

FIELD PHYSICIANS APPOINTED

The following field physicians have been appointed to fill vacancies:

Cumberland County—Dr. F. Muriel Ramsey, 310 E. Pine St., Milleville. Telephone 31.

Warren County—Dr. Herman Smith, 397 S. Main St., Phillipsburg. Telephone 5-2214.

COUNTY SOCIETY REPORTS

BURLINGTON COUNTY

T. B. Dickson, M.D., Reporter

The December meeting of the *Burlington County Medical Society* was held on the 10th at Moorestown.

Dr. Louis Viteri introduced DR. LEANDRO M. TOCANTINS of Jefferson Medical College, who spoke on the subject "General Aspects of the Problems of Hemorrhagic Diseases". Dr. Tocantins described the fundamental concepts of hemostatic function. Then he showed how to determine where this function was deficient in various blood dyscrasias. Dr. Tocantins discussed in detail hemophilia and hemorrhagic purpura. He mentioned several other blood diseases but did not speak in detail on them. Many fine lantern slides were shown to illustrate the various conditions. A short discussion followed the lecture and many members entered into it.

This being the annual meeting, new officers were elected as follows:

President, HARRY B. MARK
President-Elect, HAMMEL P. SHIPPS
Vice-President, THOMAS J. SUMMEY
Secretary, GEORGE T. TRACY
Treasurer, CLINTON D. MENDENHALL

The Medical Preparedness Committee of the State Society has been dissolved, and as a result all the local committees have been disbanded. The War Participation Committee has been appointed to replace the Medical Preparedness Committee. The War Participation Committee of Burlington County is as follows: DR. J. HOWARD HORNBERGER, Chairman; DRS. D. B. STOKES, J. S. CONROY, T. J. SUMMEY, A. L. CHAPMAN and H. B. MARK.

GLOUCESTER COUNTY

C. A. Bowersox, M.D., Reporter

The regular monthly meeting of the *Gloucester County Medical Society* was held at the Woodbury Country Club on December 17, 1942.

The paper of the evening was presented by DR. GEORGE MILEY, Clinical Professor of Pharmacology of the Hahnemann Medical College, his subject being "Ultraviolet Blood Irradiation Therapy".

He stressed the fact that the ultraviolet light treatment gave the following effects:

1. Bacteriocidal effect.
2. Detoxification effect—Cobra venom.
3. Organic poison.
4. Production of vaccines.
5. Addition of oxygen.
6. Production of vaso dilation, such as reddening of skin in sunlight.

He stated that all of the known viruses can be destroyed by this type of irradiation. There is apparently no deleterious effect on the kidneys or blood function.

In the treatment with ultraviolet light the amount must be carefully controlled. It might also shorten and control the course of true bronchial asthma. In general, the treatment should be continued over a period of one year, giving one treatment each month. During the hayfever season the treatments are increased according to the severity of the attack.

He has obtained good results in the supporting treatment of all types of arthritis.

HUDSON COUNTY

Harry J. Perlberg, M.D., Reporter

The regular meeting of the *Hudson County Medical Society* was held on January 5, 1943, at the Masonic Club with the Vice-President, DR. MAURICE SHAPIRO, presiding.

A communication was received from DR. NORMAN M. SCOTT, Medical Director of the Medical-Surgical Plan of New Jersey, enclosing a progress report of the Plan. Dr. Scott urged that any man who has not signed his agreement as a participating physician do so and return it promptly to the office of the Medical-Surgical Plan of New Jersey, 31 Clinton Street, Newark, N. J.

That portion of the By-Laws pertaining to the number of men necessary for a quorum was suspended for the duration and it was moved and carried that twenty members constitute a quorum. This was necessary because so many of our men are in service.

The following were elected members:

DR. CARL F. GRICCO, Hoboken, and
DR. BENJAMIN J. ELWOOD, Jersey City

Dr. LEON REZNIKOFF of Secaucus was transferred from the Medical Society of the County of New York.

DR. SAMUEL A. COSGROVE gave a very interesting talk on "Obstetrical Hemorrhage", illustrated by lantern slides.

Drs. Swiney, Norton, Pindar, Behrens and Gleeson took part in the discussion, which was concluded by Dr. Cosgrove.

MIDDLESEX COUNTY

Alex M. Carr, M.D., Reporter

The annual dinner meeting of the *Middlesex County Medical Society* was held on Wednesday, December 16, 1942, at 7 p. m. in the Hotel Roger Smith, New Brunswick, N. J., with about sixty members in attendance. DR. M. F. URBANSKI, President, presided.

The minutes of the November meeting were accepted as read.

The guest speaker of the evening was the REV. GEORGE H. BOYD, Rector of St. Peter's Episcopal Church, Perth Amboy, who spoke on "Tomorrow's Doctor Bills."

The pastor from St. Peter's is one of those rare "God-men" who can address a hard-boiled and hard working doctor-audience and make it do some rare thinking—and laughing. He sure put some of us behind that eight ball he talked about. His description of football made it look kind of hard to handle. He tied us up between medicine and religion and made us like it. It was noticed

when he talked about the lost philosophy of the country doctor, that some faces in the audience were blank. He took us back to the days when we looked up to the time-worn Oath of Hippocrates and considered the old ideals of building of faith, courage and confidence as basic for a balanced life and works.

The future of medical practice was predicted by our speaker not as a "commercial" dollar-out-of-pills and vitamin samples under the guidance of a benevolent State but—as a leader, a balancer of life; as a co-worker working with God, which puts Socialized and State Medicine on the defensive. Quoting the recent Mayo Clinic study on fatigue he gave a brilliant sketch of coming events not well known or appreciated by our group. Recent theories, evolved by high minds in our profession, are becoming stronger daily and it will be well to pay attention now and be prepared for a deep and lasting change in attitudes.

So from bubble baths and Eddie Cantor to Hitler as a dead fish who therefore stinks, this "refresher of slumbering medical ideals" talked, taught, brought out and kept our attention, and the end came far too soon.

Dr. Fithian, Committee of One, appointed to report on Procurement and Assignment, read a long communication from the Secretary of Procurement and Assignment, explaining what we could expect. The gist of it all was that no lay person or group outside of the Committee appointed by the County Society President could say who would, or who would not, be assigned or available—which was what the Society desired originally. Thus ended the much discussed letter of the last meeting regarding the U.S.P.H.S. proposal. It was interesting to learn that New Jersey had gone over its quota 110 per cent.

DR. PADIE RICHLIN, formerly of New Brunswick, but now with the U. S. Armed Forces, was elected an active member.

A motion to change Dr. Albert E. Kovarsky's name to Kay was carried.

Resolution by Dr. J. J. Mann: Adopted as follows:

Whereas, Dr. LeRoy A. Wilkes had long and faithfully served The Medical Society of New Jersey as its Executive Secretary, and

Whereas, Almighty God has called him from this earth to his just award;

Be It Resolved, That the Middlesex County Medical Society extend its deepest sympathy to his bereaved family, and, furthermore, order this resolution spread upon the minutes and a copy sent to the Wilkes family and the State Medical Journal.

The annual report was approved as read.

Dr. McCormick suggested the Society consider putting five hundred or one thousand dollars in U. S. Government War Saving Bonds. It was moved and carried to take this up at the next meeting.

The results of the election of officers and delegates follows:

DR. JOSEPH H. KLER, New Brunswick, President.

DR. JOS. M. GUTOWSKI, Perth Amboy, Vice-President.

DR. W. EDGAR SHERMAN, New Brunswick, Secretary.

DR. WM. H. MCCORMICK, JR., Perth Amboy, Treasurer.

DR. ALEX M. CARR, Metuchen, Reporter.

DR. MATTHEW F. URBANSKI and DR. CHAS. F. MERRILL were elected as delegates to the Medical Society of New Jersey Annual Convention; DRS. L. C. BASSETT and P. E. DOWNING as alternates.

Drs. Urbanski and Merrill were named Delegate and Alternate to the State Medical Society Nominating Committee.

Dr. Urbanski thanked the Committees, Members and Officers who worked with him throughout the year and made special mention of the excellent attendance at all meetings. He specially commended the Program and Public Relations Committees for splendid coöperation given him.

Dr. Kler thanked the members for the honor conferred upon him and asked for the continued cooperation, emphasizing the necessity of Committee appointments, the avoidance of controversy on account of time limits and suggested that the Scientific Program be shortened to permit discussion for educational value.

MONMOUTH COUNTY

K. F. Metzger, M.D., Reporter

The regular monthly meeting of the *Monmouth County Medical Society* was held in the new auditorium, Borden Memorial Pavilion, Monmouth Memorial Hospital, Long Branch, N. J., on December 23, 1942. The meeting opened at 9:15 with DR. HAROLD KAZMANN presiding and about thirty members and several guests of the society present.

The society was informed of the death of DR. ROBERT WATKINS, one of our past presidents, who had been ill for some time.

We were notified by the President that due to the efforts of DR. WILLIAM G. HERMANN, Monmouth County had been granted the privilege of an Area Control Center for the civilian defense located within the county and under the jurisdiction of the county defense set-up. This represents a concession to the county of considerable magnitude since previously there had been but one Area Control Center designated and that had been in the municipality of Newark.

The meeting was then turned over to our guests, the technical staff of the Parke, Davis Company. We were shown moving pictures depicting the development of synapoidin. The pictures combined an excellent demonstration of pathological slides correlated with a clinical exhibition of various types of endocrine abnormalities.

PASSAIC COUNTY

Irving Okin, M.D., Reporter

The regular meeting of the *Passaic County Medical Society* was held on December 15, 1942, at 9 p. m. at the Freeholders' Meeting Room in the County Administration Building in Paterson.

The meeting was called to order by the president, DR. THOMAS A. CLAY, and the speaker of the

evening was Dr. Clarence R. O'Crowley of Newark, Assistant Professor of Urology, Graduate School of Melicine, University of Pennsylvania, and Past President American Urological Association. Dr. O'Crowley spoke on the subject of the "Anomalies and Polycystic Disease of the Kidneys". The talk was illustrated by lantern slides from Dr. O'Crowley's practice and he gave a very instructive talk on the various malformations of the kidneys. Many members took part in a discussion following this fine talk.

The regular meeting of the *Passaic County Medical Society* was held on January 19, 1943, in the Administration Building, Paterson, New Jersey.

The meeting was called to order by the President, Dr. Thomas A. Clay. He introduced Dr. Londrigan of Hudson County, who is a councilor for this district. He brought a message from the State Medical Society and he paid high tribute to Dr. Marsh, President of the State Medical Society, and asked for contributions in the form of War Bonds to a research fund for the improvement of medicine. He pointed out that Dr. Marsh was very much interested in this project.

The speaker of the evening was Dr. Samuel Fomen, Attending Plastic Surgeon to the Manhattan General Hospital, New York, who gave a very interesting talk on the suturing of wounds and the management of plastic surgical problems, of the face, plastic operations following burns, and nasal deformities. His talk was illustrated by lantern slides and moving pictures. Many questions were asked by the members.

SOMERSET COUNTY

Lancelot Ely, M.D., Reporter

The regular scientific meeting of the *Somerset County Medical Society* was held at the Nurses' Home of the Somerset Hospital, on January 14. After a short business meeting Dr. D. F. Robertson of Roselle Park, connected with the Merck & Co., Inc., read a very interesting and instructive paper on the treatment of burns and his own personal observation of some cases treated after the Cocoanut Grove fire in Boston last November.

He visited several hospitals and observed the methods of treatment, particularly those at the Massachusetts General Hospital. Some of the important points brought out were the treatment by pressure and bandage compression, chemotherapy with sulfanilamides, and the use of penicillin—the most dramatic effect control of infection. He was very much impressed with the value of teamwork in all the hospitals he visited, in as much as they pertained to doctors, nurses and first aid groups and other helpers. He went into detail with regard to other chemotherapy methods. His paper was very timely and brought forth many questions by an interested group of doctors who were present.

WARREN COUNTY

Philip B. Kassow, M.D., Reporter

The regular quarterly meeting of the *Warren County Medical Society* was held at the Phillipsburg Elks Club on January 19. Twelve members were present.

The Treasurer stated that all but three members had paid their dues for the current year.

The President, Dr. Guernsey West, announced that Dr. Seymour Kimmel of Oxford has been recommended for the Venereal Disease Clinic in his town; also that Dr. Herman Smith of Phillipsburg had been appointed as Field Physician for the County. The President appointed a new Secretary pro-tem to replace Dr. Ralph Buchanan, who will soon enter the Armed Services.

The speaker for the meeting was Dr. Norman M. Scott, Executive Assistant of the State Society. He spoke on the rôle of the Procurement and Assignment Committee. He stated that it is a division of the War Manpower Commission. Due to the cooperation of the majority of the physicians it has been successful in part.

The problems facing Procurement and Assignment are innumerable. For example: the personal index of each physician, the physical condition, the problem of the alien physician, the question of replacement in rural communities, the question of family obligations are but a few of the difficulties facing Procurement and Assignment. Dr. Scott pleaded for the utmost coöperation with Procurement and Assignment. The State Society is preparing for the future through the newly appointed War Participation Committee.

The meeting was followed by a luncheon at the Elks Club with the Woman's Auxiliary.

BOOKS RECEIVED FOR REVIEW

When Doctors Are Rationed. By Dwight Anderson and Margaret Baylous. Pp. 255. New York, Coward-McCann, Inc. 1942. $2.00.

Infant and Child in the Culture of Today: the Guidance of Development in Home and Nursery School. By Arnold Gesell, M.D.; Frances L. Ilg, M.D., in collaboration with Janet Learned, M.A., and Louise B. Ames, Ph.D. Pp. 339. New York, Harper & Bros. 1943. $4.00.

The 1942 Year Book of Industrial and Orthopedic Surgery. Ed. by Charles F. Painter, M.D. Pp. 424. Chicago, Year Book Publishers, Inc. 1942. $3.00.

Autonomic Regulations; Their Significance for Physiology, Psychology and Neuropsychiatry. By Ernst Gellhorn, M.D., Ph.D. Pp. 373. New York, Interscience Publishers, Inc. 1943. $5.50.

Fundamentals of Immunology. By William C. Boyd, Ph.D. Pp. 446. New York, Interscience Publishers, Inc. 1943. $5.50.

BOOK REVIEWS

Clinical Hematology. By Maxwell M. Wintrobe, M.D., Ph.D. Pp. 792. Philadelphia, Lea & Febiger. 1942. $10.00.

Because of the numerous publications in the field of hematology, a systematic presentation such as this volume contains, is a contribution of value both for the use of the student and the practitioner. The details of the subject matter which is outlined at the beginning of each chapter indicates that the author has given much time and effort to "sift the important from the less significant".

The extensive bibliographies which are placed at the end of each chapter are also subdivided under headings to correspond with the material covered in the preceding pages. The illustrations, graphs and charts are numerous and clear and cover more clinical material than is usually encountered in works on clinical hematology.

The above features, plus the details and limitations of diagnostic procedures, the strict attention paid to diagnosis and the clear language in which the subject is presented makes the volume probably the best of the many good books on hematology now available.

Eugene M. Katzin, M.D.

Disability Evaluation; Principles of Treatment of Compensable Injuries. By Earl D. McBride, B.S., M.D., F.A.C.S. 3d ed. Philadelphia, J. B. Lippincott Company. 1942. $9.00.

The revision of a book in a comparatively new field, and one nearly its own, offers wide opportunity for development. The author has been alert and shows marked progress in this new edition. The schedule of disability evaluation makes this volume a "must" for those interested in these conditions. The lawyer and physician can get together on a fair appraisal of an injury and the court can confirm it by these pages. The illustrations have been increased, the text made more clear and the arrangement enhanced. This book is recommended to all physicians especially those in industry.

Charles G. Crane, M.D.

Pharmacopoeia of the United States of America (The United States Pharmacopoeia XII). By authority of the United States Pharmacopoeial Convention meeting at Washington, D. C., May 14 and 15, 1940. Prepared by the Committee of Revision and published by the Board of Trustees. 12th revision. Official from November 1, 1942. Pp. 880. Easton, Pa., Mack Printing Co. 1942.

A guide for the purity, assays and testing of chemicals, drugs, biologicals, vitamins, glandular extracts, surgical gauze and bandages, surgical sutures, ampules, capsules and tablets which are used in the practice of medicine is established in this 12th edition. Many new drugs have been added including some of the sulfa drugs, and it is the official government standard for all drugs and chemicals which enter into the compounding of prescriptions.

Digitalis has been reduced considerably in potency although the dose remains the same. It is now standardized by the cat unit. Betonite, a colloidal hydrate alum silicate, has been added, which enters into the formulae of chalk mixture and can be used as an aid to suspension of insoluble powders in liquid preparations. Watery solutions of iodine, two and five per cent, have been added for first aid. Pills Blaud has become an orphan as the only remaining pill. Syrup ointment and other preparations which have no assay should be eliminated.

Though having few formulas of interest to the physician, the book is of real importance to the retail, wholesale, hospital and manufacturing pharmacists, as they must meet the legal pure food and drug standards. In order to keep pace with the newer drugs it is the policy of the committee to maintain a supplement which will keep abreast of medical progress.

As a standard work, the USP has achieved a place of prominence in pharmacy and medicine, and the committee can be congratulated on the authoritative and scientific information which it represents.

Louis Simonson, M.D.

First Aid to the Injured and Sick; an advanced ambulance handbook. Ed. by Norman Hammer, M.R.C.S. 18th ed. Pp. 336. Baltimore, Williams and Wilkins Company. 1941. $2.00.

The splendid record that has so distinguished the British First Aider is given the American first aid student and instructor in this book. The simple treatment of the comprehensive anatomy and physiology necessary to intelligent and successful first aid practice, makes it an outstanding one in its field. It offers to the student and instructor alike a constant opportunity to refresh, review and assimilate the multitudinous detail that must of necessity become a definite part of a well-grounded first aid training.

This reviewer was impressed by the logical continuity of the text in first dealing with the anatomy and physiology of the body in such detail, and then its application of the principles of first aid upon that background.

F. W. O'Brien.

Medical Parasitology. By James T. Culbertson. Pp. 285. New York, Columbia University Press. 1942. $4.25.

This is a thorough and well-written book. In particular, the section on helminthology, giving the classifications of various worm infections, is excellent. Morphology and epidemiology are treated with thoroughness. The chapter on entomology shows an extensive zoological knowledge.

The technical methods, described in the appendix, carry authoritative practical advice, only possible from the working laboratory. Another advantage of this book is that the geographical distribution of parasites is given in such a way that it covers world-wide as well as local needs.

It would be desirable to have the section on amoebiasis covered in greater detail as to the nonpathogenic species, and with better illustrations, especially as regards the iodine method. This will be anticipated in a later edition.

Ernst J. Oesterlin, M.D.

Ophthalmology and Otolaryngology. Prepared and edited by the Subcommittee on Ophthalmology and Otolaryngology of the Committee on Surgery of the Division of Medical Sciences of the National Research Council. Military Surgical Manual series. Pp. 331. Philadelphia, W. B. Saunders Co. 1942. $4.00.

This book is written as a manual of elementary directions to the general surgeon and internist for the early care of ocular wounds, for the treatment of acute inflammations at and near the battle front, and for use during the interval before evacuation of a patient to a base hospital.

There are chapters on functional testing, examination of the eye, medical treatment, local anesthesia about the orbit, and surgical procedures. There is also an unusual but very practical grouping of several conditions in one chapter headed "Acute Visual Disturbances".

The attempt to simplify has perhaps been carried too far in a table of differential diagnosis of acute conjunctivitis, acute iritis, and acute glaucoma. Here it is stated that there is no pain in acute conjunctivitis, and slight pain, slight photophobia and no tearing in acute iritis. Many ophthalmologists and their patients would disagree with these statements.

To the ophthalmologist the rest of the material seems to be simply and clearly presented. Whether it will seem so to the non-specialist who uses it in the field only he can tell.

The average military reader will find the section on otolaryngology most helpful and without doubt the best work of its kind. A military manual should emphasize the more frequent injuries and pathological processes met with in an army in the field. Directions for handling should be explicit and simple. This manual could be improved in this respect.

Special commendation is given for the first half of the section on gunshot wounds of the face, and the chapter on injuries to the labyrinth and labyrinthine function.

Altogether, this is a highly satisfactory manual, and the publishers should be especially congratulated on all of the manuals which have appeared to date, for these fine contributions to military needs.

A. Russell Sherman, M.D.
Edgar P. Cardwell, Major (M.C.)
A.A.F.T.T.C.

Abdominal and Genito-Urinary Injuries. Prepared under the auspices of the Committee on Surgery of the Division of Medical Sciences of the National Research Council. Military Manual series. Pp. 243. Philadelphia, W. B. Saunders Co. 1942. $3.00.

This book is exactly what it purports to be, a military surgical manual. Everything controversial has been removed and instructions for the handling of abdominal and genito-urinary injuries are given clearly and in detail desired by the surgeon who will handle such cases.

The discussion of shock and hemorrhage is good. Early operation in abdominal cases is advised. If early operation is not possible it is thought best to rely on natural body reserves. The good end results of such a course have been adequately proven. Large incisions are advised because only in this way can adequate exploration be accomplished.

The section on genito-urinary surgery is naturally devoted more to the late care of these accidents because they are rarely true emergencies. The section devoted to Do's and Don't's in traumatic urology is the finest in the book and should be graven on the mind of every urologist.

W. L. James, M.D.

The Mind and Its Disorders. By James N. Brawner, M.D., Medical Superintendent, Brawner's Sanitarium, Smyrna, Georgia. Pp. 228. Smyrna, Georgia, Walter W. Brown Publishing Company. 1942. $3.50.

In reading this book the reviewer was repeatedly surprised that such a small book could contain so much valuable information. The author is expert at condensation. It has been years since a good handbook on mental diseases for the use of general practitioners has appeared. This one is excellent and should be of special value to physicians serving on draft boards where the weeding out of neurotics and psychopathic personalities is so essential to the best interests of the armed forces. It is written in simple language, defines clearly the different classes of mental illness and describes suggestive symptoms in borderline cases. Unlike most brief treatises, it devotes considerable space to treatment. It is pleasing to note that the author emphasizes the organic basis underlying the majority of mental diseases and presents an optimistic outlook as to prognosis.

W. Cole Davis, M.D.

After-effects of Brain Injuries in War; Their Evaluation and Treatment. The Application of Psychologic Methods in the Clinic. By Kurt Goldstein, M.D., Clinical Professor of Neurology, Tufts Medical School. Pp. 244. New York, Grune & Stratton. 1942. $4.00.

Dr. Goldstein's work published by Grune and Stratton, New York, is an opportune contribution to the treatment and rehabilitation of the "brain-injured" soldier. As the result of follow-up work in the treatment of soldiers with gunshot wounds of the brain, extending over a decade after the first world war, he now gives in this volume a new presentation of his experiences, with the hope that it may prove valuable in the present crisis.

The information in this volume should enable those called upon to evaluate or treat the conditions found after brain injuries, to get a good orientation as to treatment of such cases. After the surgeon and the neurologist get through with a case, the treatment of rehabilitation by psychological methods is extremely important.

In his introduction, Dr. Goldstein says: "It is a great advantage if the patients are sent, as soon as possible, to hospitals specializing in the care of

the brain-surgeon soldier. In these, the entire organization of treatment can be more adequately adapted to this special form of disability. Particularly the nursing problem, which is of special significance in cases of brain injury, can be solved more successfully."

CHRISTOPHER C. BELING, M.D.

Sulfanilamide and Related Compounds in General Practice. By Wesley W. Spink, M.D., F.A.C.P. 2d ed. Chicago, Year Book Publishers, Inc. 1942. $3.00.

The second edition of Dr. Spink's book is a worthy successor to the first and has been thoroughly revised.

The section on the concepts of the mode of action of the sulfonamides, while short, gives a fair indication of the investigations that are being made in an attempt to place the use of these compounds on a firm basis. A short list of references makes it possible for those interested to seek further into the literature.

Most noticeable in the new edition are the enlarged sections on upper respiratory infections, and the chapters devoted to the use of sulfonamides in dentistry and dermatology and for prophylaxis for such conditions as rheumatic fever, urinary tract infections, and surgical procedures.

During the present war emergency the extensive section on the local use of various sulfonamides, as well as the chapter on prophylaxis, is very timely and should be read carefully. The chapters on Streptococcal and Staphylococcal infections are good, although short, and now represent the opinion of more than one group. Further information on miscellaneous uses of the sulfonamides, such as sulfaguanidine and succinylsulfathiazole in intestinal surgery and bacillary dysentery, and several other derivatives in selected diseases, completes a worthwhile book. It is probably the best handy reference book on the subject.

C. ABBOTT BELING, M.D.

OBITUARIES

DR. JOHN H. BRADSHAW

Dr. John H. Bradshaw of Orange, N. J., for 29 years the personal physician of the late Thomas A. Edison, died on January 21, 1943. Dr. Bradshaw had been in ill health about two months. He was born in Boston on October 6, 1860. Dr. Bradshaw was graduated from the College of Physicians and Surgeons in New York and did post-graduate work at New York Polyclinic Hospital. He also studied at the Mayo Clinic in Rochester and made eight trips to Europe, during which he studied surgery in Vienna, London, Paris, Hamburg and Berlin.

Dr. Bradshaw specialized in surgery, but was also a general practitioner for more than fifty years. He was house physician at the Orange Memorial Hospital from 1883 to 1890 and attending surgeon from 1890 to 1920, when he became consulting surgeon. He was appointed consulting surgeon at the Jersey City Medical Center in 1933.

Dr. Bradshaw was a writer on medical subjects and was considered an authority on medical ethics. He wrote a chapter on New Jersey medical practice in a state history published in 1930.

Dr. Bradshaw was a Fellow of the American College of Surgeons, and a member of the Orange Mountain Medical Society, Clinical Society of the Oranges, Essex County Medical Society, The Medical Society of New Jersey, New Jersey Society of Surgeons and the American Medical Association.

DR. WILLIAM L. JAMES

Dr. William L. James of Newark, Chief of the Genito-Urinary Department of Newark City Dispensary for eight years and a pioneer in the use of sulfa drugs, died on January 10 of uremia following an operation. He was 46 years of age. Dr. James was graduated from Mercersburg Academy and the University of Pennsylvania and interned at Kings County Hospital in Brooklyn. He was Assistant Attending Urologist at Presbyterian, City and Newark Memorial Hospitals and Associate Urologist at Babies' Hospital, Coit Memorial. He was recently appointed Attending Urologist at St. Mary's Hospital, Passaic.

Dr. James was a member of the Essex County Medical Society, The Medical Society of New Jersey, the American Medical Association, the American College of Surgeons and the American Urological Association, and a Diplomate of the American Board of Urology.

DR. GEORGE W. CRILE

Dr. George W. Crile, an Honorary Member of The Medical Society of New Jersey, died on January 7, 1943, at the Cleveland Clinic of subacute bacterial endocarditis. Dr. Crile was born in Chili, Ohio, on November 11, 1864. He was graduated from the University of Wooster Medical Department in Cleveland and early in his career studied in Vienna, London and Paris. Dr. Crile was Director of Research at the Cleveland Clinic Foundation, of which he was a co-founder in 1921. Research conducted by Dr. Crile included the basic factors concerned in circulation, respiration, blood chemistry and the body's source of energy. He was perhaps first to make a direct blood transfusion in 1905. He was a prolific contributor to scientific literature.

WOMAN'S AUXILIARY

Atlantic County

Mrs. Charles Hyman, Chairman Press and Publicity

The regular meeting of the *Woman's Auxiliary to the Atlantic County Medical Society* was held on January 8th at 2 p. m. in the Solarium of the Atlantic City Hospital with Mrs. David B. Allman presiding.

There were nineteen members present and two Auxiliary guests from other County Auxiliaries.

Mrs. Earl R. Brown spoke on "Hobbies". Members were invited by Dr. R. A. Bradley, President of the Atlantic County Medical Society, to see a movie on "The Story of Blood Plasma".

Camden County

Mrs. G. F. West, Chairman of Publicity

The regular meeting of the *Woman's Auxiliary to the Camden County Medical Society* was held February 5th, 1943, with Mrs. Henry R. Tatem, President, presiding. There were thirty-three members present.

Mrs. Harold F. Eynon, Finance Chairman, announced that instead of the large annual card party given for charity, the members would give individual parties in different sections of the county.

Mrs. Max Weimann, Public Relations Chairman, announced that the Public Relations meeting would be held at the Camden Woman's Club on March 16th.

An eighty-two star service flag was presented for the Auxiliary by Mrs. Robert S. Gamon, Chairman of Defense, to Dr. David S. Bentley, President of the Camden County Medical Society, who accepted it with appreciation for the Society.

Dr. Harold F. Wilson, head of the Social Science Department at the State Teachers' College, Glassboro, N. J., was the guest speaker, his subject being "Keeping Ahead of the Headlines".

Following the meeting, tea was served by the Hospitality Committee, of which Mrs. Henry B. Decker is Chairman.

Hudson County

Mrs. James M. Murphy, Chairman Press and Publicity

A one o'clock luncheon meeting opened the 1943 calendar for the Auxiliary in the Cardinal Room of the Young Women's Christian Association, Jersey City. Mrs. Andrew Ruoff presided and welcomed Mrs. Leah Hornberger, our State President, whom we were pleased to have with us and to have her greetings and suggestions.

The Defense Chairman reported the results from the sale of War Bonds and Stamps by our members in two banks during the week of December 7th: stamps sold, $925.80; bonds sold, $7,425.00. Everyone who took part as salesman enjoyed the experience.

Mrs. Largay read a letter from the British War Relief Society in England asking information about the Woman's Auxiliary to the Hudson County Medical Society which is printed on the soup kitchen which we gave to them. The people who are served ask about the organization in America that donated the soup kitchen. Since Mrs. Largay was our president when it was purchased, she is going to write our history and send it.

Plans for the January card party were discussed. It is to be a War Bond dessert bridge to be held at the Y. W. C. A., Jersey City, at 1 p. m., January 30th.

The Reciprocity Meeting will be the February affair. The subject chosen is Defense. Dr. George O'Hanlon, Director of the Medical Center, will speak on "Hospital Provision for Medical Defense", and Mr. William Turner, Assistant Chairman of the Committee on Disaster Preparedness and Relief of the Red Cross, will speak on "Preparedness Planning for Feeding, Housing and Clothing Victims of Any Disaster".

OBITUARY

MRS. ANNA R. SCAMMELL

Mrs. Anna R. Scammell, wife of Dr. Frank G. Scammell, one of Trenton's well-known physicians, died at her home on December 11 after a long illness, at the age of 66.

Mrs. Scammell was one of the organizers and the first President of the Woman's Auxiliary to Mercer County Medical Society in 1927. She was active in civic and patriotic circles and was a member of David Forman Chapter, Daughters of the American Revolution. Mrs. Scammell is survived by her husband, a daughter, Mrs. George Walton of Haddonfield, and two grandchildren.

1943 VICTORY BOOK CAMPAIGN

Help a man in uniform enjoy his leisure hours. Give your good books to the 1943 VICTORY BOOK CAMPAIGN. Leave them at the nearest collection center or public library.

Tuberculosis Abstracts

A Review for Physicians

ISSUED MONTHLY BY THE NATIONAL TUBERCULOSIS ASSOCIATION

Vol. XVI **February, 1943** **No. 2**

"HAEMOPTYSIS," says French, "literally means blood spitting, but clinically it is restricted to the expectoration of blood from the lungs, bronchi or trachea." Fifty years ago it was pathognomonic of tuberculosis with mitral disease as the runner up. These two still dominate the field of aetiological possibilities. It has remained for the bronchoscopist to show us the prominent roles played by other conditions.

HAEMORRHAGE FROM THE TRACHEA, BRONCHI, AND LUNGS, OF NONTUBERCULOUS ORIGIN

The spitting of blood is, of course, the presenting symptom in many and diverse conditions, so the need for painstaking detailed diagnostic study cannot be stressed too strongly. Short cuts and diagnoses by inference are to be condemned.

First, it is necessary to eliminate haematemesis. Useful here is the fact that blood from the lower respiratory tract is usually frothy, bright red in color, and apt to be mixed with bronchial secretion, while that from the stomach ordinarily is dark and often contains particles of food. It should also be noted that in cases of massive haemorrhage, pallor and loss of consciousness are likely to precede a haematemesis while in bronchopulmonary bleeding the blood almost invariably is expectorated before signs of actual blood loss appear.

Having by history and careful physical examination eliminated haematemesis, and obvious lesions of the larynx and nasal, oral or pharyngeal cavities, it must be assumed that the source of the blood is subglottic. It is important to note here that the authors believe that, "Far too much emphasis has been placed upon varicose veins at the base of the tongue as haemorrhagic foci." (Not a single case was found in their series.)

Now having determined that the blood is coming from the lower respiratory tract, tuberculosis is the most likely diagnosis and to quote the authors, "The disease masquerades under many and varied guises." The inquiry must be considered incomplete until the tuberculous or nontuberculous nature of the underlying lesion has been established beyond question.

Tuberculosis being ruled out and cardiovascular disease, the blood dyscrasias, and acute lobar pneumonia eliminated, the search becomes more difficult.

Precise localization and identification of the causative lesion are dependent upon supplementary procedures. A comprehensive fluoroscopic and roentgenographic examination of the chest, including planigraphy and bronchography when indicated, is in order in every case of haemoptysis and bronchoscopy if necessary. As to the advisability of bronchoscoping a patient during or immediately following a haemorrhage, the authors believe that streaking of the sputum is not a contraindication, but that where frank haemoptysis occurs, bronchoscopy should not be performed until several days have elapsed since its cessation.

What now are the aetiological probabilities? The authors indicate them in the following table, which shows the results of careful diagnostic study of 436 patients referred for bronchoscopy. In the interpretation of this table, it is important to note as the authors point out that, "A great many patients admitted to the hospital with pulmonary bleeding are not seen by the bronchoscopist, the nature of the underlying disease being such that no indication for the direct inspection of the tracheobronchial tree is present. Included in this category are patients with cardiovascular lesions which lead to the production of chronic passive congestion or pulmonary infarction, patients with acute lobar pneumonia, and patients with blood dyscrasias. This group observed by the internist alone, represents a considerable number of patients with haemoptysis."

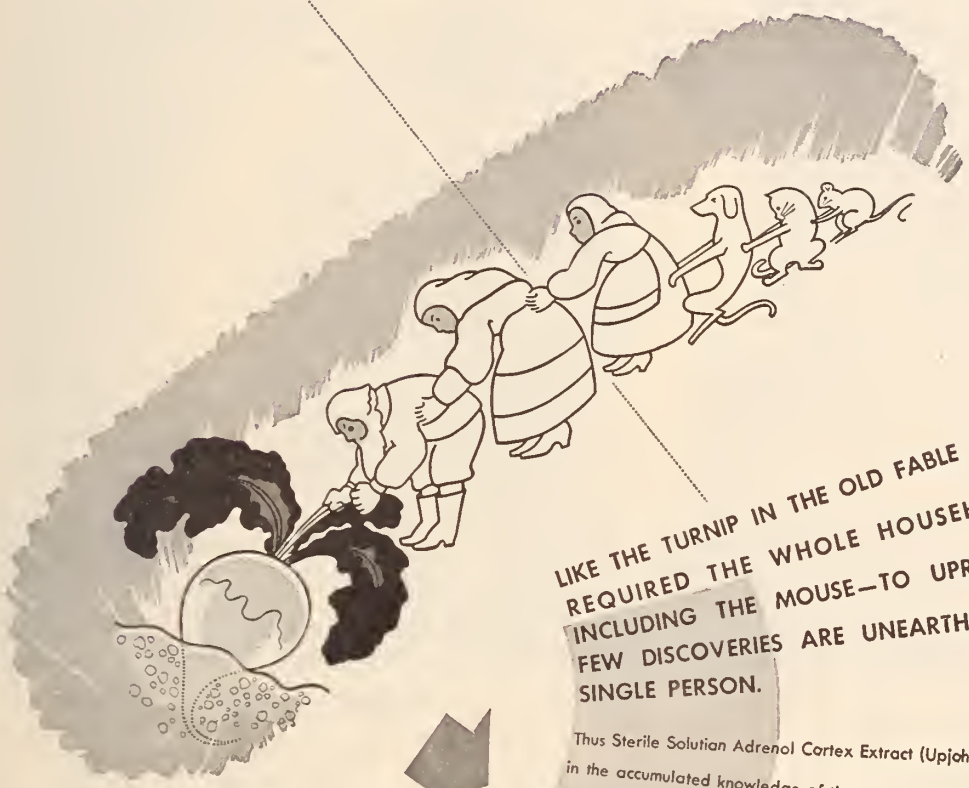
Tracheal, bronchial and pulmonary lesions found in 436 patients with haemoptysis

Nature of Lesion	Number of Patients in Each Age Group at Time of Initial Haemoptysis							Total Number of Patients
	Less Than 10 Years	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	More Than 60 Years	
Bronchiectasis	19	25	38	19	20	15	2	138
Primary carcinoma of bronchus		1	3	9	20	34	15	82
Tracheobronchitis	4	2	21	12	12	15	8	74
Pulmonary abscess		4	15	16	9	5	2	51
No evidence of disease		2	10	14	5	3		34
Nonsuppurative pneumonitis	2		3	5	3	1	1	15
Suppurative pneumonitis		1	4	1	2	3		11
Adenoma of bronchus		3	3	3	2			11
Secondary cancer of lung				1	1	2	2	6
Lobar atelectasis		2			1	1		4
Primary carcinoma of trachea					1	1		2
Suppurating pneumoconiotic lymph node discharging into bronchus							1	1
Nonspecific granuloma of bronchus				1				1
Streptothricosis						1		1
Chondroma of bronchus						1		1
Osteoma of trachea							1	1
Dermoid cyst communicating with bronchus				1				1
Broncholithiasis							1	1
Neurofibroma involving wall of bronchus		1						1
Totals	25	41	97	82	76	82	33	436

Noteworthy are the authors' comments that: (1) "Inflammatory processes are responsible for the haemorrhage in the majority of the cases, the most common aetiological agent being bronchiectasis." (2) "Taking into consideration the fact that expectoration of blood is the initial manifestation of carcinoma of the bronchus in only a very small percentage of the patients, it is obvious that bronchoscopy must be done and the diagnosis made early in the course of the disease, before the symptoms have reached the stage of haemorrhage, if a successful therapeutic result is to be achieved in these cases." (3) "Fatal haemorrhage occurred in but three of the patients in the series, each of whom had a pulmonary abscess."

Haemorrhage from the Trachea, Bronchi and Lungs of Nontuberculous Origin. Chevalier L. Jackson and Sidney Diamond, Amer. Review of Tuber., August, 1942.

SUPPLIED BY
New Jersey Tuberculosis League
15 East Kinney Street, Newark, New Jersey



LIKE THE TURNIP IN THE OLD FABLE THAT REQUIRED THE WHOLE HOUSEHOLD—INCLUDING THE MOUSE—TO UPROOT IT, FEW DISCOVERIES ARE UNEARTHED BY A SINGLE PERSON.

Thus Sterile Solution Adrenal Cortex Extract (Upjohn) had its roots in the accumulated knowledge of the past; through the work of a number of contemporary investigators the possibility of such a product was demonstrated; and finally, through the combined efforts of the research and production departments of The Upjohn Company, the extract was produced in commercial quantities. Sterile Solution Adrenal Cortex Extract (Upjohn) is available in 10 cc. rubber-capped vials at your prescription pharmacy.

ADRENAL CORTEX EXTRACT (UPJOHN)

Upjohn
KALAMAZOO MICHIGAN

FINE PHARMACEUTICALS SINCE 1886

REPRESENTATIVE FUNERAL DIRECTORS

OF THE STATE OF NEW JERSEY

Special and Dependable Service Day and Night. Special Attention Given to Hospital Calls, Train and Express Shipments.

Place	Name and Address	Telephone
ATLANTIC CITY	Jeffries & Keates, 1713 Atlantic Ave.	ATlantic City 5-0611
BLOOMFIELD	Peter J. Quinn Funeral Service, 320 Belleville Ave.	BLoomfield 2-1260
ELIZABETH	Aug. F. Schmidt & Son, 139 Westfield Ave.	ELizabeth 2-2268
IRVINGTON	W. Clifton C. Hoyt Terrill, 660 Stuyvesant Ave.	ESsex 2-2203
MORRISTOWN	Raymond A. Lanterman & Son, 126 South St.	MOrristown 4-2880
NEWARK	Peoples Burial Co., 84 Broad St.	HUmboldt 2-0707
PATERSON	Robert C. Moore & Sons, 384 Totowa Ave.	SHerwood 2-3914
RED BANK	The Wordens—Albert, Harry & James, 60 E. Front St.	Red Bank 557
RIVERDALE	George E. Richards, Newark Turnpike	Pompton Lakes 164

Disabilities occasioned by war are covered in full.
86c out of each $1.00 gross income used for members' benefit

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION

Hospital, Accident, Sickness
INSURANCE

For ethical practitioners exclusively
(57,000 Policies in Force)

LIBERAL HOSPITAL EXPENSE COVERAGE	For $10.00 per year
$5,000.00 ACCIDENTAL DEATH $25.00 weekly indemnity, accident and sickness	For $32.00 per year
$10,000.00 ACCIDENTAL DEATH $50 weekly indemnity, accident and sickness	For $64.00 per year
$15,000.00 ACCIDENTAL DEATH $75.00 weekly indemnity, accident and sickness	For $96.00 per year

40 years under the same management
$ 2,220,000 INVESTED ASSETS
$10,750,000 PAID FOR CLAIMS
$200,000 deposited with State of Nebraska for protection of our members.
Disability need not be incurred in line of duty—benefits from the beginning day of disability.
Send for applications, Doctor, to
400 First National Bank Building Omaha, Nebraska

COOK COUNTY
Graduate School of Medicine

(In affiliation with COOK COUNTY HOSPITAL)
Incorporated not for profit

Announces Continuous Courses

SURGERY—Two Weeks' Intensive Course in Surgical Technique starting February 8 and 22, March 8 and 22, and every two weeks throughout the year.

MEDICINE—One Month Course in Electrocardiography and Heart Disease starting the first of every month, except August.

FRACTURES AND TRAUMATIC SURGERY — Formal and Informal Courses.

GYNECOLOGY—Two Weeks' Intensive Course starting April 5; Clinical and Diagnostic Courses.

OBSTETRICS—Two Weeks Intensive Course starting April 19; Informal Course.

OPHTHALMOLOGY—Two Weeks' Intensive Course starting April 5.

OTOLARYNGOLOGY—Two Weeks' Intensive Course starting April 19.

ROENTGENOLOGY—Courses in X-ray Interpretation, Fluoroscopy, Deep X-ray Therapy every week.

UROLOGY—Two Weeks' Course and One Month Course available every two weeks.

CYSTOSCOPY—Ten Day Practical Course every two weeks.

GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES.

TEACHING FACULTY
Attending Staff of Cook County Hospital

Address: Registrar, 427 South Honore St., Chicago, Ill.



The NEW YORK POLYCLINIC
MEDICAL SCHOOL AND HOSPITAL

(ORGANIZED 1881)
THE PIONEER POST-GRADUATE MEDICAL
INSTITUTION IN AMERICA

For the

General Practitioner

Intensive full time instruction in those subjects which are of particular interest to the physician in general practice. The course covers all branches of Medicine and Surgery.

EYE, EAR, NOSE and THROAT

A 3 months combined full-time refresher course consisting of attendance at clinics, witnessing operations, lectures, demonstration of cases and cadaver demonstrations; operative eye, ear, nose and throat on the cadaver; clinical and cadaver demonstrations in bronchoscopy, laryngeal surgery and surgery for facial palsy; refraction; roentgenology; pathology, bacteriology and embryology; physiology; neuro-anatomy; anesthesia; physical therapy; allergy, examination of patients pre-operatively and follow-up post-operatively in the wards and clinics.

For Information Address

MEDICAL EXECUTIVE OFFICER

345 West 50th Street **New York City**

PRESCRIPTION PHARMACISTS

TO THE MEMBERS OF THE

MEDICAL SOCIETY OF NEW JERSEY

Place	Name and Address	Telephone
AUDUBON	W. H. Tegeler, 315 Atlantic Ave.	Audubon 1037
CRANFORD	J. Walter Seager, 103 Union Ave. N.	CRanford 6-0700
ELIZABETH	Kerner's Prescription Pharmacy, 504 Court St.	ELizabeth 3-9497
HARRISON	Squier's Pharmacy, 234 Harrison Ave.	HArrison 6-2127
JERSEY CITY	Smith & Williams Prescription Phar., 343 Jackson Ave.	BErgen 3-2616
MONTCLAIR	Wm. J. McNulty, So. Fullerton Ave. & The Crescent	MOntclair 2-2014
MORRISTOWN	Carrell's Pharmacy, Inc., 31 South St.	MOrristown 4-0143
NEWARK	Marquier's Pharmacy, Sanford & So. Orange Aves.	ESsex 3-7721
NEW BRUNSWICK	Hoagland's Drug Store, 365 George St.	New Brunswick 49
SOUTH ORANGE	Tart's Pharmacy, 2 So. Orange Ave.	SOuth Orange 2-0063
WEST NEW YORK	The Owl Pharmacy, 6611 Bergenline Ave.	UNion 5-0384

EFFECTIVE THERAPY
IN
Otitis Media
Requires Analgesia-Bacteriostasis, and Dehydration of the Tissues.
Auralgan
The Doho Chemical Corp., New York-Montreal-London

"The Glenwood" Sanitarium
Licensed for the care and treatment of
Nervous and mental disorders, alcoholism and drug addiction
Homelike surroundings, good nursing, psychiatric treatment and excellent food.
R. GRANT BARRY, M.D.
2301 NOTTINGHAM WAY
TRENTON, N. J.
Tel. 2-8053

"INTERPINES"
GOSHEN, N. Y. Phone 117
ETHICAL — RELIABLE — SCIENTIFIC
Disorders of the Nervous System
BEAUTIFUL QUIET HOMELIKE WRITE FOR BOOKLET
FREDERICK W. SEWARD, M.D., Director
FREDERICK T. SEWARD, M.D., Res. Physician CLARENCE A. POTTER, M.D., Res. Physician

ZEMMER
Prescribe or Dispense Zemmer Pharmaceuticals
Pharmaceuticals, Tablets, Lozenges, Ampoules, Capsules, Ointments, etc. Guaranteed reliable potency. Our products are laboratory controlled. Write for catalogue. NJ 2-43
Chemists to the Medical Profession
The Zemmer Co.—Oakland Station—Pittsburgh, Pa.



AURORA

Founded by Robert Schulman, M.D.
(Since 1920)

A RESORT FOR HEALTH

For cardiovascular, metabolic, endocrinological and neurological disturbances.
Resident physicians. Complete physiotherapy department.

May we send you literature?

BENJAMIN SHERMAN, M.D., Medical Director
Morr. 4-3260 — On Route 24 **MORRISTOWN, NEW JERSEY**

Mountain View Rest, Inc.

Established
1 9 2 7

Roseland, New Jersey
P. O. Box 158

A HOMELIKE NEUROPSYCHIATRIC SANITARIUM, where reliable and individual care and treatment are available.

Descriptive Booklet on Request

Phones: Caldwell 6-1651
6-1652

MRS. DONALD ST. CLAIR, Directress

FAIR OAKS

SUMMIT **NEW JERSEY**

DR. THOMAS P. PROUT, Medical Director

DR. CAMELLA A. LOSADA
DR. CARROLL S. THOMSON

A sanatorium equipped with many of the facilities of the hospital, minus the hospital atmosphere, for the modern treatment and management of problems in neuropsychiatry. We have finished our fortieth year.

PSYCHO-THERAPY	DIETETICS
PHYSIO-THERAPY	HYDRO-THERAPY
CLINICAL LABORATORY	OCCUPATIONAL THERAPY
BASAL METABOLISM	ELECTRIC SHOCK THERAPY

Telephone: Summit 6-0143

Belle Mead Sanatorium

BELLE MEAD :: NEW JERSEY

Under State License Since 1910

Sanatorium Phone BELLE MEAD, N. J. 21

● **For the individual care and modern treatment of nervous, mental, alcoholic, drug patients and general invalidism.**

FULL COOPERATION WITH REFERRING PHYSICIANS
RATES VERY REASONABLE FOR ATTRACTIVE ACCOMMODATIONS

●

J. C. KINDRED, M.D., *Consultant*
L. R. HARRISON, M.D., *Consultant*
MASON PITMAN, M.D. E. A. SCOTT, M.D.
Medical Directors

CHARLES B. TOWNS HOSPITAL

Serving the Medical Profession for Over 40 Years

For Alcoholism and Drug Addiction Exclusively

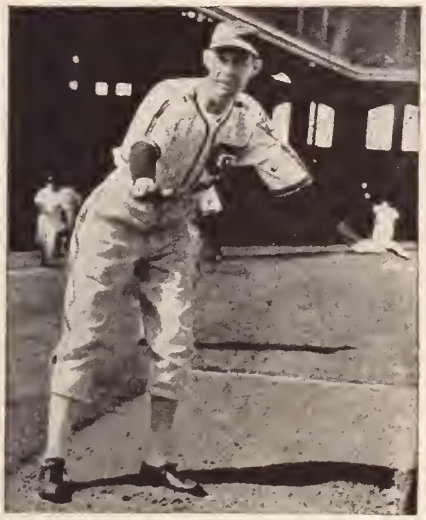
Definite Treatment • *Fixed Charges* • *Minimum Hospitalization*

293 CENTRAL PARK WEST, NEW YORK, N. Y. — Tel. SChuyler 4-0770
(*Hospital Literature*)



WHIPPANY REST

(Formerly Whippany River Health Farm)
Licensed by State Department of Institutions and Agencies
Ideal for Chronic and Elderly Patients
Phone Whippany 8-0311
THERESA CUDDY SCOLA, R.N.
Directress
Whippany Road, Whippany, N. J.
Next Door to Seeing Eye



Monty Stratton says: "I am getting along fine on my Hanger Leg. I have never worn any other make."

Monty Stratton

Famous White Sox Pitcher

WEARS A HANGER LIMB

For 80 years we have been making, wearing, fitting and improving artificial limbs. The knowledge and skill we have gained during this time enables us to give every advantage of construction, fit, and comfort.

The Hanger name guarantees complete satisfaction.

J. E. HANGER, INC.

104 FIFTH AVENUE New York, N. Y. **Established 80 years** *Inventors and Manufacturers* **334 NO. 13th ST.** Philadelphia, Pa.

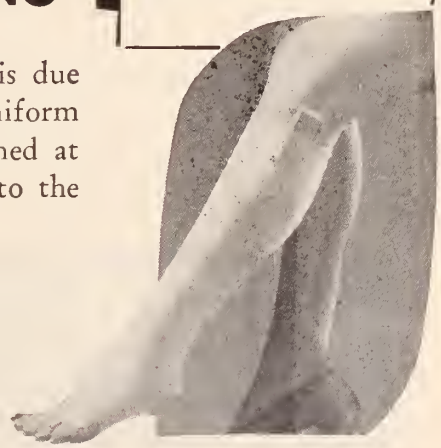
ENGLISH WILLOW AND DURAL LIGHT METAL ARTIFICIAL LIMBS

"Master"

ELASTIC STOCKING

The effectiveness of "Master" elastic stockings is due to the fact that the pressure is controlled and uniform throughout. They are hand knitted, are fashioned at the ankle and knee, and are made to conform to the actual measurements of the wearer.

Each POMEROY office has a complete service available to every wearer of a POMEROY surgical appliance.



Pomeroy

901 BROAD STREET **NEWARK, N. J.**

NEW YORK — BROOKLYN — BOSTON — SPRINGFIELD
DETROIT — WILKES-BARRE



Hi-Potency
B - COMPLEX
FORMULAS
for
Therapeutic Dosages

BeCoJection

Hi-potency per cc.:
B_1 . . . 30 mg.; **B_2** . . . 0.5 mg.; **B_6** . . . 2 mg.
Niacinamide 50 mg.; **Pantothenic Acid** 10 mg.
Supplied: 10 cc. vials.

BeCoPlex

Hi-potency per tablet:

B_1 (Thiamine)	3 mg.
B_2 (Riboflavin)	2 mg.
B_6 (Pyridoxine)	1 mg.
Niacin	20 mg.
Pantothenic Acid	5 mg.

BeCoFerric

Hi-potency BeCoPlex formula **plus** 60 mg. **Ferric Phosphate,** providing 15 mg. iron (a full daily requirement).
Ferric Phosphate is a proven utilizable iron that does not destroy the B factors in combination.

●

"B" complex Special
February 1-28, 1943

Write now for information and quantity prices

ENDOCRINE
Food Company
UNION CITY, N.J.



For Cleansing Soap-Sensitive Skins

ACIDOLATE

TRADE MARK REG. U. S. PAT. OFF.

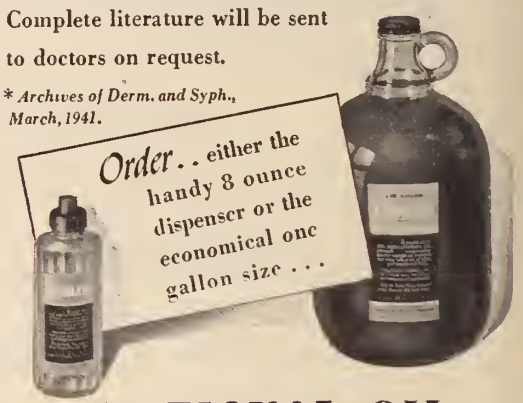
PROVIDES the thorough cleansing properties of selected sulfated vegetable oils—in combination with a non-irritating mineral oil which lessens any tendency toward skin dryness.

Acidolate is completely soluble in water. It can be quickly washed from hair or skin surfaces. Skin cleansed with Acidolate is left with a feeling of soft coolness.

The usefulness of Acidolate as an aid in the management or prevention of skin irritations has been demonstrated by properly controlled clinical tests.*

Complete literature will be sent to doctors on request.

* *Archives of Derm. and Syph., March, 1941.*



NATIONAL OIL PRODUCTS COMPANY
ACIDOLATE DIVISION
90 ESSEX, STREET HARRISON, NEW JERSEY
NOPCO
REG. U. S. PAT. OFF.

The Purity of Abbotts Ice Cream Begins at the Farm

We pay our farmers a bonus for their extra sanitary care in producing our cream supply. Our own bacteriological laboratories maintain constant control of its purity.



This fine, delicious ice cream is highly nourishing—rich in vitamins and minerals.

Abbotts ICE CREAM

ENERGY FOOD IN A MOST DELICIOUS FORM

ABBOTTS DAIRIES, Inc.—Philadelphia, Newark, Trenton, South Jersey, Seashore, Elkton, Allentown, Reading

IN VARICOSE ULCERS IT'S

CRURICAST

READY-TO-USE
UNNA'S BOOT BANDAGE
EFFECTIVE and ECONOMICAL

American Medical Assn. ACCEPTED Council on Physical Therapy

Now you can use Unna's Paste in ready-to-use bandage form — *no heating, no painting, no messiness in your office.* As simply and quickly applied as a gauze roller bandage.

CRURICAST combines support and local dressing in varicose ulcers and eczema, lymphedema, phlebitis, chronic thrombophletic induration. Excellent for partial immobilization.



10 yards long,
3" or 4" wide.

Introductory Offer
2 CRURICAST Bandages $1.00
(regular retail value $1.50)

Made by
E. K. DEMMEL COMPANY
59-11 67th Avenue, Brooklyn, N. Y.

Are You Entering the

ARMY or NAVY?

In addition to our regular services, we specialize in the collection of accounts for physicians who have temporarily given up practice to serve with the U. S. Armed Forces.

National Discount & Audit Co.
Herald Tribune Bldg., New York

Information For Contributors

MANUSCRIPTS: Should be typewritten, double-spaced.

RIGHT TO REJECT, EDIT or ABBREVIATE any manuscript is reserved by the Publication Committee.

ILLUSTRATIONS will be supplied by the author. The Journal will furnish the necessary cuts and charge to the author the cost of preparing the dies. Estimates will be given when illustrations are submitted.

FORWARD all manuscripts and correspondence to:

The Journal of The Medical Society of New Jersey

222 West State St. Trenton, N. J.



WHOLE GRAIN CEREAL

Uncle Sam Recommends It — Children and Adults Love It

New England's Favorite Breakfast Dish for Forty Years

When its

MALTEX ★ Cereal ★



Patients with Long-Standing Ptosis



A B

Are Grateful For Relief Obtained By Individually Designed SPENCER SUPPORT

A: *Patient with extreme case of enteroptosis. Probably has movable kidney, also.*

B: *Same patient in the Spencer that was designed especially for her. Note support given — and improvement in posture.*

A large number of doctors have remarked the immediate favorable reaction of patients with long-standing ptosis to a Spencer Support. This is because the Spencer has been designed especially for patient *after* a study of patient's posture habits has been made. Thus our designers are enabled to create a support that will improve posture.

A Spencer Support gently lifts sagging organs, while allowing freedom at upper abdomen. This, plus posture improvement, aids digestion, elimination and improves circulation of blood through abdomen. Appetite usually improves. The patient's improved posture induces better breathing, a feeling of well-being and a happier outlook.

Every Spencer is individually designed for patient, of non-elastic material. Hence, the support it provides is constant, and the Spencer can be—and IS—guaranteed NEVER to lose its shape. (Spencers have never been made to *stretch to fit;* they have always been *designed to fit.*) Why prescribe a support that soon loses its shape and becomes useless before worn out? Spencers are light, flexible, durable, easily laundered.

For service look in telephone book under "Spencer Corsetiere" or write direct to us.

SPENCER *INDIVIDUALLY DESIGNED*

Abdominal, Back and Breast Supports

D-2

SPENCER, INCORPORATED,
137 Derby Ave., New Haven, Conn.
In Canada: Rack Island, Quebec.
In England: Spencer (Banbury) Ltd., Banbury, Oxon.

Please send me baaklet, "How Spencer Supports Aid the Dactor's Treatment."

May We Send You Booklet?

.....M.D

Address.....

.....



These two types of KARO differ only in flavor. In chemical composition they are practically identical. Their caloric values are the same.

If your patients find grocers temporarily out of one type, the same amount of the other may be prescribed.



How much KARO for Infant Formulas?

The amount of KARO prescribed is 6 to 8% of the total quantity of milk used in the formula—one ounce of KARO in the newborn's formula is gradually increased to two ounces at six months.

CORN PRODUCTS REFINING CO.
17 Battery Place • New York, N. Y.

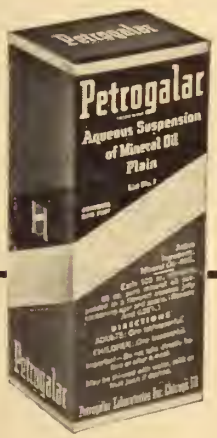
Throw out your chest!



● Navy training helps to build strong, healthy bodies.

First in command of establishing health habits in civilian life is the family physician. When the daily routine for regular bowel habits is disturbed, the physician's recommendation of Petrogalar* frequently facilitates a return to normal.

Petrogalar helps soften the stool and renders it mobile for comfortable bowel movement. Consider Petrogalar for the treatment of constipation.



FOR THE TREATMENT OF CONSTIPATION

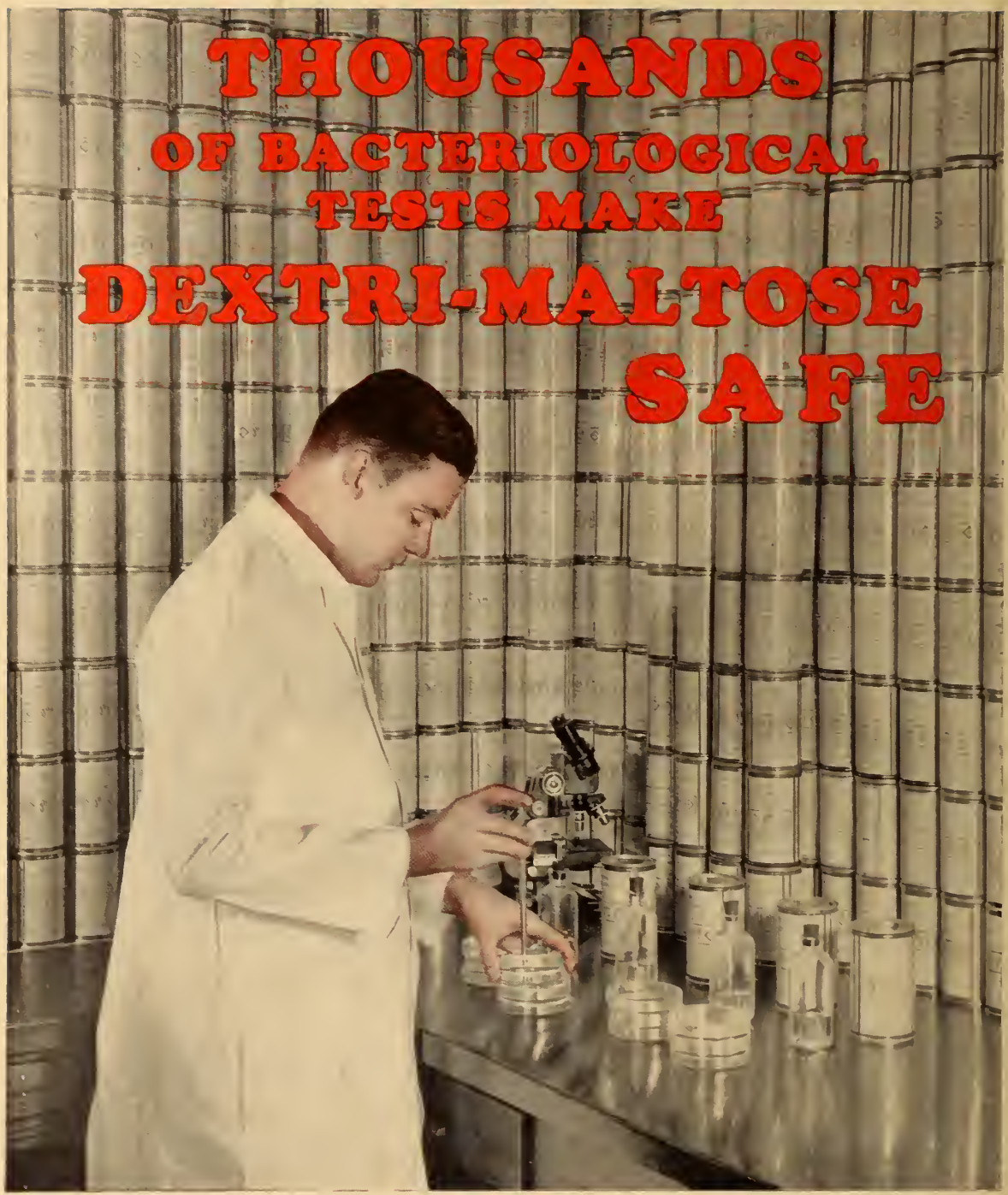
Petrogalar

ACCEPTED MEDICAL ASSN.

*Reg. U. S. Pat. Off. Petrogalar is an aqueous suspension of pure mineral oil each 100 cc. of which contains 65 cc. pure mineral oil suspended in an aqueous jelly containing agar and acacia.

Petrogalar Laboratories, Inc. • 8134 McCormick Boulevard • Chicago, Illinois

THOUSANDS OF BACTERIOLOGICAL TESTS MAKE DEXTRI-MALTOSE SAFE



Skilled bacteriologists constantly test Dextri-Maltose

THOUSANDS of samples of Dextri-Maltose, secured both during the course of manufacture and after packing, are continually analyzed bacteriologically. This close correlation between laboratory and factory results in a product having a remarkably low bacterial count—well under 100 per gram. A quarter of a century of clinical success has demonstrated that such ceaseless vigilance is indispensable to safety. Here, where the life and health of the infant and the reputation of the physician are in the balance,—VALUE, NOT PRICE, IS THE TRUE MEASURE OF ECONOMY.

SANITARY CONTROL OF DEXTRI-MALTOSE . . . (NO. 2 OF A SERIES)

Please enclose professional card when requesting samples of Mead Johnson products to cooperate in preventing their reaching unauthorized persons
Mead Johnson & Company, Evansville, Ind., U. S. A.

ANNUAL MEETING—MAY 25 and 26, 1943
ACADEMY OF MEDICINE OF NORTHERN NEW JERSEY
91 LINCOLN PARK, NEWARK

THE JOURNAL

OF

THE MEDICAL SOCIETY OF NEW JERSEY

Place of Publication, Printing and Mailing:
12 SOUTH DAY STREET, ORANGE, NEW JERSEY
Entered as second-class matter, September 5, 1906, at the post office at Orange, New Jersey, under Act of March 3, 1879.

VOL. 40, NO. 3 MARCH, 1943 Subscriptions, $3.00 per Year
Single Copies, 30 Cents

THE N.Y. ACADEMY OF MEDICINE
MAR 15 1943
LIBRARY

CONTENTS—Pages 81-120

Page

ANNUAL MEETING SCIENTIFIC PROGRAM 81

EDITORIALS—
NUTRITION 82
THE ARMY DOCTOR 82

THE HOSPITAL SERVICE PLAN COMMISSION 83
THE NATIONAL CONFERENCE ON MEDICAL SERVICES 83
THE COUNCIL ON MEDICAL EDUCATION AND LICENSURE 83
MEDICAL SERVICE ADMINISTRATION OF NEW JERSEY 85
THE NATIONAL BLUE CROSS PLAN FOR MEDICAL CARE 87
TWENTY WAR SESSIONS ANNOUNCED BY AMERICAN COLLEGE OF SURGEONS 88

ORIGINAL ARTICLES—
TREATMENT OF BURNS AND FOREIGN BODIES OF THE EYE—J. M. Carlisle, M.D., Westfield, N. J., and Augustus Gibson, M.D., Scotch Plains, N. J. 89
THE HOSPITAL, ITS TRUSTEES AND THE MEDICAL STAFF—James T. Hanan, M.D., F.A.C.S., Montclair, N. J. 95
THE COMBINED USE OF ARSENICALS AND BISMUTH COMPOUNDS IN SYPHILOTHERAPY—Irving Silverman, M.D., Clifton, N. J., and Abraham Kovin, M.D., Passaic, N. J. 98
KEEPING THE NORMAL OBSTETRICAL CASE NORMAL. Maternal Welfare Article No. 79—Arthur W. Bingham, M.D., F.A.C.S., East Orange, N. J. 100
A LESSON FROM A DEATH CERTIFICATE 105

LEGISLATIVE NEWS— Page
Definitions Proposed for Introduction in Various State Legislatures 106
With New Jersey Medical Authors 107

STATE ACTIVITIES—
Meeting of Welfare Committee, March 21, 1943 108
Committee Changes 108
Dr. Arthur W. Bingham Receives the Edward J. Ill Award 109
State Society and Medical Education 111
Gonococcus Culture Stations in New Jersey 112
Members Serving in the Armed Forces 112

OBITUARIES—
Dr. Willard G. Mengel 113
Dr. William E. Boozan 113
Deceased Physicians in New Jersey 113

COUNTY SOCIETY REPORTS—
Bergen, Cumberland, Hudson Middlesex, Monmouth 114
Passaic, Union and Summit Medical Society 115

WOMAN'S AUXILIARY—
Essex County Auxiliary Report 116

THE BOOK SHELF—
Books Received 116
Book Reviews 117

TUBERCULOSIS ABSTRACTS 119

Roster of Officers, Advertising Page 3A

Editorial and Executive Offices
of the Society
222 WEST STATE STREET
TRENTON, N. J.
Tel. 5776

Acceptance for mailing at special rate of postage provided for in Sec. 1103, Act of Oct. 3, 1917, authorized July 29, 1918.

Copyright 1943 by
The Medical Society of New Jersey

PHYSICIAN'S INCOME PROTECTION

Our Physicians Special Policy—endorsed by the State Medical Society—will appeal to you also, if you investigate. Elimination of excessive acquisition costs and economy of operation makes possible our rate which is far below that of equally broad and dependable insurance.

Brief Outline of Coverage

Accident Benefits—from 1st day for 60 months for total disability.
Half benefits for partial disability, limit 6 months.
Dismemberment benefits up to $10,000.

Sickness benefits—from 8th day for 12 months, full benefits, *house confinement not required.*

Rate for $100 Monthly Benefit, up to age 50, $7.40 quarterly.

Slightly higher rates to age limit of 65. Policies available from $100 to $300 monthly.
Additional provisions for accidental death benefit and hospital expense insurance.

Your State Medical Society Insurance Committee are sole arbiters for handling any claim requiring arbitration.

E. and W. BLANKSTEEN, Mgrs.
Authorized Representatives of The Medical Society of New Jersey
76 MONTGOMERY STREET **JERSEY CITY, N. J.**
Tel. Bergen 4-6051

Milk Supplies Calcium for Everybody



• Milk contains several times as much calcium as any other common food. And as you know, calcium, phosphorus and vitamin D work as a team to build sound teeth and bones. Also to help prevent tooth decay. Supplee Sealtest Homogenized Vitamin D Milk contains generous amounts of the two minerals. And every quart provides 400 U.S.P. units of vitamin D. So *all three* are present, ready to be used. You can recommend this fine milk with every confidence.

SUPPLEE
A Division of National Dairy Products Corporation

Sealtest
HOMOGENIZED
(pronounced hoe-MAH-jen-ized)
VITAMIN D MILK

THE MEDICAL SOCIETY OF NEW JERSEY

Founded July 23, 1766

PLACE OF PUBLICATION, PRINTING AND MAILING, 12 SO. DAY ST., ORANGE, N. J.

EXECUTIVE AND EDITORIAL OFFICES, 222 WEST STATE ST., TRENTON, N. J. TEL. 5776

EDITH L. MADDEN, *Acting Executive Officer* Trenton
HENRY A. DAVIDSON, *Editor, in Service A. U. S.* Trenton

MEDICAL SERVICE ADMINISTRATION OF NEW JERSEY
MEDICAL-SURGICAL PLAN OF NEW JERSEY
31 CLINTON ST., NEWARK, N. J.
Tel. MItchell 2-0675

NORMAN M. SCOTT, *Medical Director*
Executive Assistant, The Medical Society of New Jersey

OFFICERS

Fresident, ELIAS J. MARSH Paterson
President-Eiect, RALPH K. HOLLINSHED Westville
First Vice-President, JOSEPH F. LONDRIGAN Hoboken
Second Vice-President, SAMUEL ALEXANDER Park Ridge
Secretary, ALFRED STAHL Newark
Treasurer, GEORGE J. YOUNG Morristown

TRUSTEES

THOMAS B. LEE, *Chairman* (1945) Camden
ALDRICH C. CROWE, *Secretary* (1944) Ocean City
ELIAS J. MARSH Paterson
RALPH K. HOLLINSHED Westville
JOSEPH F. LONDRIGAN Hoboken
SAMUEL ALEXANDER Park Ridge
ALFRED STAHL Newark
GEORGE J. YOUNG Morristown
E. ZEH HAWKES (1943) Newark
J. HOWARD HORNBERGER (1943) Roebling
ANDREW F. MCBRIDE (1943) Paterson
JESSE MCCALL (1943) Newton
WILLIAM F. COSTELLO (1944) Dover
GEORGE W. FITHIAN (1944) Perth Amboy
DAVID W. GREEN (1945) Salem
HARRY R. NORTH (1945) Trenton
JAMES F. NORTON (1945) Jersey City

COUNCILORS

First District (Union, Warren, Morris and Essex Counties) CHRISTOPHER C. BELING, Newark (1945)
Second District (Sussex, Bergen, Hudson and Passaic Counties) VINCENT P. BUTLER, Jersey City (1944)
Third District (Mercer, Middlesex, Somerset and Hunterdon Counties) BARCLAY S. FUHRMANN, Flemington (1943)
Fourth District (Camden, Burlington, Ocean and Monmouth Counties) S. EMLEN STOKES, Moorestown (1945)
Fifth District (Cape May, Cumberland, Atlantic, Gloucester and Salem Counties) CHESTER I. ULMER, Gibbstown (1944)

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

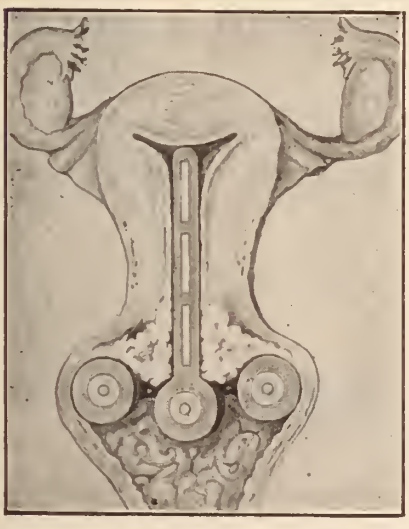
Delegates

WELLS P. EAGLETON (1944) Newark
HILTON S. READ (1944) Ventnor
THOMAS K. LEWIS (1944) Camden
ANDREW F. MCBRIDE (1943) Paterson
LUCIUS F. DONOHOE (1943) Bayonne

Alternate Delegates

ELMER P. WEIGEL (1944) Plainfield
LANCELOT ELY (1944) Somerville
CLARENCE W. WAY (1944) Fort Tilden, N. Y.
SPENCER T. SNEDECOR (1943) Hackensack
RALPH K. HOLLINSHED (1943) Westville

IMPROVE YOUR RESULTS
IN CANCER OF THE CERVIX



CONSISTENTLY high percentages of 5-year cures in Carcinoma of the Cervix are reported by institutions employing the French technique illustrated here. Ametal rubber applicators encase the heavy primary screens and provide ideal secondary filtration to protect the vaginal mucosa. Radium or Radon applicators for the treatment of Carcinoma of the Cervix and provided with Ametal filtration are available exclusively through us. Inquire and order by mail, or preferably by telegraph or telephone reversing charges. Deliveries are made to your office or hospital for use at the hour you may specify.

THE RADIUM EMANATION CORPORATION
GRAYBAR BUILDING Tel. MUrray Hill 3-8636 NEW YORK, N. Y.

OWNED AND OPERATED BY THE STATE OF NEW YORK



An extra instrument for your over-burdened hands

If *one out of every three* physicians is called to the colors the men remaining in civilian practice face the profession's most heroic task.

Now, as never before, physicians are entitled to every available aid. Nature created such an adjuvant in the carbonated mineral waters of Saratoga Spa. Around them, under New York State guardianship, facilities were organized for your use.

Many physicians have long recognized the established therapeutic values of the waters in treating conditions where external or internal use of them is indicated. Many physicians realizing that breakdowns in general health follow the heavy strains and pressures of these times, prescribe a stay at the Spa.

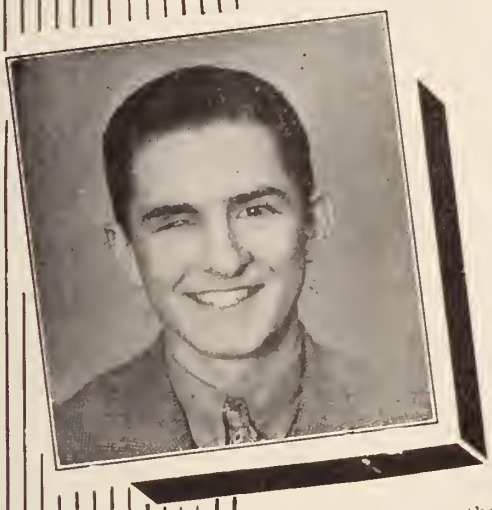
Relaxation found in the restful environment of Saratoga brings that relief from tensions which prepares your patients for the full benefit of your continuing medical direction. The Spa Medical Staff does not practice; it only oversees treatments prescribed by you or the local specialist you choose for your patient's stay here.

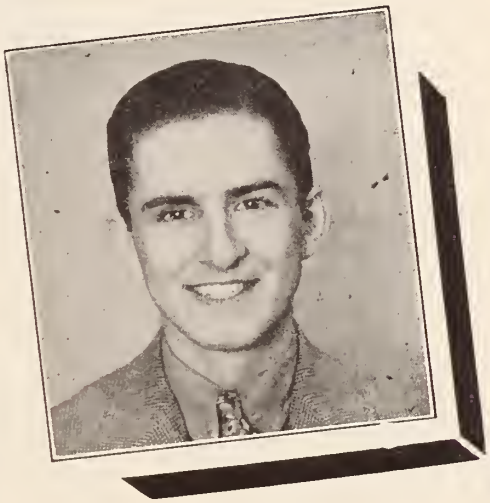
For professional publications of The Spa, physician's sample carton of the bottled waters with their analyses, please address W. S. McClellan, M.D., Medical Director, Saratoga Spa, 159 Saratoga Springs, N. Y.

THE EMPIRE STATE'S CONTRIBUTION TO THE MEDICAL PROFESSION

SARATOGA SPA

Full-Motioned, Lifelike
ARTIFICIAL HUMAN EYES





We have the Enviable Reputation of "Really Knowing How" to produce that "Pleasing Cosmetic Effect" so desired by one wearing an Artificial Eye.

REFERRED CASES CAREFULLY ATTENDED

IT IS OF VITAL IMPORTANCE TO THE PATIENT'S FUTURE APPEARANCE THAT THE FIRST ARTIFICIAL EYE BE PROPERLY FITTED. IT IS IN THESE NEW CASES, WHERE UTMOST ATTENTION MUST BE GIVEN—AND OF WHICH WE HAVE MADE A SPECIAL STUDY.

Especially Made to Order Eyes by Skilled Artisans.
Also Eyes Fitted from Stock

SELECTIONS SENT ON MEMORANDUM UPON REQUEST.

FRIED AND KOHLER, INC.

"Specialists in Artificial Human Eyes Exclusively"

665 FIFTH AVENUE
near 53rd St.
NEW YORK, N. Y.
Tel. Eldorado 5-1970

"Pleasing Particular People for Over Forty Years!"



An extra reason for giving infants Walker-Gordon milk

FOR YEARS Walker-Gordon Certified Milk has been considered by many physicians to be the finest milk in the world . . . both for babies and adults.

And today, when there are shortages in evaporated and certain other types of milk, more doctors than ever before are prescribing Certified for their infant feeding cases . . . *for there's no wartime shortage of Walker-Gordon!*

Walker-Gordon Certified is an almost sterile milk, and provides extra richness and an extra-high vitamin content. (For example, it has 60% more Vitamin A than most ordinary milks.) Also it's delivered *fresher* than regular milk!

And at the same price, your patients can buy WALKER-GORDON CERTIFIED-HOMOGENIZED. (This extremely pure milk has a low curd tension—it's easier to digest.)

Walker-Gordon Milks can be purchased in stores or from milkmen.

WALKER-GORDON

"The World's Finest Milk"

Give the cigarette they prefer to get*



IT'S EASY to understand why cigarettes are the preferred gift in the armed services. But did you know that among them the best-liked brand* of cigarette is Camel? Camel is the popular choice of millions and millions of smokers for its finer flavor and superior mildness.

Send Camels, the service man's favorite, to those friends or relatives who are fighting our battles —fighting them efficiently and unselfishly. Your thoughtfulness will be appreciated.

Tobacco stores feature Camels by the carton. See or telephone your dealer today.

Remember, you can *still* send Camels to Army personnel in the U.S., and to men in the Navy, Marines, or Coast Guard *wherever they are.* The Post Office rule against mailing packages applies only to those sent to the overseas Army.

* With men in the Army, the Navy, the Marine Corps, and the Coast Guard, the favorite cigarette is Camel. (Based on actual sales records in Post Exchanges and Canteens.)

Camel

costlier tobaccos



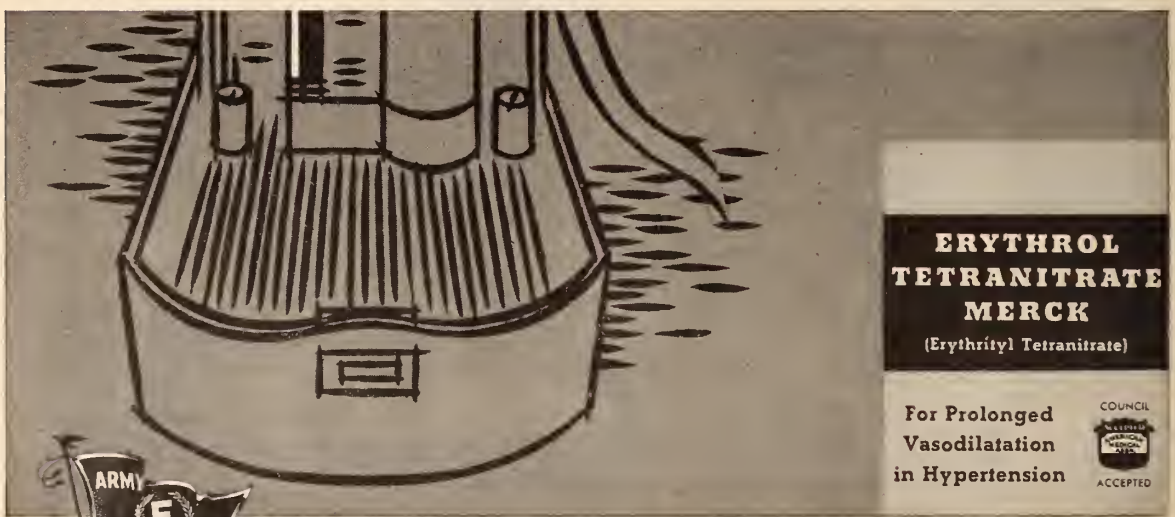


when rest has been *unsuccessful*

The vasodilator action of Erythrol Tetranitrate suggests it as an adjunct to rest and other measures when these have been unsuccessful in controlling arterial hypertension. Producing a vasodilatation which persists for several hours, following the administration of a single, therapeutically effective dose, Erythrol Tetranitrate causes a reduction in blood pressure sufficiently prolonged so that administration three times daily may maintain the reduction. It may be prescribed over a protracted period with sustained effect.

By dilating the peripheral arterioles, Erythrol Tetranitrate tends not only to decrease stress of excessive pressure on arterial walls, but also to relieve the burden on the heart. Although the causative mechanism remains unaltered, a more favorable circulatory condition is established.

Literature on Request



ERYTHROL TETRANITRATE MERCK
(Erythrityl Tetranitrate)

For Prolonged Vasodilatation in Hypertension

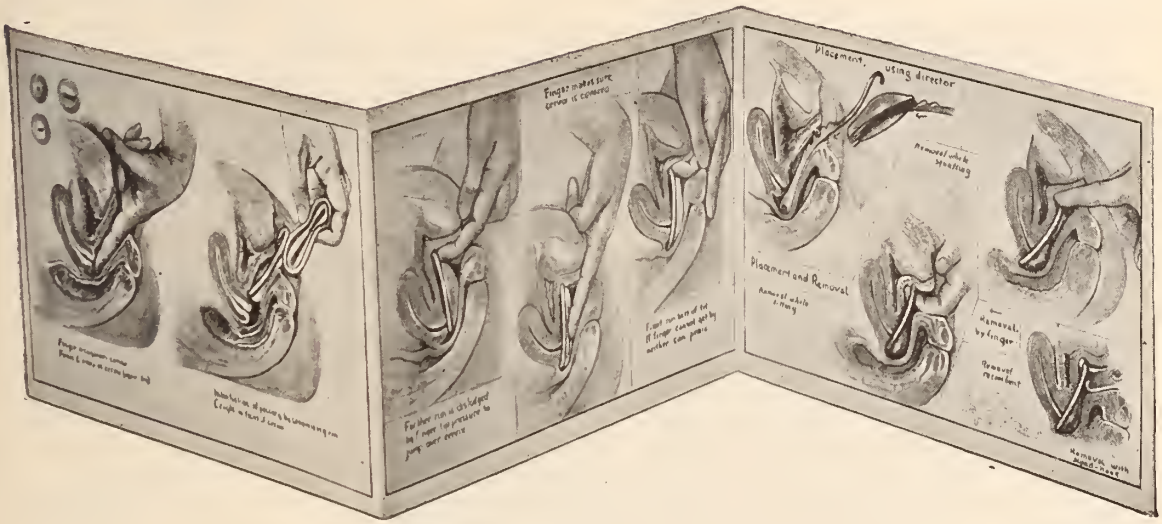
COUNCIL ACCEPTED

ARMY E NAVY
Buy WAR BONDS FOR VICTORY

MERCK & CO., Inc. *Manufacturing Chemists* **RAHWAY, N. J.**

11th Edition Now Out

Send for Copy



The Technique *of* Fitting Diaphragms

A series of charts in booklet form (6 x 9) clearly illustrating the technique of fitting diaphragms by the physician, now accompanied by the Dickinson-Freret Charts in two colors. For use by the physician in explaining the technique to his patient. These charts are regarded as the most helpful explanatory aid on the subject ever published. Eleventh edition now out. Write, or use coupon, for a copy.

Holland-Rantos
Company, Inc.
551 FIFTH AVENUE, NEW YORK, N.Y.

Holland-Rantos Co., Inc.
551 Fifth Avenue
New York, N.Y.

Without cost, please send your booklet on Fitting Technique to:

Dr.....

Street.....

City.....State.....

Sneezing begins with Aries ...

... ends with



POLLEN ANTIGENS

Lederle

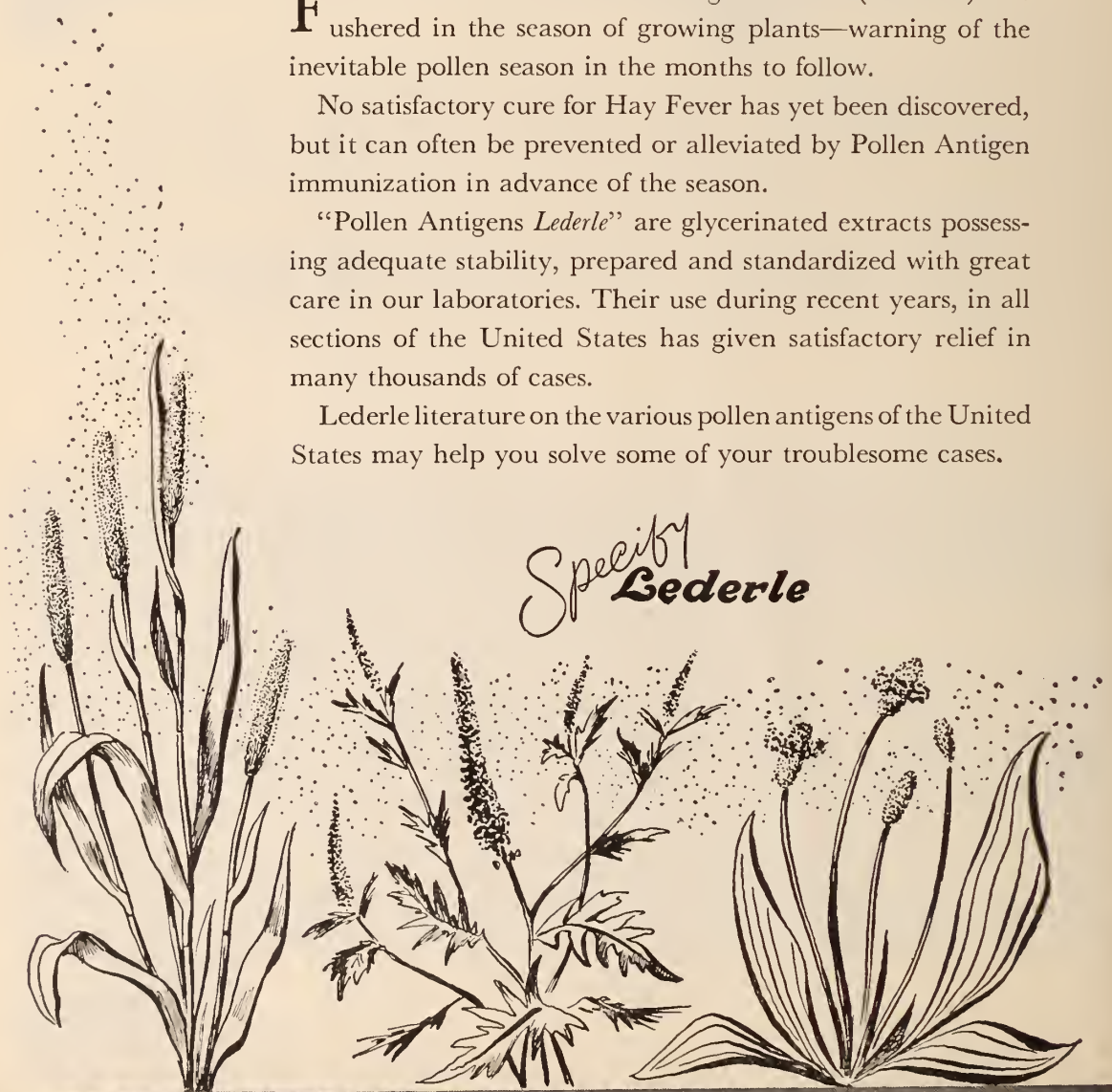
FOR COUNTLESS CENTURIES the sign of Aries (the ram) has ushered in the season of growing plants—warning of the inevitable pollen season in the months to follow.

No satisfactory cure for Hay Fever has yet been discovered, but it can often be prevented or alleviated by Pollen Antigen immunization in advance of the season.

"Pollen Antigens *Lederle*" are glycerinated extracts possessing adequate stability, prepared and standardized with great care in our laboratories. Their use during recent years, in all sections of the United States has given satisfactory relief in many thousands of cases.

Lederle literature on the various pollen antigens of the United States may help you solve some of your troublesome cases.

Specify **Lederle**



LEDERLE LABORATORIES, INC., NEW YORK, N. Y. — A UNIT OF AMERICAN CYANAMID COMPANY

Personalized G-E Field Service Is Not Only For The Duration

● To users of G-E x-ray and electromedical apparatus, the maintenance service rendered by factory-trained men in G-E's local branches and regional service depots is increasingly important these days. And they are getting it despite many of the handicaps which war restrictions impose.



For many years this personalized field service has been available to G-E customers everywhere, who have come to recognize it as a prime requisite to the continued satisfactory operation of all high-grade technical equipment. That's why G-E Field Service functioned before the war and will continue, on a still larger scale, in the peace years to come.

Perhaps you've heard about "P.I. and A"—G-E's *Periodic Inspection and Adjustment Service*—which, incidentally, was not inspired by the exigencies of war, but for thirteen years has helped physicians, hospitals, and clinics to keep their x-ray and electromedical apparatus in tip-top operating condition.

To become better acquainted with these service facilities provided for your immediate vicinity, you need only to get in touch with one of the following G-E headquarters offices or regional service depots. You'll find the G-E representative who calls on you a reliable source of helpful suggestions.

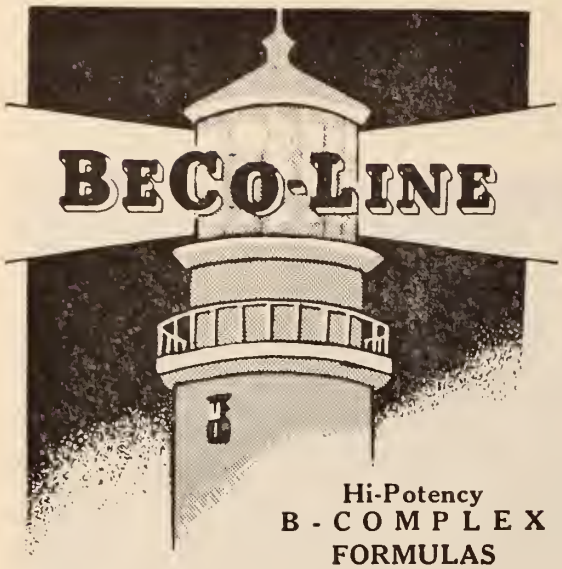
In your particular area this maintenance and technical service is extended through the following G-E offices and regional service depots:

NEWARK
965 Broad Street

TRENTON
1008 Hamilton Avenue

GENERAL ELECTRIC X-RAY CORPORATION

Today's Best Buy – U. S. War Bonds



Hi-Potency
B - COMPLEX
FORMULAS
for
Therapeutic Dosages

BeCoJection

Hi-potency per cc.:
B_1 . . . 30 mg.; **B_2** . . . 0.5 mg.: **B_6** . . . 2 mg.
Niacinamide 50 mg.; **Pantothenic Acid** 10 mg.
Supplied: 10 cc. vials.

BeCoPlex

Hi-potency per tablet:

B_1 (Thiamine)	3 mg.
B_2 (Riboflavin)	2 mg.
B_6 (Pyridoxine)	1 mg.
Niacin	20 mg.
Pantothenic Acid	5 mg.

BeCoFerric

Hi-potency BeCoPlex formula **plus** 60 mg. **Ferric Phosphate,** providing 15 mg. iron (a full daily requirement).
Ferric Phosphate is a proven utilizable iron that does not destroy the B factors in combination.

●

BeCoPlex and BeCoFerric tablets are supplied in bottles of 50, 100, 500, 1000; and for Industrial use in handy, pocket-size, non-breakable, bakelite vials of 14 tablets (a two weeks supply).

Write for further data and quantity prices

ENDOCRINE
Food Company
UNION CITY, N.J.



For Cleansing Soap-Sensitive Skins

ACIDOLATE

TRADE MARK REG. U. S. PAT. OFF.

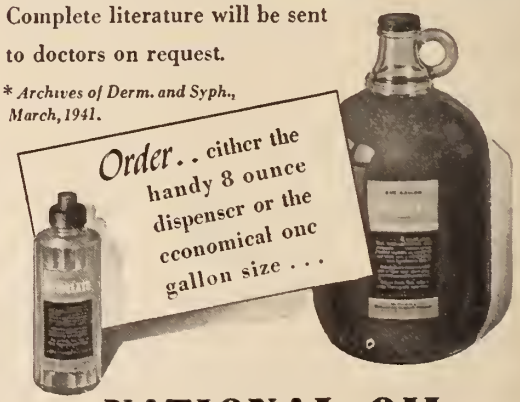
PROVIDES the thorough cleansing properties of selected sulfated vegetable oils—in combination with a non-irritating mineral oil which lessens any tendency toward skin dryness.

Acidolate is completely soluble in water. It can be quickly washed from hair or skin surfaces. Skin cleansed with Acidolate is left with a feeling of soft coolness.

The usefulness of Acidolate as an aid in the management or prevention of skin irritations has been demonstrated by properly controlled clinical tests.*

Complete literature will be sent to doctors on request.

** Archives of Derm. and Syph., March, 1941.*



NATIONAL OIL PRODUCTS COMPANY
ACIDOLATE DIVISION
90 ESSEX, STREET HARRISON, NEW JERSEY
NOPCO
REG. U. S. PAT. OFF.



DYSPNOEA AND CORAMINE ORALLY

Gratifying are the results seen when CORAMINE *is employed orally for the relief of Dyspnoea, Orthopnea and other distressing forms of Embarrassed Respiration.*

It has been stated that this remedy will give better relief than anything that has so far been found, when used freely and fearlessly.[1]

Often overlooked, however, is the extreme value of *CORAMINE** orally for extended periods of treatment. It has been given as a 25% solution, one dram three times daily. The wide therapeutic margin of safety reduces the possibility of undesirable side effect.

In emergencies *CORAMINE* is used intramuscularly, subcutaneously or intravenously in doses of from 5 to 10 cc. Use it in your next case of Dyspnoea.

[1]Lankford, J. S., "Coramine," Clinical Medicine & Surgery, 37, 670, 1930.

CORAMINE

AMPULS **LIQUID**

A Cardio-Respiratory Stimulant

Produced Only by Ciba

*Trade Mark Reg. U. S. Pat. Off.

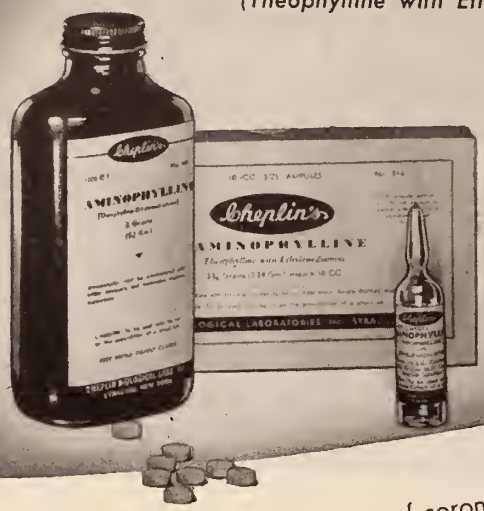
CIBA *Pharmaceutical Products, Inc.*

SUMMIT, NEW JERSEY

Cheplin's

AMINOPHYLLINE

(Theophylline with Ethylenediamine)



An Effective Diuretic

Aminophylline is a vasodilator of coronary vessels which has often proved useful for relieving the cardiac pain due to coronary sclerosis. Its action is essentially the same as theophylline and theophylline with sodium acetate, over which it has the advantage of greater solubility.

Recently, the therapeutic scope of Aminophylline has been broadened considerably. It has been shown to have a favorable influence upon respiratory dysfunctions, such as Asthma, Paroxysmal Dyspnea and Cheyne-Stokes Respiration.

HOW SUPPLIED

AMPULES—In 2 cc. ampules (for intramuscular use) containing 7½ gr. (0.48 Gm.), in boxes of 12, 25 and 100.
In 10 cc. ampules (for intravenaus use) containing 3¾ gr. (0.24 Gm.), in boxes af 6, 25 and 100.
In 20 cc. ampules (for intravenous use) containing 7½ gr. (0.48 Gm.), in boxes af 6, 25 and 100.
TABLETS—In the accepted standard toblet dasage af 1½ gr. (0.1 Gm.) and 3 gr. (0.2 Gm.), 100 ond 1,000 ta the bottle.

Write for catalog and prices

Cheplin's ampules and other biologicol products are built up ta on "Accepted" standord — nat down to o low price—THE HIGHEST OF QUALITY AND PURITY, YET ECONOMICAL IN PRICE.

Cheplin's
QUALITY PURITY INTEGRITY
QUALITY PURITY INTEGRITY
PHARMACEUTICALS and BIOLOGICALS

CHEPLIN BIOLOGICAL LABORATORIES, INC.

SYRACUSE, NEW YORK

ABOUT CLAIMS *vs.* ACTUAL DIFFERENCES in cigarettes

WHAT value can claims of superiority in a cigarette have unless there is a difference in formula or process to justify that claim?

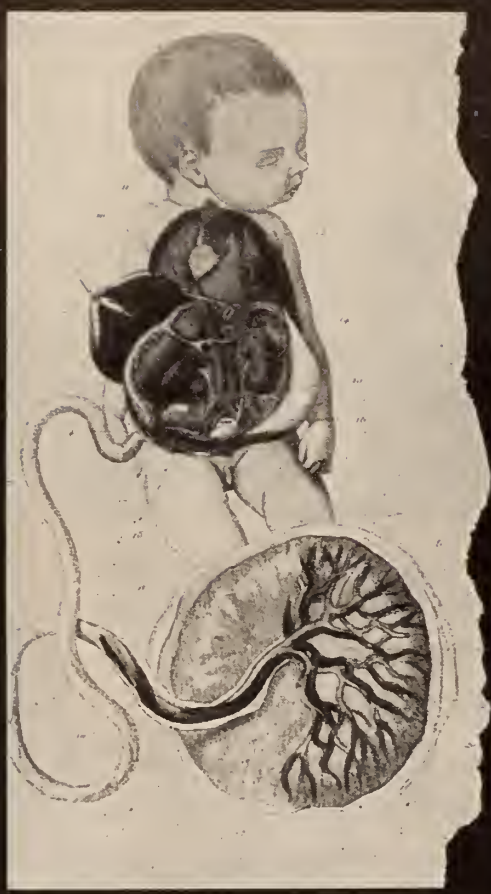
PHILIP MORRIS Cigarettes are *made* differently. In the clinic as well as in the laboratory, the *advantages* of PHILIP MORRIS have been repeatedly observed, repeatedly reported by *recognized authorities* in leading medical journals. Yes, PHILIP MORRIS *claim* superiority . . . *and that superiority has been proved.**

With the current increase in smoking, may we suggest that it is more important than ever for your patients suffering from irritation of the nose and throat due to smoking to change to PHILIP MORRIS—*the one cigarette proved definitely less irritating*.

PHILIP MORRIS

PHILIP MORRIS & CO., LTD., INC.
119 FIFTH AVENUE, N. Y.

**Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154*
Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60
Proc. Soc. Exp. Biol. and Med., 1934, 32, 241
N. Y. State Journ. Med., Vol. 35, 6-1-35, No. 11, 590-592.



This interesting study of fetal circulation is taken from Antonin Bossu's Anthropologie Etude des Organes, Fonctions, Maladies de l'Homme et de la Dame published in Brussels in 1847.

FOR COMPLICATIONS AS OLD AS TIME

IF NEED for stimulation of labor arises in delivery rooms, obstetricians often rely upon Pitocin*, an oxytocic of many advantages and dependable performance.

Pitocin consists of the oxytocic principle of the posterior pituitary gland with practically none of the pressor hormone. Its extremely low protein content so minimizes possibility of systemic reaction that many physicians prefer Pitocin for routine management of obstetric patients.

Pitocin is indicated for stimulation of uterine musculature in uncomplicated obstetrics, increasing tone of the uterus by direct action. It is widely used in uterine inertia during the second stage and to check uterine hemorrhage.

Pitocin

a product of modern research offered to the medical profession by

PARKE, DAVIS & COMPANY

DETROIT, MICHIGAN

*Trade-mark Reg. U. S. Pat. Off.

Note to an overworked doctor



BIOLAC is a complete liquid infant formula which saves you valuable time because there are no extra ingredients to calculate.

Biolac provides completely for all nutritional needs of young infants except vitamin C.

Prescribing Biolac reduces the possibility of errors or contamination in formula preparation since it requires simply dilution with boiled water as you direct.

NO LACK IN BIOLAC

Borden's complete infant formula

• *Biolac is prepared from whole milk, skim milk, lactose, Vitamin B_1, concentrate of Vitamins A and D from cod liver oil, and ferric citrate. It is evaporated, homogenized, and* sterilized. *For professional information, write Borden's Prescription Products Division, 350 Madison Avenue, New York City.*

ACCEPTED AMERICAN MEDICAL ASSN

The doctor* oughta know about this...



WITH an empty Karo bottle, the baby has a right to complain. And perhaps, Doctor, so have you. We admit that occasionally grocers do not have Karo syrup.

The situation is this: The great demand for Karo by the armed forces and a huge increase in domestic needs so tax our capacity that we are not always able to keep all grocers supplied.

We cannot step up quantity any further without letting down on quality and this we will *never* do.

If any patient complains that she is unable to obtain Karo for her babies, please tell her to write us direct, giving us the name and address of her grocer and we will promptly take steps to provide this grocer with Karo.

CORN PRODUCTS REFINING COMPANY
17 Battery Place, New York, N. Y.

ACCEPTED AMERICAN MEDICAL ASSN. Council on Foods



* INCIDENTALLY, Doctor, Red Label Karo and Blue Label Karo are interchangeable in standard feeding formulas. Their chemical composition is practically identical; their caloric values are equivalent. So if your patients cannot get the flavor you prescribe, please suggest that either Blue or Red Label may be used.

Chemotherapy
OF THE PNEUMONIAS

Sulfathiazole exerts a pronounced and rapid bacteriostatic effect upon the most common causative organisms of pneumonia (pneumococci, hemolytic streptococci, staphylococci). It is not necessary to delay treatment of pneumonia until the laboratory report on sputum typing has been received.

In the vast majority of cases Sulfathiazole is administered by mouth; occasionally it is necessary to resort to injection. Only in certain circumstances is specific serum also indicated.

Write for booklet on Sulfathiazole which includes also a discussion on the treatment of gonococcus and staphylococcus infections.

HOW SUPPLIED

Tablets of 0.5 Gm. (7.72 grains), bottles of 50, 100 and 500. Also *primarily for children* tablets of 0.25 Gm. (3.86 grains), bottles of 50, 100 and 500.

Powder in bottles of 5 Gm., ¼ lb. and 1 lb.

Specify

SULFATHIAZOLE

Winthrop



This cherished symbol of distinguished service to our Country waves from the Winthrop flagstaff.

Pharmaceuticals of merit for the physician



WHO

constantly recommends the **EYE PHYSICIAN???**

Answer: The GUILD OPTICIAN, who is so often in contact with people in all walks of life and is able to refer the Eye Physician frequently and at the same time suggesting the best for his own patients.

next issue: WHY

Guild of Prescription Opticians of New Jersey, Inc.

ASBURY PARK
Anspach Bros.
552 Cookman Ave.

ATLANTIC CITY
Atlantic Optical Co.
2146 Atlantic Ave.
Foerster Optical Co.
1708 Pacific Ave.
Freund Bros.
1006 Pacific Ave.

CAMDEN
E. F. Birbeck Co.
Fifth & Cooper Sts.
Harry N. Layer
106 N. 5th St.
J. E. Limeburner Co.
535 Cooper St.
Pelouze & Campbell
116 N. Broadway

EAST ORANGE
Anspach Bros.
533 Main St.
Harold C. Deuchler
541 Main St.

ELIZABETH
Brunner's
277 N. Broad St.

ENGLEWOOD
Fred G. Hoffritz
30 Park Pl.

HACKENSACK
Hoffritz & Petzold
315 Main St.

JERSEY CITY
William H. Clark
26 Journal Sq.

MONTCLAIR
Stanley M. Crowell Co.
26 S. Park St.
Ralph E. Marshall
5 Church St., Hinck Bldg.

MORRISTOWN
John L. Brown
57 South St.

NEWARK
Anspach Bros
1212 Raymond Blvd.
James J. Keegan
33 Central Ave.
J. C. Reiss
10 Hill St.
Charles Steigler
11 Central Ave.
Edward Anspach
20 Central Ave.

PATERSON
John E. Collins
241 Market St.

PLAINFIELD
Gall & Lembke
633 Park Ave.
Louis E. Saft
628 Park Ave.

RIDGEWOOD
Ray Grignon, Optician
17 N. Broad St.

SUMMIT
Anspach Bros.
382 Springfield Ave.
Room 212, Bassett Bldg.
Harold C. Deuchler
344 Springfield Ave.

UNION CITY
Arthur Villavecchia
1017 Summit Ave.

WESTFIELD
Brunner's
206 Broad St.



When depression accompanies more fundamental pathology

In many patients, depression may occur as an accompaniment of some more fundamental pathology, either organic or psychogenic. In such cases, the physician should bear in mind that, while Benzedrine Sulfate will not affect the underlying condition, its stimulatory effects may help to alleviate the concomitant depression which so often interferes with the management of the case.

Benzedrine Sulfate Tablets

Brand of amphetamine sulfate

Benzedrine Sulfate is primarily useful in depressions characterized by apathy and psychomotor retardation, but is contraindicated in patients manifesting anxiety, hyperexcitability, or restlessness.

The use of Benzedrine Sulfate by normals should not be permitted; it should always be administered under the careful supervision of a physician; and depressive p ychopathic cases should be institutionalized.

In treating depressed patients with Benzedrine Sulfate, the physician should bear in mind that any drug which produces pleasant or euphoric effects may prove to be habit forming—especially in unstable or neurotic individuals.

SMITH, KLINE & FRENCH LABORATORIES, PHILADELPHIA, PA.



S·I·M·I·L·A·C

• The name is never abbreviated; and the product *is not like any other infant food*—notwithstanding a confusing similarity of names.

The fat of Similac has a physical and chemical composition that permits a fat retention comparable to that of breast milk fat (Holt, Tidwell & Kirk, Acta Pediatrica, Vol. XVI, 1933) . . . In Similac the proteins are rendered soluble to a point approximating the soluble proteins in human milk . . . Similac, like breast milk, has a consistently ZERO curd tension . . . The salt balance of Similac is strikingly like that of human milk (C. W. Martin, M. D., New York State Journal of Medicine, Sept. 1, 1932). *No other substitute resembles breast milk in all of these respects.*

ACCEPTED AMERICAN MEDICAL ASSN. Council on Foods

A powdered, modified milk product especially prepared for infant feeding, made from tuberculin tested cow's milk (casein modified) from which part of the butter fat is removed and to which has been added lactose, olive oil, cocoanut oil, corn oil and cod liver oil concentrate.

★ SIMILAC } SIMILAR TO BREAST MILK ★

M&R DIETETIC LABORATORIES, INC. • COLUMBUS, OHIO



Another "Weapon" the Axis doesn't have

Kemp's Sun-Rayed BRAND Tomato Juice

Flavorful, rich-red, nutritious Kemp's SUN-RAYED, with all the other fine American foods, is an allied "weapon" of increasing importance in this war. So highly is tomato juice valued by our government that the industry is instructed to pack without limit of quantity. We shall, of course, continue to produce Kemp's SUN-RAYED by our patented process (No. 1746657) which utilizes all the red-ripe solids, insures high retention of vitamins A, B1 and C and prevents the juice from being thin or watery.

Packed by
THE SUN-RAYED CO.
Frankfort, Indiana
• • •
New York Agent
SEGGERMAN NIXON CORP.
111 8th Ave.





NON-SEPARATING

PROFESSIONAL LIABILITY PROTECTION

Afforded Members of

THE MEDICAL SOCIETY OF NEW JERSEY

Since 1921

FAULHABER & HEARD, INC.

Authorized broker to negotiate
professional liability contracts for
The Medical Society of New Jersey

CONSULT US

For Protection and Specialized Service

31 Clinton Street Newark, N. J.

Telephone MItchell 2-1224

FAULHABER & HEARD, Inc.

31 CLINTON STREET **NEWARK, N. J.**

Kindly send information on limits and costs of Society Professional Policy.

Name

Address

.....



THE SYNDROME OF LOWNESS

LOW MUSCLE TONE, LOW BLOOD PRESSURE LOW RESISTANCE are part of a syndrome characteristic of adrenal cortical insufficiency.

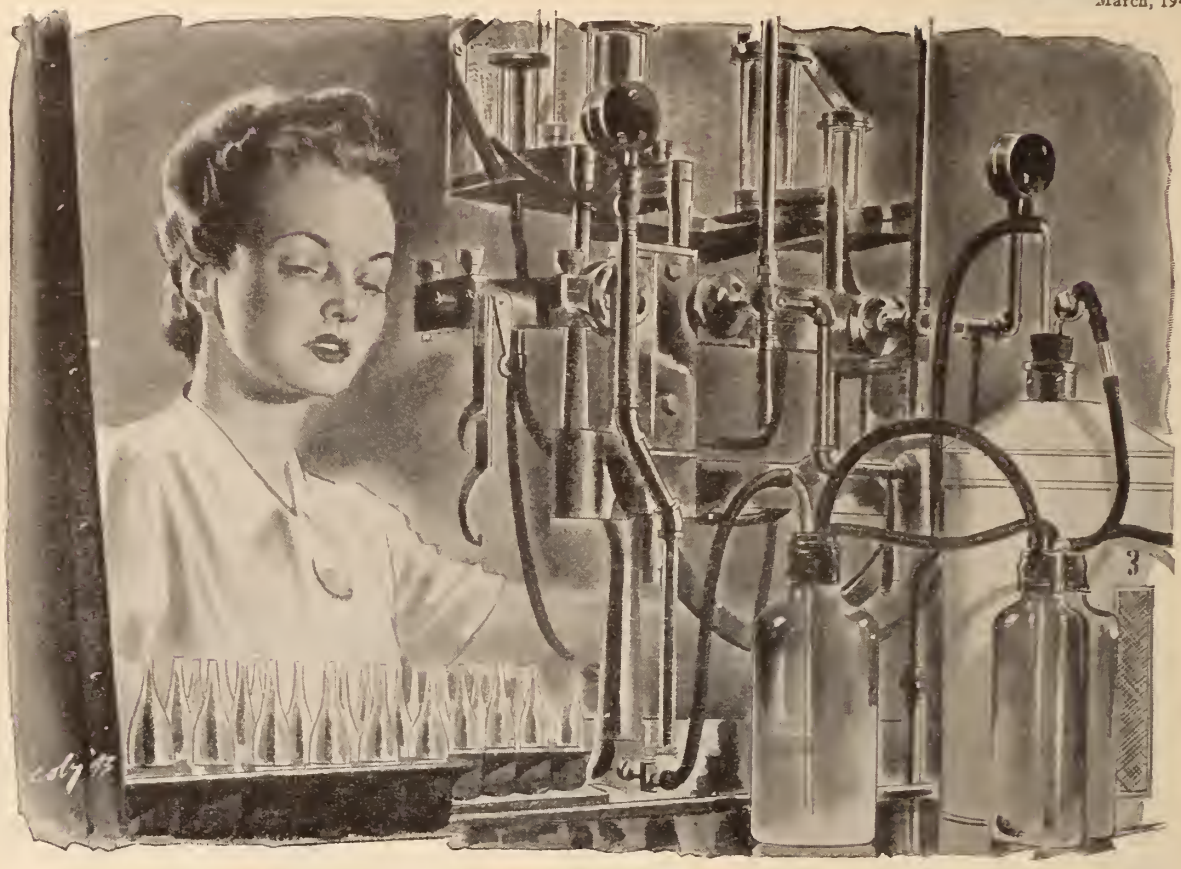
Adrenal Cortex Extract (Upjohn) is a most potent specific therapy now available for alleviation of these typical symptoms, when due to adrenal cortex insufficiency. Adrenal Cortex Extract (Upjohn) is a potent natural complex representing steroids which influence carbohydrate metabolism, capillary tone, vascular permeability, plasma volume, body fluids and electrolytes. "No one of these substances and no synthetic substance has yet been shown to possess all of the effects of a potent cortical extract." N. N. R. 1942

ADRENAL CORTEX EXTRACT (UPJOHN)

Sterile Solution in 10 cc. rubber-capped vials for subcutaneous, intramuscular and intravenous therapy.

Upjohn
KALAMAZOO, MICHIGAN

Another way to save lives
BUY WAR BONDS
FOR VICTORY



Machines that Seldom Stop

DEMAND for medicinal supplies at the fighting front doesn't begin at eight o'clock and stop at five. In war there is no forty-hour week and casualties must be treated at all times — day and night.

Lilly employees feel deeply their obligation to produce a full share of essential therapeutic agents. Uppermost is the thought that machines must turn eight — sixteen — twenty-four hours a day to fill the needs of the allied armed forces.





BUY WAR BONDS

Lilly

ELI LILLY AND COMPANY • INDIANAPOLIS, INDIANA, U. S. A.

THE JOURNAL
OF
THE MEDICAL SOCIETY OF NEW JERSEY

PUBLISHED MONTHLY SINCE SEPTEMBER, 1904

Whole Number of Issues, 463

UNDER THE DIRECTION OF THE COMMITTEE ON PUBLICATION

HENRY C. BARKHORN, M.D., Chairman

HENRY A. DAVIDSON, M.D., Editor
IN ACTIVE SERVICE A. U. S.

Place of Publication, Printing and Mailing—12 South Day Street, Orange, N. J.
Editorial and Executive Offices of the Society—222 West State Street, Trenton, N. J.; Tel. 5776

Each member of the State Society is entitled to receive a copy of THE JOURNAL every month.

VOL. 40, NO. 3 | MARCH, 1943 | Single Copies, 30 Cents Subscriptions, $3.00 per Year

ANNUAL MEETING SCIENTIFIC PROGRAM

Auditorium, Academy of Medicine

WEDNESDAY, MAY 26th, 1943

PANEL DISCUSSIONS

9:30 A. M.

BURNS—Royal A. Schaaf, M.D., Leader Newark

Early Treatment
Robert S. Gamon, M.D. Camden

Newer Compounds in Treatment
Orville Wyss, Ph.D. Belleville

Fluid and Protein Balance
C. Abbott Beling, M.D. Newark

Skin Grafting
Lyndon A. Peer, M.D. Newark

2:15 P. M.

VIRUS PNEUMONIA—Harrison S. Martland, M.D., Leader .. Newark
Frederic A. Alling, M.D. Newark
A. E. Jaffin, M.D. Jersey City
Charles Hendee Smith, M.D. New Brunswick

NUTRITION

The Government is stressing *nutrition* in a very extensive program which is being followed in several states in the colleges, in public schools, in industry and through other organized groups. So much detail is being provided in many of these courses, that it is possible that the details may obscure the essentials in the nutrition program.

The vitamins and minerals are widely distributed in nature, and one of the most effective nutritional summaries which the writer has ever heard presented, stressed the fact that there are four essential categories of food:

1. *The body builders,* which are largely the proteins contained in meats and certain vegetables.

2. *The energy givers,* the carbohydrates found extensively in vegetables, especially of the tuber or root variety, such as potatoes, beets, carrots, etc.

3. *The heat producers,* represented in the fats of dairy products, such as milk, butter and cheese and in the oils, such as olive oil and cotton seed oil.

4. *The body regulators,* consisting of the undigestible roughage, the vitamins, and the minerals vitally needed for the building of bone and the prevention of deficiency diseases such as pellagra, rickets and scurvy. The roughage stimulates the peristaltic movement of the intestine by means of which food is passed along the digestive tract to be acted upon by the various digestive juices necessary to the utilization of the digestible portions in the building and repair of the body tissues.

With a simple basic understanding of these four necessary ingredients in a balanced meal, the average patient can make the selections best suited to his needs and personal preference.

THE ARMY DOCTOR

Wartime experience should serve to convince certain former private practitioners of medicine, who have not had a first-hand opportunity to meet and observe their colleagues who prefer to seek a career in our Armed Forces, that the so-called "Army (or Navy) Doctor" is as adequately prepared, as carefully chosen and as professionally adequate and ethical on the average as those in private practice. The same may be said for the full-time industrial physician who chooses a career in this special field. True, there are men of all degrees of proficiency and ethics in these fields as well as in the field of practice elsewhere, but the average is as high as anywhere and the competence generally more uniformly distributed through careful selection.

Many of the practitioners who are now serving in the Medical Corps of the Services will doubtless remain in the Service after the war and follow a new career from deliberate choice. The expansion of the Medical Services, necessarily a part of a larger Standing Army and Navy, will offer this opportunity. Professional freedom is compatible with supervision, schedules and salaries—both in and out of governmental organizations. This is a changing world and the present rate of change is greatly accelerated. Let us keep an open mind, an alert eye, and observe and think about what we observe. We can then better define our problems, prepare and propose more practical and economic solutions. We should bring into our discussions other viewpoints—administrative, economic, social, political and national. The war offers some constructive aspects as well as destructive ones. Let us capitalize on our new experiences and observations so that we may, as physicians, continue to serve as leaders in the health services of our state and community.

THE HOSPITAL SERVICE PLAN COMMISSION THE NATIONAL CONFERENCE ON MEDICAL SERVICES THE COUNCIL ON MEDICAL EDUCATION AND LICENSURE

Chicago Meetings

Norman M. Scott, M.D., Newark

February 8th to February 16th was meeting time in Chicago. The Hospital Service Plan Commission, The National Conference on Medical Services, The Council on Medical Education and Licensure all held their regular annual meetings. Many opinions and many solutions were presented, from those of the most conservative stand-patters to one which advocated complete unionization of the medical profession in order that by, "threat, force and coercion" the medical profession might obtain its rights. Well, as one Chairman expressed it, "this is still a democracy, and we still have the right of free speech". Many a man took advantage of this right in Chicago between February 8th and 16th, 1943.

Despite the above, an air of sincerity and earnestness prevailed as some of the serious problems facing our profession and the nation were unfolded by able and authoritative speakers. Much of what transpired has been presented in the lay press and will be presented in detail in current medical literature. From very scant notes the writer reports the following briefs.

Much discussion resolved around the activities of social, political and lay groups, who would promote their own welfare at the expense of the medical profession and the standards of American medicine; indicating the necessity for unity of action from within the profession, "the projection of creative thinking into the unpredictable problems of the post-war period", and promotion of stronger legislative and economic policies to protect the future welfare of the medical profession and the profession of medicine.

NATIONAL BLUE CROSS MEDICAL PLAN

The "National Medical Care Plan for Blue Cross Hospital Subscribers" was presented to the Hospital Service Commission on February 10th. The report was returned to the committee for further consideration without commitment. This result was in no small part due to the minority report of Mr. J. Albert Durgom of the New Jersey Hospital Service Plan, and the vigorous defense of the medical profession which he presented at the meeting. This plan is further discussed on another page of this *Journal.*

NATIONAL MEDICAL SERVICE PLAN COUNCIL

Meetings of Medical Service Plan representatives were held in Detroit and Chicago. The initial organization of National Medical Service Plan Council was accomplished on February 14th at a meeting of representatives of six medical service plans sponsored by State Medical Societies.

THE WAR

State Quota: As of December 31st, 1,611 New Jersey physicians have been commissioned. Of these, 14 have been returned to civilian life because of physical defects incompatible with military service. This reduces our 1943 state quota from 283 as announced on November 30th to 218 as of January 1st.

Relocations: Four hundred sixty-two physicians have been relocated through the Central Board of Procurement and Assignment. There are now 15 areas in the country, recognized as in need of additional physicians.

Hospital Residents: In addition to internes we will need about 2,800 residents

in 1943-44. They should be chosen from among women physicians; 3A or 4F Selectees; physicians with physical defects; or on rare occasions from among internes with Army or Navy reserve commissions, who upon recommendation of State and Corps Area Chairmen and the Central Board of Procurement and Assignment, the Surgeons General may be willing to grant deferment of active duty.

Nurses: The acute shortage of nurses has prompted many young women to enter training. Prior to this war about 35,000 a year entered training, in 1942 the figure was 45,000 and during this year 55,000 expect to enter training.

Public Health (Dr. Parran): Six million people have shifted to war industry areas, creating potential health problems. To date there have been no epidemics. In England the venereal disease rate among civilians has risen 70 per cent, and the tuberculosis rate 13 per cent. Among steps to combat these dangers the U. S. P. H. S. has organized 3,500 public venereal clinics and will soon have 16-20 mobile tuberculosis units for diagnostic screening of employees in industrial areas.

War Diseases (Adm. McIntire): Diseases to which our troops are exposed challenge the profession in maintaining their health. In Africa there are many cases of malaria, all types of dysentery, sandfly fever, typhus and plague among the civilian population, and only primitive sanitation. Of the Marines in Guadalcanal many had malaria. The dangers of post-war epidemics arising in Europe and Asia may require the retention of many physicians in the armed forces after the war. Admiral McIntire warned of the danger, as he has done on other occasions that "unless we work out a sensible plan for post-war medical care we may be taken over by other forces".

Medical Education (Gen. Dalton): General Dalton of the Army Personnel Section, himself the son of a physician, announced the "Army Specialized Training Program" with special emphasis on medical education. By a screening process during the initial training period of a soldier, the most highly qualified men will be chosen for advanced education. The screening process will be continued throughout the entire educational program. The academic course to be conducted in existing colleges will consist of five terms totaling 64 weeks, with 86 semester hours. It will be a general educational course. Candidates for medical education will, as usual, be chosen by the college teaching staff with proper consideration of the screening process. The medical course will be three years. There will be no short-cut in medical education except in the matter of time consumed. Screening will continue during the medical course. The course will be as defined by the medical school and not altered by military authorities except for one hour a week of medico-military training. Students will be soldiers, under military control, living in military quarters as furnished, or granted allowances with which to pay for their quarters and rations. They will be paid $50.00 a month. All educational expenses will be paid by the government. General Dalton made it clear that these men will be primarily soldiers, being trained to fill the need of the army for young physicians in a long-range military program. The need will be about 4,200 replacements annually. The admission of these graduates to private practice after the war will require consideration on a state level and legislation as needed. The only source of medical officers after 1943 will be from the new graduates. About 20 per cent of school capacity will be set aside for students with physical defects and women entering medical school as private students.

Legislation (Mr. Holloway, Bureau of Legal Medicine and Legislation of A. M. A.): Many papers included a discussion on legislation, emphasizing the necessity for legislation, but warning of the dan-

gers of lowering the bars for admission of physicians who would not be able to qualify for a license in time of peace.

Temporary Licenses: Established standard should not suffer, but if relocation is necessary and cannot be handled by existing laws, or relocation within the State, legislation is advised to allow for temporary licenses. This should be accomplished by conferences with Procurement and Assignment, the Board of Medical Examiners and the State Society.

Pre-medical: In 20 states the practice act definitely refers to two years pre-medical study as a minimum of eligibility for license. Additional legislation will be necessary in these states to allow for licensing future graduates.

New Graduates: Nine states, including New Jersey, will require legislation to allow a license for graduates completing their medical course in 36 months instead of four years.

Internship: Ten states will require legislation to reduce length of internship to nine months as a minimum requirement for new graduates.

Annual Registration: Twenty-three states require annual registration and a registration fee. Where this is in force there should be corrective legislation for the protection of the men now in service.

MEDICAL SERVICE ADMINISTRATION OF NEW JERSEY
MEDICAL-SURGICAL PLAN OF NEW JERSEY

NORMAN M. SCOTT, M.D., Medical Director

The Effect of a Uniform Increase in Fees on Post-War Problems

We are informed that there is under consideration in some areas the possibility of raising the general level of physicians' fees. It is felt by some that such a procedure is justified in view of the rising costs of living and the additional burdens now being assumed by the individual physician. Others feel that such a general increase would be detrimental to the welfare of organized medicine and would, in the long run, be harmful to the economic interests of the individual doctor; and that in addition it would restrict, rather than promote, an improvement in the distribution of medical care.

The most important post-war problems of the medical profession will be problems of economics and public relations.

The economic problem will be the development of methods assuring a maximum distribution of adequate medical care, at a cost which can be afforded by our people and which will at the same time properly sustain the economic and social status of the medical profession.

The public relations problem will be a program to assure the general population of the integrity of the profession, its sincere interest in the welfare of the people, and of its ability to solve its own problems.

The results obtained will reflect, and depend upon, the competency of the profession as a whole and its leadership.

In approaching the solution we must first insist that it be based upon proper philosophy and moral principles. It cannot be based upon the principles of Bureaucracy such as are necessary during a war period. It must be based upon principles of private enterprise and personal initiative. These principles must be re-established as early as possible during the post-war period.

Our solution cannot be based upon the destructive and disastrous philosophy which developed during recent years in the countries of our enemies. To succumb to this or to any other false philosophy will be fatal. To base our solution upon false arguments or false issues might lead to the development of a

false philosophy such as developed in our enemy countries, with subsequent disastrous effects upon their medical professions.

The philosophy and principles of American medicine are firmly established. They are reflected in the tenets, traditions and ethics which have led to the highest standards of medical care. They are acceptable to the American people. The true issue, then, is not one of philosophy or principles. The true issue is "How, in accordance with present philosophy, may the maximum distribution of adequate medical care be accomplished?"

Many factors must be considered. In New Jersey we have sufficient facilities, as shown by the very complete survey of facilities made in 1938-39. If facilities prove insufficient as the program develops, they may be expanded. We will have sufficient personnel when those physicians now in federal service return to their communities.

Other important factors involve the relationship between maximum distribution, physicians' fees and physicians' income. Here we must be guided by certain basic principles of economics. These principles, applied to medical problems, may be stated as follows:

1. Adequate income for the profession as a whole is not dependent upon high fees alone.

2. High, or increased fees are not compatible with increased distribution by private practitioners.

3. High professional fees tend to restrict distribution, and any restriction placed upon distribution by private practitioners will reduce the income of the profession as a whole.

As fees are increased by the profession as a whole, a progressively larger number of persons find it impossible to pay for adequate medical care. Thus the *source of income* to the profession becomes more and more restricted, distribution decreases and the income to the profession as a whole is not proportionately increased. Certainly, increased fees are not the solution of the economic problem of the profession as a whole, or of the distribution problem. This does not mean that an increase in fees by an individual physician wishing to restrict the volume or type of his practice is not justified.

On the other hand, minimum fees or minimum fee schedules will expand the *source of income,* will promote distribution, but will not maintain adequate income of the profession or assure standards of care.

Nobody has yet found a solution. We are learning something about it, and by a process of study, experience and evolution must find the answer. The answer indicated at present would be: expansion of the *source of income* to the profession by a more general inclusion of the low and modest income groups in the *source of income.*

Few persons, especially lay persons, appreciate the amount of medical care rendered to the people, for which the profession receives no income. They should be more fully informed of this fact in our post-war planning and public relations program.

The fact that the general income to the profession may be maintained or increased by modest fees, providing the *source of income* is expanded and all services are paid for, is apparently demonstrated by observing the operation of medical service plans.

The Farm Plan in New Jersey, considering the extent of services rendered, does not contribute a proportionately adequate income to the profession because of minimum fees. However, its contribution to professional income is consistent with the income of the patients. It prevents a restriction of distribution and a loss of income which would otherwise occur.

Medical-Surgical Plan, by expanding the *source of income* and by paying for all eligible medical and surgical care ren-

dered in hospital, at modest fees, yields a gross income to the profession of over $24,000 per year per 1,000 families.

Under both of these plans the *source of income* is 100 per cent of the subscribing group, and all services covered by the contracts are paid for. Whether the income to the profession is sufficient, and whether or not this principle can be satisfactorily applied to more extensive services, must be determined by further experience. We believe our approach is correct and promises a contribution to the correct solution.

Constructive thought, constructive action and constructive leadership are essential at this time. The solution must be found. We, the medical profession, owe this to ourselves and to the people of this democratic nation. We owe it particularly to the physicians now in federal service, so they may return to a system of practice based upon philosophy and moral principles of which they approve, and from which they may be assured of an adequate professional income in as short a time as possible after their return.

JANUARY EXPERIENCE

Medical-Surgical Plan of New Jersey

The monthly experience of Medical-Surgical Plan will be found in past issues of *The Journal*.

Our January experience, as compared to our December experience, is shown below.

1942	Monthly Earned Income During Month	Monthly Claims Incurred During Month	Assets End of Month	Liabilities End of Month	Reserves (Excess of Assets Over Liabilities)
December	$2,615.00	$ 446.00	$ 9,856.15	$4,004.81	$5,851.34
1943					
January	3,279.41	1,163.50	10,308.35	4,630.02	6,278.33

During December our claims were very light and we looked forward to a very heavy claim experience in January. This did not occur, and although there was an increase over December, it was still below our average, and totals only 35.4 per cent of our earned subscription income for the month. We are still too young to interpret these experiences.

Of interest is an opinion expressed in a recent communication received in this office "that unless the philosophy of the Medical-Surgical Plan of New Jersey as now set up is accepted by the medical profession and by industry in the very near future, the almost inevitable result will be the early acceptance by industry of either an indemnity plan (as is now being advocated by certain Hospital Plans) or a program under Social Security supervision".

MEDICAL SERVICE ADMINISTRATION OF NEW JERSEY

During the month of January, the Farm Security Medical Plan in New Jersey took a licking. Our claims totalled $441.50 over our monthly allotment. We were able to pay these claims in full according to our contract, due to the fact that reserves have been set up in the past to meet such contingencies. This was the highest sick rate and the highest claim rate we have experienced. It was due to the large number of vaccinations which resulted from the smallpox scare in southern New Jersey and the high incidence of upper respiratory infections and pneumonia.

THE NATIONAL BLUE CROSS PLAN FOR MEDICAL CARE

This Plan would provide payments, on an indemnity basis, to subscribers of Blue Cross Hospital Plans with which to pay for surgical and obstetrical services rendered during hospitalization.

It would operate on a national basis as a

mutual indemnity insurance company, each Blue Cross State Plan acting as an agency.

The reasons and necessity for such a Plan as stated in the report of the Committee to the Hospital Service Commission on February 10 were as follows:

1. "Trends in Washington would indicate that surgical benefits must be added, and added quickly, if the Blue Cross movement is to survive."

2. "Members of the medical profession have:

a. Been slow to realize the danger confronting their profession and slow to act.

b. Been opposed to any medical or surgical plan whatsoever.

c. Hampered the development of such a plan by placing impractical barriers or unsound theories in its path.

d. Not been able by training, experience or aptitude, to promote such a plan.

e. Failed to agree among themselves."

3. "To ignore the present situation would mean leaving the doors wide open for the bureaucrats' march into the hospitals through the regimentation of the medical profession."

When reported to the meeting of the Hospital Service Plan Commission on February 10, the matter was returned to the committee for further study. The exact wording of the motion by the Commission will be quoted in a later issue of this *Journal*.

A minority report was made by Mr. J. Albert Durgom, a member of the committee and Executive Director of Hospital Service Plan of New Jersey. The following quotations express the attitude of Mr. Durgom and Hospital Service Plan of New Jersey:

a. "As you will recall, I indicated at the Chicago meeting that it is the present judgment of our Hospital Plan that such Medical Plans should originate from and within and be controlled by the medical profession on a non-indemnity basis, even though that might entail some delay."

b. "The proposed 'National Medical Plan' would, in our judgment, necessarily be on an indemnity basis. As such, it would seem to offer little more than now available from mutual organizations already in the field which offer cash indemnity benefits. We believe the Hospital Plan movement might suffer repercussions from engaging in that field."

c. "Naturally, we are pleased that in New Jersey there has been organized a Medical-Surgical Plan sponsored by the State Medical Society, which offers all-inclusive medical and surgical services in semi-private accommodations, without salary limitation, thus patterning after the Hospital Plan movement. We do believe that there is a very proper place for Hospital Plans in making their enrollment and accounting facilities available for distribution of such Medical-Surgical contracts, without in any wise encroaching on the medical profession or interfering with physician-patient relationship."

TWENTY WAR SESSIONS ANNOUNCED BY COLLEGE OF SURGEONS

New developments in military and civilian medical and hospital service will be brought to members of the medical profession at large, and hospital representatives, through a series of twenty War Sessions, beginning March 1, to be held throughout the United States under the sponsorship of the American College of Surgeons with the cöoperation of other medical organizations and of the Federal medical services.

Each War Session will consist of an all-day program, lasting from 9:00 o'clock A. M. to 10:00 P. M., including luncheon and dinner conferences.

The session for New Jersey, New York City and Delaware will be held on Wednesday, March 17, at St. George Hotel, Brooklyn, N. Y.

Topics to be discussed relating to military medicine will include care of the ill and injured in combat zones and after evacuation; the newer types of crush and blast injuries; prevention and treatment of infections; treatment of burns, shock, and injuries of specific parts of the body; endemic and epidemic diseases, including tropical diseases; anesthesia; plastic surgery, and the psychoneuroses of war. Problems of civilian medical care in wartime which will be discussed will include the responsibilities of individual doctors and hospitals; personnel problems of hospitals; organization of emergency medical services; maintaining adequate supplies, furnishings and equipment; maintenance of high standards of medical and nursing education, and of hospital service in general; hospital, public relations and administrative adjustments in professional staffs of hospitals. Supplementary post-graduate education for medical officers and civilian doctors will also be discussed.

TREATMENT OF BURNS AND FOREIGN BODIES OF THE EYE

By J. M. Carlisle, M.D., Westfield, N. J.
Chairman, Committee on Industrial Health and Hygiene of The Medical Society of New Jersey
and
Augustus Gibson, M.D., Scotch Plains, N. J.

The great good that can be accomplished by appropriate treatment skillfully administered during the first few seconds after foreign objects causing tissue destruction have entered the eye cannot be over-emphasized.

Since the physician is seldom at the site of such accidents, it becomes his responsibility to educate the lay person in what to do and what not to do until medical treatment is obtained. Therefore, in order that definitive treatment may be selected and instituted at the earliest possible moment and under the most nearly satisfactory conditions, the following first aid "should" and "should nots" are recommended:

FIRST AID INSTRUCTIONS

1. When an irritant chemical has entered the eye, the first objective should be the immediate removal of the offending agent. This can best be accomplished by *immediate* irrigation of the eye with copious quantities of clean running water at the earliest possible moment after the substance has entered the eye. The patient should then be sent immedately for medical examination and definitive treatment.

2. Foreign bodies entering the eye, if not having chemically irritant properties or not producing a burning sensation, should not be touched by lay individuals. The patient should be sent immediately for medical treatment. If there is an irritant reaction or a burning sensation from the material, the patient's eyes should be flushed with water immediately following the injury.

3. Traumatic injuries should not be treated by lay individuals at the scene of the injury, but the patient should be sent immediately for medical treatment.

4. Flash burns or thermic burns of the eye should be sent immediately for medical treatment.

MEDICAL TREATMENT

After the patient has received immediate, proper and adequate first aid, which is so often sight-saving, he should be sent immediately to a physician who is trained and equipped to carry out in sequence that part of the following treatment which is indicated in the specific injury:

For Chemical Burns

1. Test the reaction of the contents of the conjunctival sac by lightly touching indicator paper to the mucous membrane surface of the lower fornix. (Litmus paper is unsatisfactory because a large pH shift is required before a color change from blue to red *or* from red to blue occurs. "Alkacid" test paper or "pHydrion" paper is much better because definite and easily recognizable color changes take place with a pH shift as small as 0.2 of a pH unit. Nitrazine paper is satisfactory for acid burns, but poor for strong alkali burns because it does not indicate changes in degree of alkalinity beyond the usual slightly alkaline reaction of the tears.)

2. Instill local anesthetic. (Aqueous solutions only, such as pontocaine 0.5 per cent, butyn 2 per cent or holocaine 1 per cent, rather than cocaine which has a greater tendency to soften the corneal epithelium.)

3. Wash *thoroughly* the eyebrows and tegument surrounding the eye in order to remove all residual chemical or foreign matter which may be present. (This may be done while the anesthetic is taking effect.) Alcohol (30 per cent) sponges should be routine equipment for this purpose.

4. Institute immediate copious irrigation of the eye with isotonic saline or distilled water.

5. Place two drops of a 2 per cent sodium fluorescein solution on the eye, allow a minute

for staining of any denuded area, and then rinse with physiological saline.

6. Examine the eye under artificial light. (Momentary use of ultraviolet light renders the fluorescein stained corneal lesions even more conspicuous.)

7. Conduct a careful and thorough slit-lamp examination. Many of the lesions of the cornea will be detected only with the aid of the slit-lamp, and especially is this true with alkali burns.

8. If there is still discomfort after the above procedures, local anesthetic may again be placed in the eye, then followed by definitive treatment.

9. *Definitive Treatment*

A. For Acid Burns

(1) Buffer solution for acid burns (a 2 per cent solution of sodium bicarbonate—two level teaspoonfuls to a pint of water) should be instilled over the globe and into the fornices from an eye dropper in quantities of 3 to 5 cc. every three to five minutes for 15 minutes. (The glass tube of an eye dropper holds about 1 cc.) While the duration of this irrigation will depend upon the cause, type, extent and severity of the injury, the irrigation should always be continued until there is a maintained neutral reaction upon testing the secretions in the fornices.

(Note: Most acid burns of the eye are instantaneous and not progressive, and consist essentially in the precipitation and denaturing of the tissue proteins. The severity of the burn depends upon the concentration and pH of the acid, the character of the anion and, most important, the time that the acid remains in the eye before it is diluted and removed. As a general rule acid burns heal more rapidly and are much less difficult to handle than are alkali burns.)

(2) Local anesthetics: Pontocaine, butyn, or holocaine. Most of these uncomplicated cases require a local anesthetic, an oily lubricant, and some bacteriostatic substance in the fornices during the first 24 hours. The combined facilities and advantages of anesthetics, antiseptics and lubricants are offered in butyn and metaphen or metycaine and merthiolate ophthalmic ointments. These may be employed according to the indications given in the section on alkali burns.

(Note: In every burn of the eye a symblepharon may develop if two denuded mucous membrane surfaces are approximated and immobilized. Liberal quantities of these or other ointments, together with twice daily compulsory inspections, will prevent many cases of symblepharon.)

(3) Dark glasses, atropine, eye pads.

(Note: The advantages to be derived from any or all of these when needed should not be overlooked. Except in cases of increased intra-ocular tension, the pupil should be dilated in all severe inflammations in the vicinity of the ciliary body. Immobilization and protection from light are frequently necessary to the comfort of the patient.)

(4) Additional routine measures in the treatment of acid burns of the eye:

a. Boric acid ophthalmic ointment, together with an eye pad, or the instillation of sterile castor oil, cod-liver oil or olive oil will alleviate the symptoms which usually follow acid burns, as well as promote regeneration of the corneal epithelium.

b. Any discharge should be removed from the fornices by the instillation of a mild silver protein 10 per cent solution followed by copious irrigations of boric acid, or by irrigation with an aqueous solution of Phemerol 1:1000 diluted by addition of four parts of sterile normal saline.

B. For Alkali Burns

Since alkali burns, unlike acid burns, are nearly always progressive, there is a great deal that the first aid, as well as definitive treatment has to offer, and especially does this apply to the benefits that will accrue

from the continued irrigations with a mild buffer solution. In all cases it is advisable to keep these irrigations up for one-half hour or more.

(1) Buffer solution for alkali burns (acetic acid 2.5 gm., sodium acetate 3.0 gm., sodium chloride 4.5 gm. [reagent grade of each], and distilled water 1000 cc.) should be instilled over the globe and into the fornices from an eye dropper in quantities of 3 to 5 cc. every 3 to 5 minutes for *30 to 50 minutes*. While the duration of this irrigation will depend upon the cause, type, extent and severity of the injury, the irrigation should always be continued until there is a maintained neutral reaction upon testing the secretions in the fornices.

(2) Cold compresses: Very useful in inflammatory affections of the *conjunctiva*. Edema of the lids and chemosis so frequently seen in these burns may be measurably alleviated by a 2 x 2 gauze compress moistened in the cold buffer solution placed over the lids or by the dry method (ice bag), which as a rule is less painful to the patient if the skin of the face and forehead is protected. Ice should never be applied directly to the lids.

Since strong alkali solutions penetrate deeply into the cornea within a very few seconds, a resultant corneal ulcer may be anticipated. During the first 36-48 hours after treatment the cornea frequently becomes less cloudy, but on the fourth to eighth day a pannus of blood vessels may enter the cornea from the limbus over which the corneal epithelium will not regenerate. In the event that either the conjunctiva or cornea is severely burned and appears white or grey, a symblepharon or an adhesion between the lid and the eyeball may develop.

(3) Dark glasses, atropine, eye pads as indicated.

(4) Additional routine measures in the treatment of alkali burns of the eye include:

a. Instillation of atropine sulfate 1 per cent, ophthalmic ointment or solution (the aqueous solution when irrigations are used, the ointment when oil is used).

b. Careful inspection twice daily for adhesions between the lids and the globe. (A small glass rod is very useful in breaking these adhesions.)

c. Liberal quantities of boric acid ointment should be placed between the globe and the lid to act as a lubricant and thus serve to prevent adhesions.

d. Any discharge should be removed from the fornices by the instillation of a mild silver protein 10 per cent solution followed by copious irrigations of boric acid, or by irrigation with an aqueous solution of Phemerol 1:1000 diluted by addition of four parts of sterile normal saline.

e. Sulfathiazole ophthalmic ointment 5 per cent is a very useful agent in preventing secondary infections. (Contraindication is the frequently occurring irritation following the use of this drug in the eye.)

f. Butyn and metaphen, or metycaine and merthiolate ophthalmic ointment may be used when local anesthetic and bacteriostatic effects are desired.

g. Holocaine (phenacaine) 1 per cent should be used when a higher degree of anesthesia is necessary. (Cocaine should not be used in view of the fact that it delays healing, causes softening and swelling of the epithelial cells and produces further damage to the corneal epithelium.)

C. For Alkaloid Burns

Alkaloidal reactions are often insidious in their onset. Some produce immediate reactions while others produce signs and symptoms only after an apparently quiescent period varying from 4 to 24 hours. While the best treatment is prevention, in the event of alkaloid exposure or contact, im-

mediate treatment should be instituted if the best results are to be obtained.

(1) Sodium thiosulfate (3 per cent solution) or some mild oxidizing or reducing agent instilled over the globe and into the fornices from the eye dropper in quantities of 3 to 5 cc. every 3 to 5 minutes for *30 to 50 minutes.* While the duration of this definitive treatment will vary depending upon the nature of the irritant and the time of exposure, subsequent treatment is essentially the same as for alkali burns.

D. Special

(1) Lime burns: The "medical treatment" of lime burns is essentially the same as for alkali burns. However, 4 per cent solutions of ammonium tartrate have been specifically recommended instead of the "Buffer Solution" because of the soluble calcium tartrate that is formed.

While a *freshly prepared* 4 per cent solution of ammonium tartrate (Reagent grade) is isotonic with lachrymal fluids and is neutral, it rapidly turns acid upon standing. It is, therefore, advisable to test the solution before and during use. A solution that is over one hour old should not be used.

(2) Lacrimators: The gases, vapors and liquids of lacrimators likely to be encountered as a result of enemy action may produce very severe injuries to the eye. As treatment is highly specific, instruction as to definitive treatment, other than the use of a 2 per cent solution of sodium bicarbonate, should be obtained from sources dealing more specifically with this subject.

(3) Flash burns: Boric acid solution used as an eye wash, castor oil as a lubricant, and holocaine for the relief of pain usually allow for complete recovery within four or five days. Mild anesthetics do not, as a rule, afford relief from the very severe pain which almost invariably follows even momentary flash exposure.

SUPERFICIAL FOREIGN BODIES OF THE EYE

First Aid Treatment

The following are the only first aid measures that the nurse or first aid attendant should be allowed to undertake in the removal of foreign bodies in the conjunctival fornices or on the eye:

1. Irrigation of the eye with clean water, physiological saline, boric acid solution or some satisfactory collyrium.

2. Lightly passing or rolling across the conjunctival or corneal surface a moistened cotton pledget. If this manipulation does not remove the foreign body, then the services of a physician should be obtained. (Note: Never use dry cotton on corneal or conjunctival surface.)

It is of tremendous importance that first aid routines do not include any more vigorous actions than the above, since the delicacy of the eye restricts the extent of the first aid which the lay person may be trusted to perform. Unless all additional measures are taken by the physician, undue and unwarranted destruction of tissue as well as contamination and resultant infection will follow the ministrations of well-meaning individuals with unskilled and untrained hands.

One frequently overlooked step in the treatment of foreign bodies of the eye is the prevention of a recurrence by removing from the eyelashes and eyebrows all particles which may have accumulated there. In many instances these are the same type of particles that were removed from the eye. Therefore, the cleansing of the eyelashes, eyebrows and skin of the orbit is of considerable importance.

When a local anesthetic is used to aid in the removal of a foreign body on the eye, it is extremely inadvisable to allow the patient to leave the dispensary without first placing a shield over the eye, if the patient leaves before the effects of the anesthetic have worn off. Frequently further damage results from allowing the patient with an anesthetized eye to return to the environment in which he acquired the first foreign body. He could detect the foreign body previously, but now he is unable to feel it because of the anesthetic.

Definitive Treatment

When the above first aid measures have not been successful in removing foreign bodies from the eye, the patient should be referred to a physician for removal of the foreign body. It is of the utmost importance that the patient be placed in a satisfactory position which will allow for perfect comfort and relaxation on the part of the patient as well as the physician. These objectives can best be accomplished by the following:

a. Patient in reclining position.

b. Local anesthetic.

c. The physician sitting at the patient's head with elbows resting on the cot, with his face and hands in such a position that he is looking and working from above downwards over the globe of the patient's eye. There is much less danger of causing damage to the eye in this position than in having the patient sitting in a chair and the operator working from a sitting position in front of the patient. Working from in front, a slip of the physician's instrument is almost certain to result in puncturing or otherwise severely damaging the patient's eye. Working from above, a slip is only likely to give a tangential injury of much lesser severity.

No patient should be allowed to leave the dispensary after a foreign body has been removed from the cornea or conjunctiva without first placing on the bulb two drops of 2 per cent sodium fluorescein or aqueous mercurochrome solution. Frequently in cases in which there is a history of a foreign body but no foreign body can be found, fluorescein instillations will reveal a scratch on the surface of the cornea which would be missed without this staining aid.

The use of some lubricant with or without some local anesthetic and/or antiseptic, together with an eye dressing should be continued until healing is complete as can be determined by the failure of the cornea to stain with a 2 per cent sodium fluorescein or aqueous mercurochrome solution.

After a foreign body has been removed from the surface of the eye, the patient should be told that each time he opens and closes his eye he will probably feel the rough surface or "scratch" that the foreign body has caused. He should be *assured* that the foreign body *has* been removed, and that this rough surface will heal within a few hours.

Penetrating Foreign Bodies

These are the most troublesome of eye injuries so far as a permanent disability is concerned. The very best form of treatment for the industrial physician to use in the majority of instances is as follows:

1. Eye pad and head bandage. While a firm bandage over one eye will frequently reduce friction between the eyeball and eyelid, if complete immobilization of one eye is required, *both* eyes must be bandaged.

2. Send immediately to a hospital for care by an eye specialist and for localization and removal, under strict asepsis in the operating room if necessary.

Corneal Abrasions

Corneal abrasions and deep lacerations not only expose the delicate nerve fibers, but also constitute a portal of entry for contamination. As a result, serious inflammation and infection frequently ensue. Corneal ulceration, often leaving permanent scarring and diminution of vision, may ultimately result. Immediate and proper definitive treatment is imperative if these serious sequelae to corneal injury are to be prevented or minimized.

Only a competent specialist in injuries of the eye is qualified to carry out adequate treatment for any but the most superficial lesions, and for this reason the physician in industry should confine his efforts to immediate diagnosis and simple measures for the relief of the intense pain caused by most corneal injuries. After a sterile dry gauze dressing has been applied over the eye and held in place by a circular bandage, the patient should be sent immediately to the eye specialist.

The instillation of a local anesthetic is usually the most effective means of securing immediate relief from pain. An aqueous solution should be used, if the patient has not yet been seen by the ophthalmologist, since oily substances in the eye interfere with proper examination.

CONCLUSION

Of all the commonly occurring injuries seen in industrial practice, those to the eye carry the most serious potentialities for permanent, serious disability. Proper early treatment, however, can usually greatly minimize or prevent such a result. It must be reëmphasized, therefore, that all but the most trivial of eye injuries should be promptly referred to an ophthalmologist if the welfare of the employee, the pocketbook of the employer and the reputation of the industrial physician are to receive maximum protection.

ESSENTIAL MEDICAMENTS IN TREATING EYE INJURIES

1. Distilled water.
2. Physiologic saline solution.
3. Ice.
4. Castor oil.
5. Boric acid for solution, saturated.
6. Sodium bicarbonate for solution 1.5%-2% freshly prepared. (Two level teaspoonfuls in 1 pint water.)
7. Sodium thiosulfate solution 3%.
8. Acetic acid solution 0.5%.
9. Anesthetics:
 Pontocaine 0.5%
 Butyn 1%
 Procaine hydrochloride 2%
 Holocaine 1%
 } All aqueous solutions.
10. Boric acid ointment 10%.
11. Sulfathiazole ophthalmic ointment 5%.
12. Butyn and metaphen ophthalmic ointment 2% (rapid but short acting).
13. Metycaine 4% and merthiolate ophthalmic ointment (slow but prolonged action).
14. Mercury bichloride and sodium chloride ophthalmic ointment (1:3000 and 5:3000 respectively), White's ointment.
15. Holocaine and epinephrine ophthalmic ointment (1% and 2% respectively).
16. Atropine sulfate 1% and merthiolate 1:5000 ophthalmic ointment.
17. Fluorescein solution 2%.
18. Buffer solution (for alkali burns):

Acetic acid (Reagent Grade)	2.5 gm.
Sodium acetate (Reagent Grade)	3.0 gm.
Sodium chloride (Reagent Grade)	4.5 gm.
Distilled water	1000.0 cc.

19. Alcohol (30% solution for skin and lids).
20. Phemerol (1:1000 aqueous solution). Bacteriostatic wetting agent.

A COMPARATIVE STUDY OF TUBAL INSUFFLATION AND LIPIODOL INJECTION IN STERILITY

Studies based on the result of the investigation of tubal patency in 706 consecutive cases are presented. Two mortalities are reported.

Eigh hundred and thirty-one insufflations were given to 541 patients. The status of the tubes as determined by this procedure was as follows: patent 262 cases, complete obstruction in 192 cases, stenosis 60 cases, and spasm 27 cases. Patency was established by the insufflation in 59 cases of tubal obstruction. The greatest number (39) occurred following one negative insufflation, 17 followed two negative insufflations, and 2 followed three negative insufflations. A total of 84 patients conceived following tubal insufflation. The time interval between the test and conception was as follows: One month, 25; 2 months, 19; 3 months, 16; 4 to 6 months, 17; 7 months to one year, 7 cases. Of further interest is the fact that 50 pregnancies followed one insufflation, 30 pregnancies 2 insufflations, and 4 pregnancies 3 insufflations. There were 3 mild pelvic irritations. One patient had some disturbance of uterine bleeding several weeks later with some small exudate in the posterior cul-de-sac; 1 patient bled moderately for 2 weeks and then the bleeding cleared up with bed rest; and 1 patient had amenorrhea for six months following insufflation.

Uterosalpingography with lipiodol was performed on 337 patients. One or both tubes were patent to this procedure in 188 and both were closed in 149 cases. Six patients showed gross morbidity following uterosalpingography. A total number of 58 patients conceived within one year following this procedure. The intervening period was as follows: 11 cases, one month; 10 cases, two months; 13 cases, three months; 12 cases, four to six months; 12 cases, seven to twelve months.

The relative merits of carbon dioxide insufflation and lipiodol injection are considered. The view is expressed that carbon dioxide insufflation should always precede the use of lipiodol, as it gives all the necessary information in the majority of cases without some of the drawbacks of lipiodol. The use of lipiodol should be reserved in the main for those cases of nonpatency in which accurate localizations of the obstruction is desired. In sterility cases in which one tube is occluded, or both tubes show partial obstruction as demonstrated by air insufflation, lipiodol injection should be used cautiously, as complete occlusion may result and thus defeat the primary objective.—David Feiner, M.D., Am. J. Obst. & Gynec., 43:639-652, April 1942. (Clinical Abstracts, 1942.)

THE HOSPITAL, ITS TRUSTEES AND THE MEDICAL STAFF

James T. Hanan, M.D., F.A.C.S., Montclair, N. J.

Social conditions change rapidly as the result of War. Surgical and Medical treatments expand and develop. Hospital management, however, in the interrelationship of Trustees and the Medical Staff still pursues its way in the same divided fashion that has persisted for a half century or more.

This is largely the fault of the Medical Staff in surrendering its responsible interests in the administrative and financial policies of the institution.

It has been the thought up to the near present, that when the members of the Medical Staff had promulgated policies for the welfare of patients and attended to prescribed duties that their obligation to the hospital had been fulfilled.

This is the idea of the older type of Trustee, but not of the more modern who realizes that a closer mingling of Staff representation on the Board of Trustees will enlighten them on the varied Medical activities of their institution and also allow the Medical men on the Board of Trustees to have knowledge, and a voice, in evolving hospital policies that deeply affect the welfare of their patients. In fact, the success or failure of administrative policies affect the Medical group, through service to their patients, far more than they do the Trustees. In consequence and in all justice they should, therefore, have the opportunity to share in instituting such policies.

The Staff are directly interested in the selection of the heads of hospital administrative departments; how much salary they are to receive, their qualifications for the job and their previous experience in such a line of work. These will all be reflected in the welfare of and service to their patients.

Not alone should they know about such employees but they should if need be have a voice in their selection or dismissal.

Their own Medical work is affected, for example, by letting a qualified individual leave a position that he or she fills with distinction just because a few dollars increase in salary will not be granted by the Board of Trustees for exceptional services. They, therefore, go to other institutions, who will gladly pay them the larger stipend, and the hospital they have left must secure a new and perhaps inferior person for the position. Such action interferes with and upsets a smoothly working personnel and patients get poorer service in consequence.

From the viewpoint of experience in hospital management the Medical Staff may be considered a professional group who have spent their lives in hospital work. The Trustees are largely business executives and usually without previous hospital experience, who must lean upon the professional advice or medical knowledge of the Superintendent or Director of the institution.

To say that modern Doctors are poor organizers and businessmen is to belittle their abilities. Such talk is obsolete. They have in their ranks and on each Medical Staff individuals who possess such ability and of a high order.

The friction that arises at times between Trustees and Staff could be done away with, not by special committees to meet with those from the Trustees to discuss such incidents, when and if they arise, but by thrashing these differences out in the full Board of Trustees where all members may be present to gain first hand information about the questions at issue and to have the right to sustain their opinions by a vote. Committees are roundabout ways to settle such differences. What is needed in hospital management is more direct and face to face conversations between the two governing groups.

It is recognized that there must be a head to every hospital. Let that be the Board of Trustees, but that they may be better informed as a body it is becoming imperative that a representation of members of the Medical group sit with them as regular members of their Board.

This can be accomplished, preferably, by in-

cluding the members of the Medical Board as full members of the Board of Trustees.

In the event of there being no Medical Board five to seven members of the Staff should be nominated by their own group to serve as Trustees.

Simple changes in the By-Laws of both Trustees and Staff would make these adjustments possible if the Trustees are truly anxious to promote hospital unity.

In some hospitals one or two members of the Medical Staff have Trustee positions as does usually the Chairman of the Medical Board, ex-officio. This does not seem as advisable as the methods previously mentioned for several reasons.

A larger group of Medical men on the Board of Trustees has greater medical force but not sufficient to alter the final balance of power of the Trustees as the ultimate voice in management.

If such members are selected from the Medical Board they will be a changing personnel every year or two, bringing new viewpoints to the Trustees and thus diffusing medical information to the lay members of this group.

Where Medical Boards exist, as part of the hospital organization, it will only complicate matters to have men selected from the Staff to act as a Medical group with the Trustees. It would interfere with the necessary authority of the Medical Board in its relation to the Staff and would complicate what should be a simple set up of undivided responsibility.

Hospitals can and do successfully operate without Trustees. They cannot do so without a Medical Staff. The latter group have been deprived of rights that are essential to better coördination and management which, when corrected, will redound to improved service to patients, the primary consideration of the institution itself.

In small hospitals Boards of Trustees are often entirely composed of women, representative of the Community. They are inclined to appoint what they call an Advisory Board, the members of which are usually prominent men of the Commonwealth.

The trouble here is that when the ladies get into serious disagreements with the Medical Staff over appointments, or less contentious matters, these gentlemen of the Advisory Board, who are usually uninformed about hospital detail and management, are presumed and requested to bring to the matters under discussion the forceful methods of business that are sometimes based on bluster rather than reliable knowledge of the subject at hand. Estimable as they may be, personally, they are usually anything or everything except a proper or experienced Advisory Group and do not help the mutual feeling of coöperation that should be present between the Trustees and Staff to promote harmonious action between the two.

They apparently do bolster the morale of the Women Board. This could be immensly improved by appointing a group of Medical Men as members of their Board. They would be familiar with the matters under discussion and talk the hospital language.

There is no intention in this discussion to glorify the Medical Staff at the expense of the Trustees. It has its own shortcomings, tempered with degrees of hospital politics. The large majority of its members devote their best efforts to furthering the usefulness of their institution, giving not alone much professional time, but often money, for its advancement.

The Medical Board may well be called the Executive Committee of the Staff.

To it come measures passed by the latter for judicial consideration and action before being sent to the Board of Trustees for final adoption.

When the Medical Staff has a large membership their official actions are often made too rapidly upon insufficient factual information and are therefore sometimes more emotional than realistic. The Medical Board, with its small membership of what should be the best minds of the Staff, is able to weigh such measures disinterestedly and for the best interests of the hospital itself. The difficulty here is that the Staff Nominating Committee, named to propose these Medical Board members, does not or cannot always do this.

They should be free of all pressure from the Trustees in selecting such candidates and should

give priority to the Directors of the various departments of the hospital, such as Medicine, Pediatrics, General Surgery and other specially organized divisions.

These heads of departments, or other selectees, without any additional conferences with the Trustees, should comprise the Medical Board and this Board should sit as full members of the Board of Trustees to give their valuable aid and, if need be, criticism to hospital problems as they arise for final decision.

The Medical Board should appoint their own Chairman and all members of it should be elected annually, or otherwise, following the Staff routine of selection of Departmental Directors by each section of the hospital.

The Chairman of the Medical Board should present at regular or special staff meetings a digest of the activities of the Board of Trustees and the Medical Board for the information of the members of the Medical Staff itself.

Members of the Medical Staff should be members in good standing of the corporation of the hospital and arrange to attend its meetings. They should have a lively interest and a voice in the selecting of nominees for proposed election to the Board of Trustees. The hospital is their workshop and those who are entrusted with its administration and management should have their concern.

The Medical profession have for too long a time, in hospital management, been relegated to a position inconsistent with their importance to the general welfare of such institutions. By correcting the divided organization as it exists in the majority of hospitals today both the patients within and the community without will be better served.

11 The Crescent

THE AMERICAN FOUNDATION FOR TROPICAL MEDICINE, INC., ANNUAL MEETING

The annual meeting of members of The American Foundation for Tropical Medicine, Inc., took place on January 19 at the University Club in New York City. A dinner attended by leading authorities in the field of tropical medicine and by representatives of business followed the meeting.

The membership meeting approved plans submitted by the Executive Committee to secure $100,000 in gifts to provide for expansion of activities in the current year. The Foundation, established by the American Academy of Tropical Medicine, was incorporated in New York State in 1940. It has been an agency through which individuals and business concerns with interests in tropical areas can aid in strengthening facilities in this country for study and research in tropical diseases. The activity will be along the lines originally established for the Foundation, namely:

1. Support of graduate departments in tropical medicine at American medical schools.
2. Grants for fellowships in tropical medicine.
3. Financial aid for exchange of faculty.
4. Support of technical journals in the field.
5. Support of research by grants in aid.

At the annual meeting the Executive Director's report on activities for the previous year was given by Dr. J. A. Curran, President and Dean of the Long Island College of Medicine, who succeeded Lt. Col. Thomas T. Mackie of New York City as Director during 1942. Lt. Col. Mackie, Executive Officer, Division of Parasitology and Tropical Medicine, Army Medical School, Army Medical Center, was elected President of the Foundation.

Other officers elected were Dr. Willard C. Rappleye, Vice-President; Mr. W. W. Lancaster, Treasurer, and Mr. Alfred R. Crawford, Secretary.

Members of the Board of Directors elected at the annual meeting were Mr. William B. Bell, Mr. Crawford, Dr. Curran, Dr. Edward C. Ernst, Dr. George Harrop, Dr. Walter A. Jamieson, Dr. Theodore G. Klumpp, Dr. H. W. Kostmayer, Mr. Lancaster, Mr. William Loeb, Lt. Col. Mackie, Dr. Henry E. Meleney, Mr. George W. Merck, Mr. Carleton Palmer, Colonel Harry Plotz, Dr. Rappleye, Dr. Alfred C. Reed, Dr. George C. Shattuck, Col. James S. Simmons and Dr. Robert G. Sproul.

An Executive Committee composed of Dr. Curran, Dr. Klumpp, Lt. Col. Mackie, Dr. Meleney, Dr. Rappleye, Mr. Lancaster and Mr. Crawford was named by the directors to serve for the current year.

The Directors also elected a Medical Committee made up of Col. Charles F. Craig, Dr. Ernest Carroll Faust, Lt. Col. Mackie, Dr. Meleney, Dr. Reed, Dr. Shattuck and Col. Joseph F. Siler.

THE COMBINED USE OF ARSENICALS AND BISMUTH COMPOUNDS IN SYPHILOTHERAPY

Irving Silverman, M.D., Clifton, N. J.; Abraham Kovin, M.D., Passaic, N. J.

Up until July 1, 1941, the method of antisyphilitic therapy used in the out-patient clinics of the Barnert Memorial Hospital, Paterson, and in the Beth Israel Hospital, Passaic, conformed with the rules of "Block Treatment" (as outlined by the Coöperative Clinic Group) in which alternating series of eight to ten intramuscular bismuths are given, one each week, followed by a course of eight to ten intravenous arsenical injections at weekly intervals, for a number of courses.

Out of several considerations, one of these being the economic status of the great majority of our patients—Negro household and W. P. A. workers—the intravenous arsenical and the intramuscular bismuth injections have, since July 1, 1941, been given, one immediately following the other at regular weekly intervals.

In 1927, Wright [1] and later Schamberg [2] reported on the *combined* treatment, i. e., an arsenical and bismuth used simultaneously; they found that smaller doses of each drug may be employed without impairing the therapeutic efficiency and at the same time reducing the toxicity. Experimental studies conducted on rabbit syphilis by Clausen et al.[3] led them to the conclusion that the therapeutic effects of fractional doses of arsenicals and bismuth given together are synergistic and additive, but the toxic effects are less than additive.

On the other hand, Wells and Sewell [4] recently reported finding albumin and microscopic evidence of blood and casts in the urine of patients treated in the *tropics* with *combined* bismuth and arsenical medication, while either drug given alone had previously or subsequently produced no untoward results. They observed no other evidence of impaired renal function and they believe that the profuse sweating in the tropical climate associated with small output of concentrated urine may result in toxic concentration of heavy metals in the convoluted tubules of the kidney.

More recently, Kahn and Becker,[5] of the University of Chicago Clinics, reported on the "Combined Treatment" where they gave one month rest periods after each ten-week course for some six courses. Their study was conducted on 200 cases and, comparing their results with those of the Coöperative Clinic Group, they found "no greater percentage of complications" and "a relative freedom from serious treatment complications".

Our method has worked out so advantageously for the last fifteen months that it is deemed worth while reporting the results in some detail.

Stage of the Disease—At the beginning of this study, practically all the cases had had some treatment and were about evenly divided between early latent (less than four years' duration) and late latent groups. Those that were added from time to time fell largely into the late latent category. With two exceptions, all patients were suffering from asymptomatic syphilis. Each new case, following a routine medical check-up, received three weekly intramuscular doses of 1 c.c. bismuth subsalycilate followed on the fourth week by one-half dose of arsenical (.03 mapharsen at Barnert Memorial Hospital and .3 neo-arsphenamine at Beth Israel Hospital) and 1 c.c. of bismuth. On the fifth week, full doses of arsenical and bismuth were given continuously, without any rest periods for at least one year, at weekly intervals.

Age Incidence—The youngest patient was 19, the oldest, 52.

Sex Incidence—Out of the total of 36 pa-

1. Wright, C. S.: The Effect of Bismuth Alone and in Combination with the Arsenobenzenes on the Wassermann Reaction. Am. J. M. Sc., 173:232, (Feb.) 1927.
2. Schamberg, J. R.: Bismuth and Neoarsphenamine in Syphilis and a Plea for More Conservative Dosage of the Arsenobenzenes. Arch. Dermat. & Syph., 20:431, (Oct.) 1929.
3. Clausen, N. M.; Langley, B. J., and Tatum, A. L.: The Quantitative Nature of the Co-Action of Bismuth and Arsenical Compounds in the Therapy of Experimental Syphilis. J. Pharmacol. & Exper. Therap., 74:324, (March) 1942.
4. Wells, H. G., and Sewell, S. A.: Albuminuria in the Treatment of Syphilis in the Tropics. J. Roy. Nav. M. Serv., 4:389, (Oct.) 1941.
5. Kahn, D., and Becker, S. W.: The Use of Bismuth Compounds in Syphilotherapy. J. A. M. A., 120:5, (Oct. 3) 1942.

tients, there were 15 males and 21 females including three prenatals.

Patient Reaction—The method was explained to each individual, holding out the promise that the course of treatment may be shortened, and this procedure met with almost universal approval. Delinquencies in attendance at clinic were cut considerably.

In all, some 2000 arsenicals and some 2150 bismuth injections were given. Only three individuals complained of some nausea and vomiting; one case complained of diarrhoea following treatment. Restricting the diet on the treatment day to cold fruit juices exclusively soon did away with all the complaints.

Objectively, three mild Herxheimer reactions were observed on particularly hot afternoons; one female developed jaundice following six month of treatment; another female, after some eight months' treatment, developed a moderately severe form of exfoliative dermatitis and both cases cleared up within a reasonably short period under conservative treatment. There were no other treatment complications.

Urinalysis and blood Wassermann examinations were done periodically. Urinary findings, gross and microscopic, were negative throughout.

The serum in 25 cases (70 per cent) became negative upon the completion of a year's treatment and they were then discharged, each one being urged to return to the clinic within three months for a further check-up and possibly some additional treatment if needed.

Syphilis is a chronic, painless and often asymptomatic disease requiring 18 to 24 months of continued regularly given treatments to bring about a possible serological cure. Since privately treated patients who receive treatments at their own convenience frequently fall behind in their scheduled treatments, it is not surprising that the average clinic patient, for whom clinic attendance is a definite sacrifice in time lost from work and otherwise, soon loses interest in his treatment and becomes delinquent. He can see no reason in receiving painful treatment for some two years for an ailment which is painless. A very discouraging factor is the length of time for which treatment must be given. Rest period are not much inducement, and many patients fail to return at the end of the rest period. Consequently, the number of delinquencies in clinics is high.

By employing the "Combined Treatment" method, the length of the treatment period is cut considerably and the delinquency rate is reduced both relatively and absolutely. Various economic advantages to the patients and to the clinic whose available personnel is cut these days, are also made possible under this method.

In conclusion, it may be said that in spite of the latest "Five-Day Intensive Arsenotherapy" methods, it will be many years before these methods will have definitely proven their effectiveness, and even then the slower mode of treatment will still be the method of choice for many patients.

Appreciation is hereby expressed to Dr. J. J. Greengrass, Chief of Dermatology, Barnert Memorial Hospital, Paterson, for his kind coöperation.

CHICAGO STUDY THROWS LIGHT ON THE INHERITANCE OF DIABETES

INDICATES IT IS POSSIBLE TO ESTIMATE CHANCES DISEASE WILL APPEAR IN AS YET UNAFFECTED MEMBERS OF DIABETIC FAMILIES

A study indicating that it is possible to estimate the chances that diabetes will appear in as yet unaffected members of diabetic families is reported in *The Journal of the American Medical Association* for October 24 by R. T. Woodyatt, M.D., and Marseille Spetz, M.D., Chicago.

They point out that "There is no doubt of the inheritability of diabetes, and the evidence is strong at the present time that it is actually inherited (or susceptible of transmission) in every case. * * *

"The whole course can be run in two generations, but it is more commonly completed in three or four and rarely in more. That is to say, we rarely find families with a history of diabetes in more than four generations. * * *" —*A. M. A. News.*

KEEPING THE NORMAL OBSTETRICAL CASE NORMAL

MATERNAL WELFARE ARTICLE NUMBER SEVENTY-NINE

Arthur W. Bingham, M.D., F.A.C.S., East Orange, N. J.
Chairman, Committee on Maternal Welfare of The Medical Society of New Jersey; and
Chief Advisory Obstetrician, Bureau of Maternal and Child Health,
State Department of Health.

Most obstetrical cases are normal at the start but may become abnormal due to lack of proper attention to details or improper treatment due to carelessness, lack of judgement, or ignorance.

Some cases are abnormal from the start due to abnormal conditions. These cases will not be considered. The problem under consideration today is, Keeping the Normal Case Normal.

This will be considered under three divisions.

1. Prenatal care.
2. Conduct of labor.
3. Post partum care.

Prenatal care has done much to advance obstetrics. Those of us who practiced obstetrics 30 or 40 years ago can see a great difference in the condition of the patients with resulting easier labors and lowered maternal mortality.

There are two kinds of prenatal care, (1) informative, and (2) preventive. With informative prenatal care, the patient sees her physician at regular intervals and he records her weight, blood pressure, the results of urinalysis and blood tests, etc.; but, no advice is given regarding how to live until abnormal conditions are apparent, then treatment is started. Unfortunately this is the type of prenatal care given by many physicians.

In the preventive type of prenatal care, all of these tests are made and results recorded, but before the patient becomes toxic she is told how to prevent toxemia, before she becomes anemic she is told how to prevent anemia, before her blood pressure begins to rise she is told what to do to prevent it. She is told how to prevent overweight by diet and exercise. This is the type of prenatal care which will bring results and should be given more generally.

A careful history should be taken and a physical examination of the patient made to ascertain whether she is normal or not. A patient with tuberculosis, diabetes, heart disease, nephritis, or hypertension is not normal at the start and should receive treatment accordingly and not be treated as a normal case.

A history of abortion or difficult labor is important in helping to make the next birth normal. A history of hemorrhage is of great value in placing the physician on guard. The age of the patient, while not such an important factor as once considered, may at times make quite a difference in the treatment of the case—multipara as well as primipara. For instance, in a doubtful case one would be more likely to do a cesarean on a patient of forty years of age than if she were twenty-five.

If there is a history of abortion without cause and the Wassermann is positive, proper treatment should be given. If negative, these cases can be helped many times by giving one-quarter grain of Protoiodide of Mercury twice daily throughout pregnancy. If there is much nausea, treatment will have to be delayed until after the third month.

A patient with a history of a stillbirth without a difficult labor or other complication and with Wassermann negative should receive the same treatment. When a history of abortion or stillbirth is known before pregnancy occurs, the patient should take ¼ gr. Protoiodide of Mercury daily for one or two months before becoming pregnant again. The results are most gratifying. Some physicians give iodine alone.

The regulation of weight is very important. In a study of the histories of 1,500 personal cases, it was found that in the group gaining over 20 pounds during pregnancy there were five times as many cases of toxemia as in the group gaining less than 20 pounds. There was an incidence of .6 in cesareans for toxemia against none in the lower weight group. There were twice the number of inductions for toxemia and three times the number of premature

babies in the heavy weight group. There were 10 per cent of labors of 24 hours or more in the heavy weight group and only 4.5 per cent in the light weight group. In any comparison made the advantage always favors the small gain in weight group with a gain of 1 to 20 pounds. It has been said that the gain in weight is not an accurate guide for the incidence of toxemia. I admit that there are some patients who gain a lot of weight and who do not become toxic and that a few patients with small gain become toxic. These cases apparently have subnormal kidneys which function under normal conditions but cannot stand the strain of pregnancy. Nevertheless, one of the most efficient methods of avoiding toxemia is to keep the weight down by diet and exercise and we must not let the exceptions mislead us.

It is just as important to regulate the quality as the quantity of the food. The old idea of eating for two is still held by some and too much food is taken.

Some think the primary reason for dieting is to keep down the size of the baby. This we know is not always possible although the average baby will be a little smaller.

One reason for keeping down the weight of the patient is to prevent storing of useless fat in the pelvic tissues which partially obstructs the passage.

Pernicious vomiting has been classified as toxemia of early pregnancy. This is probably an error. It is not primarily a toxemia but starts as an endocrine disturbance which sometimes develops into an early toxemia. These patients who have extreme nausea are apt to develop an excessive appetite and eat so much in the fourth and fifth months that they become toxic in late pregnancy, giving rise to the theory that the nausea was an early symptom of the same toxemia.

The nausea can largely be prevented by limiting exercise and giving carbohydrate food at frequent intervals during the first three months. If it occurs it should be treated by having the patient rest in bed with pleasant surroundings, cheerful nursing, and freedom from care or worries. Frequent meals rich in carbohydrate should be given. Lutein and suprarenal cortex have helped as well as cacodylate of soda for the nerves. Occasionally intravenous glucose is needed. The severity of the case often can be determined by the amount of acetone and diacetic acid in the urine.

Toxemia of later pregnancy is recognized by edema of the face, hands, and ankles (water imbalance), a sudden marked increase in weight due to this water, a rise in blood pressure, and later albumin with possibly casts in the urine. When this occurs strict treatment must begin at once and the patient must be under close supervision. The diastolic pressure should always be taken as this is frequently of more significance than the systolic. When the diastolic pressure reaches 100 there is real danger ahead. If after prompt treatment this does not drop, induction of labor should be considered even though the foetus is not viable. If the patient improves and the pregnancy is eight months or more, induction of labor should be considered before she again gets worse. They always get worse and the results are too often serious. Do not fail to recognize the importance of substernal pain as a sign of impending danger.

As the prevention and detection of toxemia is one of the most important reasons for prenatal care, attention should be given to diet, regular blood pressure readings, urinalyses, edema, and a sudden gain in weight. The patient should be checked every month at least during the first and second trimesters, and every two weeks or oftener if necessary during the third trimester.

Regarding diet, after the first trimester the patient requires a diet which will provide the maximum amount of those vitamins and minerals which are found in vegetables and fruits with a moderate amount of milk, eggs, meat, and fish. The intake of carbohydrates and fats should be reduced to a minimum.

The gain in weight throughout pregnancy should be gradual. The short woman should gain less than the tall one. If the gain cannot be controlled or the patient becomes toxic she should be put on a milk and orange juice diet daily or every other day depending on the severity of symptoms. A glass of milk is taken with one cracker at 8 a. m., 12 noon, 4 p. m., 8 p. m., and the juice of three or four or-

anges in between these hours will be of benefit. A salt free diet should also be prescribed. As symptoms improve a vegetable may be added to the milk diet once daily. Some patients may have a cup of tea or coffee.

A pelvic examination should be made early to determine whether the patient is pregnant, to determine the position and size of the uterus as well as to diagnose the presence of fibroids or ovarian cysts. An ectopic is occasionally detected and if the diagnosis is confirmed, operation should not be delayed. Some physicians avoid an early examination for fear of causing an abortion. I have never seen this happen after a careful examination and believe many cases of abortion could be avoided if local conditions were known and proper advice given regarding rest, exercise, intercourse, etc.

Some cases of retroflexed uterus can be relieved by wearing a pessary for the first three or four months and an abortion avoided. Sometimes the knee-chest position helps the uterus to rise whether a pessary is worn or not.

Later in pregnancy the presentation and position of the child are determined and the relative size of the head and pelvis estimated. If it is a breech presentation, the question may arise whether to try to change it to a vertex. As many breech presentations normally change to vertex during the last two months of pregnancy, it is well not to try before the eighth month. If the baby cannot be turned easily it is better to leave it alone. It is important to listen to the foetal heart after turning, or if partially turned, to make sure the cord is not pulled or pressed on.

Hemoglobin tests should be made at least every other month during pregnancy. It is not necessary to make a complete blood count unless indicated. It is well known that the hemoglobin percentage is gradually reduced during pregnancy and treatment is usually necessary to prevent it getting too low. Unless tests are made and the patient treated she may become quite anemic and if such a patient has a moderate blood loss the result is often serious and convalescence is also slower. By taking a simple preparation of iron (ferrous sulphate) a patient can usually be carried through her pregnancy with a hemoglobin of not less than 65 per cent or 70 per cent, which is not too low, for the second trimester. In the third trimester the hemoglobin should gradually rise.

Pelvic measurements should be taken; while not an absolute guide they are of great importance in some cases. It is difficult always to estimate the thickness of the pelvic bones correctly. A patient may have a fair-size pelvis but on account of heavy bone structure may have great difficulty in labor; another with a deformity sufficiently marked to appear to require a section may deliver herself if the baby is small. It is the relative size of the pelvis and the head with which we are most concerned and it is only by examining a patient in the late months of pregnancy that any fairly accurate opinion may be formed.

An x-ray will often help but this must be taken by an expert or it may mislead us. Some roentgenologists advise having an x-ray on every primigravida. If adequate prenatal care has been given, 90 per cent at least of these patients have the foetal head well down in the pelvis during the ninth month so that an x-ray is quite unnecessary. In doubtful cases it frequently helps us although we do not always follow the advice of the roentgenologist.

Exercise should be varied. At first, very little is needed as the patient is often getting about with difficulty owing to the nausea or general malaise. Too much exercise at this time may be a factor in causing an abortion or increased nausea. During the second and third trimesters, gradually increased exercise in the form of walking is required. Walking in the sunshine does more to improve the metabolism than anything else the patient can do. It also helps to keep down the weight of the baby as well as that of the mother and during the eighth and ninth months walking is important in helping settle the head into the pelvis. The amount of walking must be limited in certain cases when the head is low in the pelvis with the cervix thin and possibly beginning to dilate in the sixth or seventh month. For this reason it is necessary to examine the patient more often than is usually done. If conditions are normal, walking should be continued up to the time labor starts.

Automobiling should be limited. As a rule,

it is safe to drive a car short distances but long trips are not advisable whether driving or as a passenger because of danger of abortion. Regular rest should be taken daily. Frequent warm baths are advisable to keep the skin in good condition.

Sufficient dentistry should be done to keep the teeth in good order but difficult work should be postponed. Frequent brushing of teeth and rinsing with a mouth wash will usually keep the teeth in good condition provided the general health of the patient is good. Some dentists claim that it is safe to extract teeth during pregnancy but my experience recalls cases of abortion immedately following extractions in patients about three months' pregnant.

It is not necessary for patients to take calcium for the teeth unless it is lacking in the system as shown by muscular cramps or numbness of the extremities. If calcium is indicated it should be taken for one week every two or three weeks.

Regulation of the bowels is important. If there is nausea, an enema is better than medication. If the breasts are heavy, a supporting brassiere should be worn. During the eighth and ninth months the nipples should be bathed frequently with a borax solution in 50 per cent alcohol followed by albolene or cocoa butter. An effort should be made to get inverted nipples to stand out but the attempts are usually disappointing. Some patients should wear an abdominal girdle giving considerable support while others should have no support for the lower abdomen, thus encouraging the head to settle into the pelvis.

Advice must be given to each patient according to her individual need.

In the last month a prognosis of the case may be made and a fairly accurate idea obtained whether the labor is going to be slow and difficult or short and easy. The patient should be told whether to hurry to the hospital or whether to take her time. All patients should be advised to go to a good hospital if one is available and should be told what to take with them.

CONDUCT OF LABOR

Don't fail to wear sterile rubber gloves for every vaginal examination made during labor as well as during the last month of pregnancy. The wearing of sterile gloves has done much to prevent sepsis and should never be omitted. Rectal examinations may be made if preferred but by this method a correct diagnosis is not always possible.

Don't make a vaginal examination until patient is prepared for labor. I refer to the custom of examining a patient at home to see whether she is in labor before going to the hospital. This is careless technique and should be avoided when possible.

Don't fail to have everything sterile before using it on a labor case.

Don't decide it is time for labor to come on and try to start it with castor oil and quinine or pituitary extract except in very exceptional cases. Especially is this to be avoided in primiparae. It makes the labor harder and often causes complications.

Don't let labor progress far without patient having an enema. Repeat every 12 hours while in labor. Bladder should be emptied frequently.

Don't neglect to give the patient vitamin K and possibly prevent a hemorrhage of the newborn.

Don't hurry the labor in any way unless for some urgent reason.

Don't urge the patient to bear down in the early stages of labor as she will get tired before the time comes for this work.

Don't hesitate to give the patient a hypodermic of morphine if labor is hard and prolonged.

Don't give this hypodermic if delivery is expected within two hours on account of danger of asphyxia of baby.

Don't neglect analgesics, as they are very useful in labor for two reasons:

1. They relieve pain and cause a loss of memory;

2. By relieving pain they make it easier for the physician to wait until conditions are ready for delivery before attempting it.

Analgesics should not be given in larger doses than necessary to relieve the patient. The patient should be relieved, not made insensible. Each patient must be studied as to the dose necessary. Don't give too large a dose of analgesic to a frail patient and get a post par-

tum hemorrhage nor to a patient who has had a long, fatiguing labor. Patients under analgesia must be constantly watched.

Don't rupture the membranes too soon—before the cervix is well dilated.

Don't delay rupture of membranes too long and thus prolong labor.

Don't hesitate to examine patient under an anesthetic if unable to diagnose conditions without it.

Don't forget to listen to the foetal heart during labor especially near the end of labor.

Don't fasten the patient's feet in stirrups. Use knee supports, thus avoiding considerable strain on the pelvic and hip joints.

Don't neglect to iron out a tight perineum moderately under anesthetic using tincture of green soap as a lubricant. An episiotomy is often advisable.

Don't apply forceps without being absolutely sure of the position of the head and only if cervix is dilated or dilatable. Also be sure the bladder is empty.

Don't fail to have a competent anesthetist. Every year patients die from asphyxia due to inhaling vomitus while taking an anesthetic.

Don't have patient too deeply under the anesthetic while making traction on forceps.

Don't have patient too deeply under the anesthetic when the head is born after a prolonged labor as the shoulders may stick if the baby is large.

Don't forget that when properly given chloroform is one of the best anesthetics for the average labor case. It can be easily regulated, and according to Dr. Eastman, the babies have less asphyxia.

Don't give pituitary extract for a final push in a prolonged labor—use forceps.

Don't try to deliver a breech case without extra assistants.

Don't do a version unless cervix is fully dilated.

Don't do a cesarean after a prolonged labor with membranes ruptured unless it is extraperitoneal. Infection is almost sure to occur.

Don't handle the baby roughly. It may be injured.

Don't wipe out the baby's mouth with dry gauze as it may cause abrasions.

Don't hurry the placental delivery—take plenty of time unless there is hemorrhage.

Don't let a patient leave the delivery room with a retained placenta. Remove it manually if necessary and pack the uterus.

Don't try to remove retained membranes. They will come away themselves.

Don't fail to take time to repair the perineum properly, taking care to examine for lacerations in the vaginal wall as well as in the perineum. Results are most gratifying if a good repair is made. A fresh pair of sterile gloves should be used for this stage.

Don't fail to hold the fundus, do not knead it, for at least one-half hour and thus help to prevent hemorrhage. Ergotrate and pituitary extracts may be given with benefit after delivery of placenta. If patient is well under an analgesic, a good procedure is to give pituitary extract after birth of baby and ergotrate after expulsion of placenta.

AFTER CARE

If the normal case has been properly handled up to this time, there ought to be nothing to do but to attend to the mother's and baby's wants, being scrupulously clean at all times. Change perineal dressing frequently, using sterile precautions.

A special abdominal binder may be applied one hour after labor and removed on fifth day.

Be sure the bladder does not become over distended. If ordinary procedures do not work, catheterize. Overdistension is more apt to cause trouble than careful catheterization.

A loose breast binder may be used if breasts are full and heavy. Do not massage breasts when full. As a rule, they will soften themselves. If necessary to pump breasts, use electric pump and make no pressure on the breasts.

Nipples should be bathed with boric acid solution before and after each nursing. Apply albolene or vaseline and cover nipples with sterile gauze or cellophane paper.

Diet:

Liquid on labor day.
Soft on first day post partum.
Light on second day post partum.
Full on third day post partum.

Patient sits up in bed on fifth day; out of bed tenth day; walks on eleventh day; dis-

charged twelfth or thirteenth day. On and after fifth day turn patient on abdomen for 20 minutes twice daily. Do not use knee-chest position for one month.

Give enema on second day. Don't give any laxative which might affect milk supply. Give mineral oil one ounce every night and an enema when necessary.

Never give a douche even if temperature is up. There is great danger of washing infectious material up higher by giving a douche.

Obstetrics must advance and one way to accomplish this is for each one of us to use his best skill and judgment on even the simplest case and make every effort to Keep the Normal Case Normal.

144 Harrison Street

A LESSON FROM A DEATH CERTIFICATE

NUMBER FIFTY

Patient, 27 years old. Grav iii, para i. Three years ago had a cesarean for some reason (apparently breech presentation). Advised to have another cesarean this time but patient was anxious not to and a consultant thought a vaginal delivery might be tried if patient were watched.

Patient was in moderate labor for a few hours only when pains stopped and a continuous abdominal pain was present. A cesarean was done after one hour (late). Patient was in poor condition and ran a high temperature, apparently septic. She lived a few days.

This illustrates that there are only a few selected cases which should be allowed a trial labor after a previous section. We do not know how strong the uterine scar is. If there is a history of fever following the previous cesarean, vaginal delivery should never be tried. The operator must know that the previous section healed without infection before electing to try a vaginal delivery. Then the head must be low and cervix thin and dilated. The second stage should be shortened by using low forceps. To attempt a vaginal delivery without these conditions is courting serious trouble. Another point is that the patient or relatives should have nothing to say regarding the type of delivery for they know nothing of the relative dangers.

A. W. BINGHAM, M.D.

TREATMENT OF EPIDEMIC MENINGITIS (CEREBROSPINAL FEVER)

RESULTS IN 115 CASES WITH A SPECIAL REFERENCE TO THE FALLACY OF INTRASPINAL THERAPY

A brief review of the results obtained in the treatment of 97 cases of cerebrospinal fever (epidemic meningitis) which occurred during the period January 1, 1935, to July 1, 1940, in the Charity Hospital of Louisiana is presented. Seventy of the 97 cases received intraspinal therapy of one form or another with 28 deaths. The remaining 26 cases received no intraspinal therapy whatsoever and only one death occurred. It appeared from that series that the value of any type of intraspinal therapy was doubtful. Further study of the cases, 18 in number, which occurred in the same hospital from July 1, 1940, to October 1, 1941, during which time no intraspinal therapy was used, resulted in recovery of all of the cases.

There was no difference in results following the use of either sulfanilamide, sulfathiazole or sulfapyridine orally. Other reports indicate that sufadiazine is equally effective against meningococcus and has the advantage of being less toxic. Specific antitoxin intravenously was used in conjunction with the above sulfonamides in 13 of the 17 cases. Whether this adjunct therapy was necessary has not been proven.

A survey of the total 115 cases from both series would confirm the opinion that intraspinal therapy of any type in cerebrospinal fever should be discontinued. Whether this holds true in the treatment of all types of bacterial meningitis is certainly worthy of consideration. — (Author's Abstract.) Carlo J. Tripoli, M.D., Southern M. J., 35:472-476, May, 1942. (Clinical Abstracts, 1942.)

LEGISLATIVE NEWS

DEFINITIONS PROPOSED FOR INTRODUCTION IN VARIOUS STATE LEGISLATURES

CHIROPRACTIC

Michigan—H. 99, to amend the chiropractic act, proposes to extend the scope of chiropractic to include the diagnosis and treatment of diseases and injuries by the use of air, light, heat, cold, water, electricity, diet, physiotherapy and all necessary hygienic and sanitary measures incident to the care of the body, and to authorize chiropractors to sign death and health certificates and report to the health officer the same as all other persons authorized to do so under the public health laws. No chiropractor, however, shall be entitled to practice medicine or surgery.

Nebraska—L. B. 243, to amend the chiropractic law, proposes to define chiropractic as the science of locating and removing interference with the transmission of nerve energy without the use of medicine or surgery.

Oregon—H. 222 passed the house on February 4. It proposes to amend the chiropractic law to require chiropractors, at the time of the annual renewal of their licenses, to present proof that they have attended a two-day educational program conducted by the Oregon chiropractic association.

Wisconsin—A 65, to amend the basic science law, proposes to authorize the issuance of basic science certificates by the state board of examiners in chiropractic.

OSTEOPATHIC

Connecticut—Substitute for S. 486, to amend the osteopathic law, proposes to extend the scope of osteopathy to entitle an osteopath to use antiseptics, sedatives and narcotics, endocrines, vitamins and vaccination and to perform such diagnostic procedures as are taught in schools of osteopathy approved by the state board of osteopathic registration and examination; provided that no osteopathic physician shall be authorized to compound a prescription for drugs other than the above for internal medication.

NATUROPATHIC

North Carolina—S. 95 proposes the creation of a board of naturopathic examiners. No definition of naturopathic practice is stated, it being provided only that a naturopath shall not practice any other treatment authorized or provided for by law for the cure and prevention of disease or ailments.

North Dakota—H. 131 proposes the creation of a board of naturopathic examiners and defines naturopathy as the art and science of applied therapy as heretofore or hereafter taught in the recognized schools and colleges of naturopathy, except materia medica and major surgery.

Tennessee—H. 129 passed the senate on January 28, a bill proposing the creation of a state board of naturopathic examiners. Naturopathy is defined as the prevention, diagnosis and treatment of human injuries, ailments, and diseases by means of any one or more of the psychologic, physical or mechanical, chemical or material forces or agencies of nature.

Utah—H. 29 passed the house on January 29. To amend the medical practice act, it proposes to authorize the issuance of two different types of naturopathic licenses, (1) to practice as a naturopathic physician without the use of drugs and without surgery and (2) to practice as a naturopathic physician and surgeon including obstetrics.

MISCELLANEOUS AND COMBINATION

Connecticut—H. 717 proposes that no doctor shall charge over $2 for an office call or over $5 for a house call.

Idaho—H. 43 passed the senate on February 5. It proposes that each applicant for a marriage license produce a certificate signed by a licensed physician certifying that the applicant has been thoroughly examined and is not infected with syphilis in a communicable stage. The physician making the examination may not charge more than $2.

Indiana—S. 177 proposes the creation of a state board of natural therapeutic physicians, the practice of natural therapy being defined as diagnosis and treatment of human ailments, as taught in chiropractic, naturopathic and physiotherapy schools.

H. 440 proposes the following definitions: (1) chiropractic—the science of locating and adjusting the subluxations of the articulations of the human spine and its adjacent tissues, (2) physical therapy—the practice of healing, or the administering to and treating of the sick and suffering by means of natural and

physical agents, (3) naturopathy—the process or system whereby remedies for disease are discovered and whereby said remedies are applied to the healing of disease without drugs, which employs various methods to assist nature in repelling the disease, (4) mechano-therapy—the treatment of disease by mechanical means, (5) electrotherapy—the use of electricity for therapeutic purposes and (6) hydrotherapy—the use of water for therapeutic purposes.

Kansas--S. 112 proposes to authorize the the establishment of experimental classes to test the merits of the science of psychophonophysics.

S. 122 proposes to authorize the release of a person from an insane asylum on the basis of a certificate that he has undergone an operation which has eliminated his carnal tendencies.

New Hampshire—H. 267, to amend the medical practice act, proposes to authorize the board of registration in medicine to issue licenses to practice physiotherapy, defined as the treatment of any person by physical means including the use, alone or in combination, of massage, heat, light, water or electricity, or by any laying on of the hands for the purpose of effecting relief or cure of any injury or physical ailment.

New Mexico—H. 71 proposes the creation of a state board of therapeutic physicians and defines natural therapy as the diagnosis and treatment of human ailments, the manual and mechanical manipulation of the human body, the correction of feet, the use of bio-chemistry, herbal remedies, cell salts, diet and all material health sciences, and the application of heat, cold, air, water, light, electricity, radiant energy and exercise in the treatment of disease, injury or deformity, and for relaxing muscles, restoring normal circulation and function and regulating body chemistry, physiotherapy, electro-therapy, physicaltherapy, hydrotherapy, "coloioherapy" (sic) and first aid in emergencies.

Oregon—H. 303, to amend the workmen's compensation act, proposes to authorize an injured employee to receive treatment by a Christian Science practitioner in lieu of medical treatment, unless the employer has elected not to be subject to such provision.

Pennsylvania—H. 161 proposes conditions for the compulsory and voluntary sterlization of persons afflicted with any presumably hereditary form of mental deficiency on the certification of qualified physicians. Excepted from the proposal would be sterilizations performed for therapeutic reasons such as tuberculosis, heart disease, tumors or infections.

Abstracted from the A. M. A. Journal, 121:603-606, Feb. 20, 1943.

WITH NEW JERSEY MEDICAL AUTHORS

It is requested that any New Jersey physician who publishes an article outside the state, notify the Editorial Office in Trenton, giving the title of the paper and the name of the periodical, as well as the month, date, volume and page number. It would also be helpful to this office if members would notify us of articles published by their colleagues.

ALTURE-WERBER, E. (Squibb, New Brunswick)—see Koerber, Walter L.

CARPENTER, C. C. (Summit)
Pityriasis versicolor on the face of an infant. Arch. Derm. & Syph. 47: 251, Feb. 1943.

EVANS, E. E., and W. D. NORWOOD (Deepwater) with R. A. KEHOE and WILLARD MACHLE of Cincinnati
Effects of ascorbic acid in relation to lead absorption. J. A. M. A. 121: 501-504, Feb. 13, 1943.

KALB, S. WILLIAM (Newark)
Effects of various thyroid substances in patients with obesity. J. Clin. Endocrinol. 3: 7-11, Jan. 1943.

KOERBER, WALTER L. and E. ALTURE-WERBER (Squibb, New Brunswick)
In vitro titration of horse sera containing both vibrion septique and perfringens antitoxin. J. Immunol. 45: 223-228, Nov. 1942.

KOHMAN, EDWARD F., Ph.D. (Camden)
Handbook of nutrition: XV The preservation of the nutritive value of foods in processing. J. A. M. A. 120: 831-838, Nov. 14, 1942.

NORWOOD, W. D. (Deepwater)—see Evans, E. E.

ORTON, HENRY B. (Newark)
Penetrating wound of the neck with unusual complications and sequelae. Ann. Otol. Rhin. & Laryng. 51: 1050-1052, Dec. 1942.

PATCH, ESTHER M., A.M. (Haddonfield)
Relation of diet to lenticular changes in larvae of amblystoma tigrinum. Arch. Ophth. 29: 69-84, Jan. 1943.

SCHEFFLER, W. (Camden)
Treatment of pruritus-ani. The Medical World. 17-18, Jan. 1943.

SEGARD, CHRISTIAN P. (Leonia)
Food factor therapy. Mississippi Valley M. J. Jan. 1943.

WATERS, EDWARD C. (Jersey City)
Selective hysterectomy for nonmalignant uterine disease. Am. J. Obst. & Gynec. 44: 1107-1117, Dec. 1942.

STATE ACTIVITIES

MEETING OF WELFARE COMMITTEE, MARCH 21, 1943

The Welfare Committee and its four subcommittees will meet on Sunday, March 21, 1943, at the Stacy-Trent, Trenton. Members of the Advisory Committees and the County Society Keymen are invited to attend the meetings.

PROGRAM

11:00 A. M.

Subcommittee on Public Health—Terrace Room

Agenda:

1. Reports by Chairmen of the Advisory Committees on the Problems Encountered in Carrying Out Their Programs for the Maintenance of Medical and Public Health Needs
2. Discussion Period on the Problems Presented for the Clarification of the Objectives of the Subcommittee and Advisory Committees for the Coming Year

Subcommittee on Medical Practice—Princeton Room

Agenda:

1. Reports of Advisory Committees
2. Report of Special Advisory Committee to the Bureau of Maternal and Child Health
3. Report of Special Committee to Consider U. S. P. H. S. Appointments
4. Communication from the Board of Trustees
5. Future Program of the Subcommittee on Medical Practice

Subcommittee on Legislation—Studio Room

Agenda:

1. Consideration of All Pending Bills in the State Legislature of Medical and Public Health Interest
2. Federal Legislation
3. Miscellaneous

Subcommittee on Public Relations—Hunter Room

Agenda:

Review of the Year

1:00 P. M.

Luncheon—Terrace Room

2:15 P. M.

Welfare Committee—Terrace Room

Agenda:

1. Remarks—President Marsh
2. Subcommittee Reports:
 a. Public Health—Stanley Nichols, M.D., Chairman
 b. Legislation—B. S. Pollak, M.D., Chairman
 c. Medical Practice—Sigurd W. Johnsen, M.D., Chairman
 d. Public Relations—Royal A. Schaaf, M.D., Acting Chairman
3. Progress Report of the Annual Meeting
4. Unfinished Business
 Progress Report of Special Committee on Medical Care for Wives and Children of Enlisted Men—Sigurd W. Johnsen, M.D., Chairman
5. New Business
 Endorsement by Medical Society of Spring Conference on Social Hygiene
6. Question and Answer Period on Procurement and Assignment and Medical-Surgical Plan—conducted by Norman M. Scott, M.D., Secretary, Procurement and Assignment Service; Medical Director, Medical-Surgical Plan

4:15 P. M.

Meetings of Advisory Committees which have not been active nor met this year—for the discussion of an annual report and recommendations to the House of Delegates.

COMMITTEE CHANGES

Section on Pediatrics

Harold F. Tidwell, Chairman West New York
Samuel Blaugrund, Secretary Trenton

Committee on Post-Graduate Education

C. Wright MacMillan, Chairman ... Upper Montclair

Committee on Scientific Work

William W. Maver, Chairman Jersey City
Royce Paddock, Secretary Newark

Subcommittee on Annual Meeting Exhibits

Lewis W. Brown, Chairman Newark

Subcommittee on Medical Practice

Sigurd W. Johnsen, Chairman Passaic

NEW

Special Committee on Rutgers Plan

Henry B. Decker, Chairman Camden
William F. Costello Dover
Samuel A. Cosgrove Jersey City

DR. ARTHUR W. BINGHAM RECEIVES THE EDWARD J. ILL AWARD

On Sunday, February 14, 1943, fifty prominent doctors, friends and associates of Dr. Bingham in the Academy of Medicine, the Council of the Essex County Medical Society, and associates in various hospitals, in which Dr. Bingham is prominent, assembled at Dr. Bingham's home at 4 p. m. to witness the bestowal of the Edward J. Ill Award on Dr. Bingham.



OPENING REMARKS BY DR. EDWARD W. SPRAGUE, PRESIDENT

In the midst of these serious times in a war-torn world where grief and suffering are on all sides of us, where man's outrageous inhumanity to man makes countless millions mourn, it is a most pleasant interlude to come into this peaceful home this Sunday afternoon on a mission of recognition of outstanding work, on a mission to honor one of our fellow physicians, one whom we all admire and respect.

A few years ago the then President of the Academy of Medicine, Dr. Henry Barkhorn, established the Edward J. Ill Award—"This Award shall be given at such times as the Council deems wise to that doctor from Northern New Jersey who merits it for his extraordinary services as a physician and as a citizen." On February 4th of this year, the Council of the Academy unanimously voted that the Award be given to Dr. Arthur W. Bingham in recognition of his leadership in the medical and civic fields. When the knowledge got about that this Award was to be made, your friends and admirers from all sides asked to come to this gathering. Not wishing to overtax the home, we have limited the gathering to the Officers of the Academy, the Council and Officers of the County Society, and some of the older members of the Maternal Welfare Committee and some of your long-standing friends.

The County Society has asked that they may bring you congratulations at this time. They are proud of your work; the Society is



proud of you and the message from the Society is being presented to you today by their President, Dr. William W. Cox.

REMARKS BY DR. COX

The award bestowed upon Dr. Bingham was decided upon by his colleagues for his outstanding accomplishments and contributions, both during his early education and during his forty-seven years in the practice of his profession.

Dr. Bingham received a Bachelor of Science Degree from Cornell University in 1893, the degree of Doctor of Medicine from the College of Physicians and Surgeons from Columbia University, New York City, in 1896, and was particularly energetic in his participation in extra-curricular activities throughout his student days. He served as President of all the local medical societies and was President of the Essex County Medical Society in 1929-1930. He was attending obstetrician at the Orange Memorial Hospital for many years and is a consulting obstetrician in this hospital,

Presbyterian Hospital in Newark, and several other institutions.

His many contributions to the literature and to *The Journal* of The Medical Society of New Jersey, in which he has had a contribution for the past seventy-eight consecutive months, are among his achievements.

The work for which he is best known is that connected with the Maternal Welfare Committee, which has served as a pattern for the nation and is probably as great a contribution in the saving of lives as any physician is able to achieve. During his activities in this field, the maternal death rate has dropped from 6 per thousand living births to 1.8 per thousand, the lowest of any time in the history of New Jersey. With this contribution, the saving of some 325 more mothers was accomplished for the year 1942 than would have occurred 25 years ago under the maternal death rate of that time in the State of New Jersey alone, not to mention the improvement in maternal death rate which has occurred in those parts of the country that have followed a similar procedure.

So highly thought of is Dr. Bingham that three years ago he was honored by his community, the Oranges, as being the most representative citizen of this section. This followed numerous civic activities to which he gave himself unstintingly.

Dr. Bingham has shown leadership, knowledge and ability of an unusual type. He is the fourth to receive this award, given by the Academy of Medicine, the other awards having been made to Drs. Eagleton, Danzis and Hawkes.

DR. SPRAGUE

To have friends and to be a friend are the finest of the noble gifts which man possesses. For many years Dr. Walter B. Mount has traveled the same road as Dr. Bingham in their chosen field and in the atmosphere of science, service and idealism, and it seemed fitting that the citation should be made by this understanding friend, and so Dr. Mount will mention some of the reasons for this Award to Dr. Bingham.

REMARKS BY DR. MOUNT

Dr. Sprague, Dr. Bingham, Mrs. Bingham and the family, and Fellows:

The Presidents of The Academy of Medicine of Northern New Jersey and of the Essex County Medical Society have spoken, so that I presume I shall just have to appear as Dr. Bingham's friend. And nothing gives me greater pleasure. Instead of myself, someone should have been chosen from the staff of the Orange Memorial Hospital, except that Dr. Bingham is the only one of their number on our Council of the Academy. For those of us not connected with that fine hospital cannot possibly realize the great good our friend has done for that hospital in many ways, as President of the Staff, as head of building committees, for years as Chief of the Obstetrical Department, and as the one who, almost single-handed, carried through the erection of their separate and model Maternity Building.

I speak for Dr. Bingham's friends, for he has been a good and true friend to most of us here and to many others. He towers above the rest of us, not only in physical stature but in those qualities of soul and heart that make and hold friends. He has those traits we all want so much to cultivate but often fail to achieve. He is kindly, considerate, thoughtful, unselfish, honest, faithful, thorough, persevering and absolutely sincere; and with it all intensely practical. Yes, it is hard to impose upon or to mislead him in any matter. His calm and serenity are noteworthy. As it was said of Dr. William Shippen, Sr. (in the time of the Revolution), "No one had ever seen him get mad", so we have never known Dr. Bingham to appear furious or to swear. Oh, but he can be firm and persistent and speak his mind and have his own way just the same. The loyalty of those working with him has always been noteworthy. Yet our honored friend is not quite perfect; he has some faults. Many years ago a group of us taught him to smoke, and now that some of us have eschewed the filthy weed he merrily keeps on smoking.

Since 1923, when Dr. Bingham became so especially interested in maternal welfare, he has had the joy of seeing the maternal mortality rate of this State drop from almost 6 per 1,000 live births down to a new low of 1.8. In his quiet way he is largely responsible for this notable improvement, by making the doctors conscious of their obstetrical faults. Dr. Bingham has travelled all over the State to talk to groups when requested to do so and has also sought out those counties where advice, help, and stimulation seemed to be most needed. He has given largely of his time in preparing many carefully written papers and exhibits about this work. He is known throughout this land and abroad for his work in this line.

This occasion brings to our mind the not infrequent times when some of us have gathered in these rooms for conference, meeting, or dinner followed by a meeting here or elsewhere; and one again senses that fine com-

bination of devotion to one's chosen work, love of family and consideration of colleagues that has made those hours so hospitable.

You know that on November 27th, 1940, The Medical Society of New Jersey presented to Dr. Bingham a plaque, an Award of Merit "for Distinguished Service in the field of Public Health, an outstanding Obstetrician whose contributions to Maternal Welfare in New Jersey and elsewhere are acknowledged and enthusiastically endorsed by his colleagues". Today, Dr. Bingham, you receive the second concrete, tangible proof of the high esteem of your fellow practitioners. But there must be thousands of other intangible expressions of appreciation for helpful actions, in addition to the written and spoken thanks you have received through all these active years.

Dr. Bingham, I am proud to have been the one asked to frame these few inadequate sentiments. The Council and Trustees of The Academy of Medicine of Northern New Jersey give to you the Edward J. Ill Award with our deep esteem and our abiding affection.

PRESENTATION BY DR. EDWARD W. SPRAGUE

The kindly forces of civilization will not perish as long as man is interested in helping his fellowmen. The medical profession is particularly fortunate in being in a position to render vital aid to the ill and unfortunate. The leadership of the profession has been maintained by those strong in mind and spirit who have been able to penetrate and rise above the levels about them and have lifted us up after them and have had sufficient vision to look just beyond the horizon which limits the view for most of us, and they see where something more can be done to help mankind.

Dr. Bingham, in your practical way, you have done just that. You saw this opportunity. You followed through in reality and, as a result, great practical benefits have come to the womankind of this State. This is attested to by the people of this State, by the medical profession and by your many friends, and most eloquently of all. by the unbroken homes following motherhood, as a result of your maternal welfare leadership.

Today it is my privilege and pleasant duty, as President of the Academy of Medicine of Northern New Jersey, to present the Edward J. Ill Award to you. Dr. Bingham, in recognition of your worth to humanity as a good man, and your worth to humanity as a good physician. This is a permanent record, and on this plaque is written an epitome of your worth and admirable qualities. It expresses our belief—

"Learned Obstetrician—Instructive Author—
Public-Spirited Citizen."

This Award is given to you with our esteem and great affection.

STATE SOCIETY AND MEDICAL EDUCATION

February 9, 1943

Commissioner of Education
Trenton, N. J.
The State Board of Medical Examiners
Trenton, N. J.

Gentlemen:

The needs of the national armed forces, problems of public health in the migratory populations of our industrial centers, and other items in the changing conditions of contemporary life, have produced certain demands for increased facilities for the study of medicine, accompanied in some instances by proposals for the lowering of educational standards. Of all this, you are well aware.

The Medical Society of New Jersey has no objection to the establishment of a new medical college in our State. if done on a sound basis, though having some doubt of the need. Neither will the Society take any stand on any particular project for a school based on the highest standards of medical education. It is, however, unalterably opposed to the establishment in this State of any school below the highest Class A standard, or to any effort, by legislation or otherwise, to lower the present high standard of pre-medical or medical education and licensure, which the Society has consistently striven for a hundred and seventy-five years to attain.

The Trustees of the Society, meeting in the City of Trenton, have recently reaffirmed this statement of the Society's position. Knowing your interest in the matter, and feeling confident of your sympathy with the maintenance of educational and professional standards, they have instructed me to transmit word of this action to you, for your information.

Very sincerely yours,

ELIAS J. MARSH, M.D., President,
The Medical Society of New Jersey.

GONOCOCCUS CULTURE STATIONS IN NEW JERSEY

In the February, 1943, issue of *The Journal* there appeared an article entitled "Gonococcus Culture Facilities Offered to New Jersey Physicians". Below is a revised list of the culture stations which are coöperating with the State Health Department in providing this service.

Specimen tubes may be obtained at any of the following stations and must be delivered to the incubator at the station *within three hours* after the slant has been streaked. *It is emphasized that to obtain satisfactory results physicians must observe carefully the instructions which accompany each specimen tube.*

1. Hackensack—Health Department, 346 State St.
2. Weehawken—North Hudson Hospital.
3. Dover—District Health Office, 16 W. Blackwell St.
4. Phillipsburg—Warren Hospital.
5. Princeton—Princeton Hospital.
6. Newark—St. Barnabas' Hospital.
7. Newark—St. James' Hospital.
8. Newark—St. Michael's Hospital.
9. Newark—Presbyterian Hospital.
10. Newark—American Legion Hospital.
11. Newark—Beth Israel Hospital.
12. Newark—Columbus Hospital.
13. Orange—Orange Memorial Hospital.
14. Lakewood—Health Department, Municipal Bldg.
15. Lakehurst—U. S. Naval Air Station, Dispensary.
16. Linden—Health Department, City Hall.
17. Summit—Health Department, 71 Summit St.
18. Orange—Health Department, City Hall.
19. Maplewood—Health Department, Municipal Bldg.
20. Montclair—Health Department, 65 Chestnut St.
21. Trenton—McKinley Hospital.
22. East Orange—Health Department.
23. Bloomfield—Health Department.
24. Newark—Newark Memorial Hospital.
25. Passaic—Beth Israel Hospital.
26. Passaic—St. Mary's Hospital.
27. Princeton—Health Department.
28. Hillside—Health Department.
29. Bayonne—Bayonne Hospital.
30. New Brunswick—Middlesex Hospital.
31. Riverside—Zurbrugg Hospital.
32. Mt. Holly—Burlington County Hospital.
33. Somerville—Somerset Hospital.
34. Morristown—All Souls' Hospital.
35. Somers Point—Shore Memorial Hospital.
36. Elizabeth—Health Department, City Hall.
37. Rahway—Rahway Hospital.
38. Bound Brook—Bound Brook Hospital.
39. East Orange—East Orange General Hospital.
40. Morristown—Morristown Memorial Hospital.
41. Englewood—Englewood Hospital.
42. Long Branch—Board of Health.
43. Asbury Park—Bureau of Health.
44. Neptune—Fitkin Memorial Hospital.
45. Red Bank—Riverview Hospital.
46. Long Branch—Monmouth Memorial Hospital.
47. Belleville—Department of Health, Town Hall.
48. Pinewald—Royal Pines Hospital.
49. Union—Union County Health Unit No. 1, 363 Chestnut St.
50. Elizabeth—Alexian Bros. Hospital.
51. Lakewood—Paul Kimball Hospital.
52. New Brunswick—St. Peter's Hospital.
53. Camden—Cooper Hospital.
54. Camden—Belleview Hospital.
55. Camden—West Jersey Homeopathic Hospital.
56. Neptune—Neptune Township Board of Health.
57. Red Bank—Monmouth County Nurses Assn.

Note: If your community is not included in the above list and gonococcus culture facilities are not otherwise readily available, we suggest that you discuss the matter with your local health officer or communicate with the State Health Department.

A culture station must have a refrigerator and incubator which are accessible at all times.

MEMBERS OF THE MEDICAL SOCIETY OF NEW JERSEY NOW SERVING ON ACTIVE DUTY IN THE ARMED FORCES

SUPPLEMENTARY LIST NUMBER NINE

The figures in parentheses refer to County Societies as follows: (1) Atlantic, (2) Bergen, (3) Burlington, (4) Camden, (5) Cape May, (6) Cumberland, (7) Essex, (8) Gloucester, (9) Hudson, (10) Hunterdon, (11) Mercer, (12) Middlesex, (13) Monmouth, (14) Morris, (15) Ocean, (16) Passaic, (17) Salem, (18) Somerset, (19) Sussex, (20) Union, (21) Warren.

Albano, Edwin H., East Orange (7)
Antopol, William A., Newark (7)
Bernard, Richard C., Garfield (2)
Blake, Albert J., Paterson (16)
Bowman, Ned O., New Brunswick (12)
Boyer, Paul K., Summit (20)
Braun, David C., Newton (19)
Calabrese, D. John, Rochelle Park (2)
Caleca, Jack, Andover (19)
Candio, Vincent, Lyndhurst (2)
Carrington, William J., Atlantic City (1)
Crandell, Charles A., Greystone Park (14)
Dann, Frederick J., Irvington (7)
Day Hayward F., North Plainfield (18)
Del Guercio, Olindo, Newark (7)
diNicolantonio, Vincent J., Atlantic City (1)
Donnelly, William A., Atlantic City (1)
Dunn, Theodore B., Bloomfield (7)

Durham, Robert B., Atlantic City (1)
Dyer, Edward H., Ventnor (1)
Eddy, Lester R., Sussex (19)
Falkinburg, LeRoy W., Forked River (15)
Fisher, Samuel, Paterson (16)
Friedmann, Gustav, Paterson (16)
Gaumer, George W., Lakewood (15)
Giardina, Vincent J., Newark (7)
Goodfellow, Gordon P., East Orange (7)
Haines, Emerson S., Asbury Park (13)
Halpern, Jesse O., Dumont (2)
Hawes, Vernon L., Ramsey (2)
Hill, Dean F., Sussex (19)
Hogan, James J., New Egypt (15)
Ill, Herbert M., Glen Ridge (7)
Kearney, Edward P. J., Montclair (7)
Krichbaum, Carroll E., Montclair (7)
Lawton, A. Anderson, Somerville (18)
Legato, Samuel F., Cliffside Park (2)
Liva, G. Albin, Wyckoff (2)
Loder, Horace B., Bridgeton (6)
Luria, Sanford A., Bogota (2)
Mensch, Harvey G., Elizabeth (20)
Miller, S. Thomas, Philadelphia, Pa. (13)
Murray, Clifford K., Ventnor (1)
Pilloni, Louis, Bloomfield (7)
Pizzi, Mario V., Belleville (7)
Policastro, Nelson C., Hackensack (2)
Rainey, Willard G., Princeton (11)
Reilly, John V., Newark (7)
Revere, Seth D., East Orange (7)
Rich, Wallace E., Cedar Grove (7)
Rinzler, Harvey, Toms River (15)
Rosen, Emanuel, Newark (7)
Ross, Peter W., Passaic (16)
Rube, Joseph A., Ridgewood (2)
Ruccia, Arthur J., Newark (7)
Scheller, George A., Newark (7)
Scillieri, John, Hackensack (2)
Severud, Olaf J., Bogota (2)
Shinefeld, Maurice A., Paterson (16)
Slater, Daniel, Paterson (16)
Spicola, Louis A., Lodi (2)
Subin, Harry, Atlantic City (1)
Taylor, Malcolm C., Morristown (14)
Taylor, Raymond, Lakewood (15)
Van Winkle, Charles I., Rutherford (2)
Weeks, Belford A., Absecon (1)
Weisman, Stephen, Paterson (16)
White, Richard E., Paterson (16)
Yager, J. Allen, Paterson (16)
Yuckman, William, Elizabeth (20)
Zacchino, Arnold A., Palisade (2)

OBITUARIES

DR. WILLARD G. MENGEL

Stricken with a heart attack while in the lobby of a Camden bank on January 27, 1943, Dr. Willard G. Mengel, eye specialist and surgeon, was pronounced dead upon arrival at Cooper Hospital. Dr. Mengel was 47 years of age and had practiced in Camden for twenty years. He was graduated from the University of Pennsylvania Medical School and was Assistant Professor of Ophthalmology at the university. Dr. Mengel was Senior Assistant Surgeon at the Wills Eye Hospital in Philadelphia, and Ophthalmologist to the Camden County General Hospital.

Dr. Mengel was a fellow of the College of Physicians of Philadelphia, the American Academy of Ophthalmology and Otolaryngology, and a member of the Camden County Medical Society. The Medical Society of New Jersey and the American Medical Association.

DR. WILLIAM E. BOOZAN

Dr. William E. Boozan, noted eye, ear, nose and throat specialist, died suddenly on February 5, 1943, in his office in Elizabeth, at the age of 65. Dr. Boozan was graduated from the Medical School of New York University and interned in Elizabeth. He was Chief of Staff at St. Elizabeth's Hospital and on the staff of the Alexian Brothers and Elizabeth General Hospitals.

Dr. Boozan was a fellow of the American College of Surgeons and a member of the Union County Medical Society, The Medical Society of New Jersey and the American Medical Association. He was an honorary member of the Brooklyn Dodgers Baseball Club.

DECEASED PHYSICIANS — NEW JERSEY

Name	Age	Date of Death	Place of Death	Residence	Cause of Death
Samuel D. Bennett	70	Dec. 3, 1942	Millville	Same	Carcinoma of throat.
Leo H. Joyce	64	Dec. 7, 1942	Passaic	Same	Chronic myocarditis.
George S. Laird	65	Dec. 1, 1942	Elizabeth	Westfield	Adeno carcinoma of rectum.
Darbari R. Pal	57	Dec. 16, 1942	Paterson	Same	Chronic hypertensive heart disease.
Harry C. Reynolds	67	Nov. 21, 1942	Passaic	Same	Virus pneumonia.
Robert E. Watkins	51	Dec. 23, 1942	Neptune	Belmar	Multiple myeloma with metastasis.

COUNTY SOCIETY REPORTS

BERGEN COUNTY

H. E. Reinhold, M.D., Reporter

The regular meeting of the *Bergen County Medical Society* was held at the Hackensack Hospital, Hackensack, N. J., on January 12th.

The meeting was called to order at 9:30 p.m. by Past President H. B. Wilson, who presided in the absence of President Henry D'Agostin.

Dr. H. S. Essertier of Ridgewood and Dr. V. E. Olsen of Hackensack were elected to junior membership.

Dr. Ernest Scerbo of Fairlawn and Dr. V. Pellicrini of Rochelle Park were elected to regular membership from junior membership.

Dr. Floyd E. Kier was elected Vice-President pro-tem, and Dr. Herbert E. Reinhold was elected Reporter pro-tem, to fill vacancies in those offices occasioned by absences of the incumbents who are now on active duty in the armed forces.

Dr. Black, Chairman of the Program Committee, presented the representatives of John Wyeth & Brother, Inc., of Philadelphia, who showed a color film, with sound, entitled "Peptic Ulcer". This film was prepared by the Department of Gastroenterology of the Lahey Clinic of Boston. The film dealt with the pathogenesis, diagnosis, treatment, pathology and complications of peptic ulcers. Early diagnosis and continued medical treatment were stressed and surgical treatment was nicely described.

This very fine and instructive film was well received and a rising vote of thanks was given the sponsors.

CUMBERLAND COUNTY

H. S. Branin, M.D., Reporter

The February meeting of the *Cumberland County Medical Society* was held at Bridgeton on February 9th, 1943.

The President, Dr. Edward Thalheimer, presided. After the preliminary business was disposed of, Mr. Russell P. Day, Regional Manager for New Jersey, presented the works of the limited States Treasury Victory Fund Committee, Third Federal Reserve District. His talk was very interesting and instructive and advised the Society to invest freely in Treasury Bonds.

Following Mr. Day, Dr. William T. Lemmon, Assistant Professor of Surgery, Jefferson Medical College, was introduced. Dr. Lemmon gave a very interesting and instructive talk, illustrated with films on "The Use of Continuous Spinal Anesthesia in Abdominal and Thoracic Surgery".

Dr. Morton Guzy of Bridgeton was elected into membership.

HUDSON COUNTY

Harry J. Perlberg, M.D., Reporter

The regular meeting of the *Hudson County Medical Society* was held on February 2 at the Masonic Club, Jersey City. The meeting was called to order by the President, Dr. T. McG. Brennock, at 9:45 p.m.

Dr. John Paul Sakowski of Bayonne was elected a member of the Society.

Dr. George T. Pack, Attending Surgeon, Memorial Hospital for Cancer and Allied Diseases, spoke on "Indications for the Conservative and the Radical Treatment of Cancer". Drs. Perkel, Alter, Behrens and Mathesheimer discussed the paper.

MIDDLESEX COUNTY

Alex M. Carr, M.D., Reporter

The January meeting of the *Middlesex County Medical Society* was held at the Roosevelt Hospital, Metuchen, on January 20. The meeting was called to order by President Joseph H. Kler at 9:25 p.m. A motion was moved and carried that the reading of the December meeting minutes be dispensed with.

Upon recommendation by the Ethics Committee, the application of Dr. Henry A. Forrest was voted on and Dr. Forrest was elected to Associate Membership.

Dr. J. B. Massey's request for transfer of membership to the Essex County Medical Society was granted.

Dr. William H. McCormick, Jr., Treasurer, will submit a report of the exact amount of monies that can be put into War Savings Bonds at the next meeting, when the amount of refund to members in the Armed Forces is known.

Dr. McCormick read a letter sent him by the State Medical Society relative to possible increase in County Society assessment due to depleted active membership because of men in the Armed Forces. The President, on motion of Dr. M. F. Urbanski, is to appoint a committee to study the necessity for such an increase.

The purchase of a "1943" edition of the American Medical Association Directory was not recommended by the Secretary.

The guest speaker of the evening, Dr. William O. Wuester, Director of the James Green Tumor Clinic of the Elizabeth General Hospital, Elizabeth, and an Associate of the Memorial Hospital, New York City, spoke on "Newer Treatment of the Cancer of the Rectum".

Dr. Wuester's paper was a brilliant exposition on rectal cancer, and although strictly technical and for general surgeons, the general practitioner learned again what he should never forget: the importance of rectal examinations and early diagnosis. Dr. Wuester's paper was then discussed by Drs. F. M. Clarke of New Brunswick and M. F. Urbanski and F. C. Henry, Jr., of Perth Amboy.

The members who missed hearing Dr. Wuester missed an opportunity of hearing an excellent speaker present an interesting and enlightening subject.

MONMOUTH COUNTY

K. F. Metzger, Reporter

The regular meeting of the *Monmouth County Medical Society* was held on January 27 at Mon-

mouth Memorial Hospital, Long Branch. DR. HAROLD KAZMANN, President, presided.

A technicolor motion picture, "Peptic Ulcer", produced by the Department of Gastroenterology of the Lahey Clinic, Boston, Mass., was presented. It was most complete and covered the subject in all phases.

The untimely death of DR. JOHN A. O'MARA, age 36, who died of a coronary thrombosis, was a shock to this society and along with the illness of DR. ROBERT LEIGHTON, also of Spring Lake, places an ever-increasing load on the doctors of this vicinity.

PASSAIC COUNTY

I. Okin, M.D., Reporter

The regular meeting of the *Passaic County Medical Society* was held on Tuesday evening, February 16, 1943, in the Freeholders' Meeting Room, Administration Building, Paterson, N. J.

In the absence of our President, THOMAS A. CLAY, who has been ill, VICE-PRESIDENT CHARLES J. MURN presided.

The following were elected to Active Membership: JOHN R. FENWICK and JAMES P. MORRILL, JR.

The following were elected to Associate Membership: DAVID BIBER, MARIO CAPIO, ARNOLD KORMAN, JOSEPH SAROKHAN, EDWARD W. GOLDSTEIN, EBERHART HENRY KLEINMAN and BENJAMIN YOSKOWITZ.

Dr. Murn read a resolution on the death of DR. MORRIS L. SIMON.

DR. ELIAS J. MARSH, President of The Medical Society of New Jersey, spoke at length upon means and methods of raising funds for a research program for The Medical Society of New Jersey. Dr. Marsh suggested that each member of each Society buy a War Bond in the name of The Medical Society of New Jersey and in ten years the maturity of the bond will raise a substantial amount for a research fund. The House of Delegates last spring endorsed the idea of a research fund, and two weeks ago the Board of Trustees passed on the suggestion of members buying War Bonds.

The scientific part of the meeting was devoted to a full color motion picture with sound on "Peptic Ulcer", shown through the courtesy of John Wyeth & Brothers.

UNION COUNTY

Frederic B. Western, M.D., Acting Reporter

The *Union County Medical Society* held its regular meeting on January 13, at St. Elizabeth's Hospital, Elizabeth, with DR. SEYMOUR in the chair. The minutes of the previous meeting were read and accepted; also minutes and resolutions concerning the deaths of DRS. JAMES T. DAVIS, GEORGE S. LAIRD and LEROY A. WILKES were read and accepted.

DR. SAMUEL ALEXANDER of Park Ridge, speaking on behalf of President Marsh, briefly outlined problems concerning the members of the New Jersey medical profession during 1943, enumerating the major ones, namely: 1. *Procurement and Assignment*—It is necessary to provide adequate care for the civilian population while filling the necessary military quota for our armed forces. 2. *The State Meeting* this year will be held in Newark in May and only one and one-half days' program will be given because of the transportation problem. 3. *Legislative work* with regard to benefits to doctors. 4. *Medical Practice Act of 1939*—physicians whose final papers have been held up due to the extra pressure of war work may lose their state membership. The State Society, therefore, is trying to get an extension of one or two years in order to avert this situation. Dr. Alexander then closed by speaking briefly on the Medical Surgical Plan.

Dr. Seymour introduced MR. CHARLES MATALENE, who showed a new sound motion picture dealing with the important problems of peptic ulcer. This film was produced by the Department of Gastroenterology of the Lahey Clinic, Boston, Mass., under a grant from John Wyeth & Brother, Inc., of Philadelphia. It was most enlightening and the members enjoyed the opportunity of seeing the film.

Other matters covered at this meeting included consideration of a letter from Dr. L. Greeley Brown calling attention to the increased cost of present living conditions and indications of future increases. Dr. Brown feels that the Society should give serious consideration to the adjustment of medical fees. This matter was referred to the Public Relations Committee.

An amendment to the Constitution, Article III, Section 1, was submitted as follows: "Every legally registered physician who is a citizen of the United States, and every legally registered physician who has been licensed by the New Jersey State Board of Examiners prior to July 1, 1939, and who has heretofore declared his intentions to become a citizen of the United States, residing and practicing in Union County who is of good moral and professional standing and who does not support or practice or claim to practice an exclusive system of medicine shall be eligible for membership."

No action was taken on this amendment, which will be published in the next Bulletin and voted on at the March meeting. The Medical-Service Plan came up for further discussion and it was moved that a concise form be made up and circularized among the county members as to what has been done to date; and the Plan then will be brought up for reconsideration at the March meeting.

Procurement and Assignment—Dr. Burritt was unable to give a complete report on their activities, but will continue to serve in an advisory capacity. Dr. Schlichter requested that a committee be appointed to act as consultants to assist Procurement and Assignment officers in regard to physicians who are available for service and those considered indispensable. The State quota is 283 excluding interns and residents. Most of this quota will be drawn from North Jersey counties. It was moved that this committee be appointed by Dr. Seymour.

SUMMIT MEDICAL SOCIETY

C. S. Thomson, M.D., Secretary

The third meeting of the season of the *Summit Medical Society* was held at the Canfield Tea Room on January 26 at 9 p. m.

There were twenty-three members and one guest present at the meeting.

Dr. T. P. Prout spoke on "Shock Therapy".

WOMAN'S AUXILIARY

Essex County

Mrs. Lodovico Mancusi-Ungaro, Chairman of Publicity

A year ago, to stimulate interest in January as "Health Month", a joint meeting of the Contemporary Club of Newark and of the *Woman's Auxiliary to the Essex County Medical Society* was arranged. It proved so successful that it was repeated by popular request on January 26th, in the Contemporary Auditorium, Newark. Invitations were sent to all social organizations, public health and welfare agencies, as well as hospital representatives and nurses.

The speakers of the day were introduced by Dr. William W. Cox, President of the Essex County Medical Society. Lt. Jean Robb of the Woman's Auxiliary Army Corps spoke on the purpose of the WAAC's, their democratic way of enrolling women of all races, colors and creeds; and of the staffing of their companies by women doctors.

Dr. J. Wallace Hurff talked on "Medicine in War" from the civilian doctor's viewpoint. He spoke of how vital it was to maintain high mental and physical fitness of our man and woman power, and of the increasing casualties, there being 32 per cent more chances for injuries in 1942 than in 1941.

The City of Newark is on the alert to take care of emergencies. The catastrophe of the Hercules Plant at Dover caused the initial step of our present organization to be taken, for it was realized that no community is equipped to handle emergencies of such magnitude. We now have some 30 mobile units on call. Dr. Hurff said that the Board of Health had rendered valuable assistance to the community by its careful survey of the sanitation, ventilation and heating facilities of the houses for incoming war workers; by its survey of foodstuffs and of agencies that maintain the health of its employees, and by its coöperation with the Army in the control of venereal disease.

Dr. Stuart Z. Hawkes spoke on "Medicine in War" from the military angle. If a doctor goes to a base hospital his work is very similar to his civilian duties. If not, a six weeks' orientation course familiarizes him with the pattern of Army functions. As a doctor, he is also an Army officer who must know how to lead troops and perform drills, as well as to take the responsibility of the health and housing of the men, the sanitation of the camp and the control of disease. Already there emerges a new type of doctor called "Flight Surgeon", not necessarily a surgeon, who must cope with air sickness, understand the changes that take place in the body at high altitudes, talk the lingo of the aviator—a combination of doctor and father confessor, who knows his boys so intimately he can detect fatigue even though it is not apparent.

Mrs. Max Kummel, Chairman of Public Relations of the Auxiliary, and Mrs. Frank A. Bien, Chairman of the Health Committee of Contemporary (our own Recording Secretary, for the Health Committee of Contemporary is composed of all the doctors' wives), were the joint chairmen of this program. Prominent members of both organizations acted as hostesses at the tea which followed the program.

BOOKS RECEIVED FOR REVIEW

PSYCHOSOMATIC MEDICINE; the clinical application of psychopathology to general medical problems. By Edward Weiss, M.D., and O. Spurgeon English, M.D. Pp. 687. Philadelphia, W. B. Saunders Company. 1943. $8.00.

INDIGESTION; its diagnosis and management with special reference to diet. By Martin E. Rehfuss, M.D. Pp. 556. Philadelphia, W. B. Saunders Company. 1943. $7.00.

ORTHOPEDIC SUBJECTS. Prepared and edited by the Subcommittee on Orthopedic Surgery of the Committee on Surgery of the Division of Medical Sciences of the National Research Council. George E. Bennett, Chairman. With a contribution by Arthur G. Davis. Military Surgical Manuals, vol. 4. Pp. 306. Philadelphia, W. B. Saunders Company. 1943. $3.00.

DISEASES OF THE BREAST; diagnosis, pathology and treatment. By Charles F. Geschickter, M.A., M.D., with a special section on treatment in collaboration with Murray M. Copeland, A.B., M.D., F.A.C.S. Pp. 829. Philadelphia. J. B. Lippincott Company. 1943. $10.00.

RELIGION AND HEALTH. By Seward Hiltner. Pp. 292. New York, Macmillan Company. 1943. $2.50.

ESSENTIALS OF GYNECOLOGY. By Willard R. Cooke, M.D., F.A.C.S. Pp. 474. Philadelphia, J. B. Lippincott Company. 1943. $6.50.

HOW TO LEARN AND ADVANCE. By Samuel Kahn, M.D., Ph.D. Pp. 196. New York, The Alpha Press. 1942. $2.00.

FRACTURES OF THE JAWS AND OTHER FACIAL BONES. By Glenn Major, B.S.A.M. (in Pathology), M.S. (in Experimental Surgery), Ph.D. (in Surgery), D.D.S., M.D., F.A.C.S. With chapters on Radiographic Technic by Lester M. Freedman, B.S., M.D., and War Aspects of Jaw Fractures by Arthur Dick, D.D.S., M.D., Maj. (M.C.) U.S.A. Pp. 446. St. Louis, C. V. Mosby Company. 1943. $7.50.

ENDOSCOPIC PROSTATIC SURGERY. By Roger W. Barnes, M.S., M.D., F.A.C.S. Pp. 232. St. Louis, C. V. Mosby Company. 1943. $6.00.

OBSTETRICAL PRACTICE. By Alfred C. Beck, M.D. 3d ed. Pp. 938. Baltimore, Williams & Wilkins Company. 1942. $7.00.

LAUGH AT THE LAWYER WHO CROSS-EXAMINES YOU! A court room antidote. By Charles L. Cusumano, LL.B., New York Bar. Pp. 375. New York, Old Faithful Publishing Company. 1942.

SIGHT SAVER. By C. J. Gerling. Pp. 202. New York, Harvest House. 1943. $2.00.

BOOK REVIEWS

First Aid and Bandaging; a handbook of first aid and bandaging. By Arthur D. Belilios, M.B., B.S. (Lond.), D.P.H. (Eng.), and others. Pp. 628. Baltimore. Williams & Wilkins Company. Wm. Wood. 1942. $1.75.

This edition may certainly be recommended to the aspiring student of first aid who desires a diversified, yet well-grounded understanding of the principles of first aid.

In dealing with the subject, this book has a novel approach in that its form of divisions and subdivisions should prove of great assistance to the first-aider. I refer particularly to such classifications as: "Fracture and Special Fractures", "Hemorrhages and Other Hemorrhages". The use of tables should also prove of definite assistance to students in that it gives quick reference to those whose limited knowledge of associated conditions, methods and drugs would otherwise prevent their being able to avail themselves of the alternative suggestions contained in the tables.

This reader feels that First Aid and Bandaging represents a worthy addition to the important field of first aid.

F. W. O'Brien, Manager
Office of Workmen's Compensation Court Reporters of New Jersey.

Principles and Practice of Medicine. Originally written by Sir William Osler, Bart., M.D., F.R.C.P., F.R.S. Designed for the use of practitioners and students of medicine. By Henry A. Christian, A.M., M.D., LL.D., Hon. Sc.D., Hon. F.R.C.P. (Can.), F.A.C.P. 14th ed. Pp. 1475. New York, D. Appleton-Century Co. 1942. $9.50.

Dr. Christian has completely rewritten and re-edited this semi-centennial edition of the famous textbook originally written by Sir William Osler. New material has been added and the text has been changed to include recent advances in medicine. The pleasant literary style has been retained, thereby making this one of the most easily read of all textbooks on medicine.

The volume begins with a consideration of the newly termed psychosomatic medicine in order to emphasize the very great importance of a knowledge of the functional or psychic aspects of medicine in relation to organic disease.

The group of infectious diseases is introduced now with a discussion of pneumonia and pneumococcic infections instead of typhoid, which has been placed farther down the list. Treatment is brought completely to date with a detailed presentation of chemotherapy and serum therapy. Included in diseases due to viruses are the common cold, influenza and virus pneumonia, the consideration of which is quite timely.

The discussion of diseases of the respiratory system, blood, heart, kidneys and other organs is thorough and excellent. One is particularly pleased with the excellent bibliographies following each disease. These references are presented in the most modern form and reveal the inclusion of important material up to the date of publication.

Following the tradition of former editions there is included every known disease, no matter how rare, for some discussion.

The present edition is worthy of the fiftieth year of publication and is highly commended for study and reference by the general practitioner.

Irving Borsher, M.D.

Traumatic Surgery of the Jaws Including First Aid Treatment. By Kurt H. Thoma, D.M.D. Pp. 315. St. Louis, The C. V. Mosby Company. 1942. $6.00.

A book covering a phase in the field of oral surgery, which may not be of specific appeal to the general practitioner, but of interest to the oral surgeon and of greater value to members of the armed forces who might be confronted with cases involving injuries of the jaws.

The book, in contrast to the more ponderous text books, is lucidly written and easily read, supplemented by innumerable illustrations. Its contents include first aid treatment, facial and oral wounds, fractures of the maxilla, traumatic injury of the condyle and mandibular joint, nursing and diet. Chapters on reduction and treatment of fractures include earlier modes of treatment, also newer methods of reduction, viz.: screw implantation, skeletal fixation, and pin fixation—a knowledge of which will undoubtedly eventuate in greater application after the war.

Of interest to the general practitioner is the chapter on the temporo-mandibular articulative with involvement of the meniscus resulting in crepitation. This phase plus its treatment will add to the knowledge of a not uncommon condition with which we are confronted. The book primarily applies to the practice of oral surgery and not general practice of dentistry.

John H. Lukas.

Doctors of the Mind; The Story of Psychiatry. By Marie Beynon Ray. Pp. 335. Boston, Little, Brown and Company. 1942. $3.00.

This book is good as a story of psychiatry and the apothiosis of some of its prominent exponents, but in time, as occurs to most works of this kind, revisions will be in order. Psychiatry is in a state of flux and what is now apparently the last word will not be ultima thule.

The author has been painstaking and conscientious. Her book should be widely read. The recognition of the complex causes of human ills, ailments, and diseases is a wholesome sign of progress. The author has done a service in bringing together some of the evidences of psychiatric progress. After all, we still really know very little about the underlying factors of mental disorders, e. g., dementia praecox or schizophrenia. We still have to depend upon a descriptive terminology.

However, the book is to be welcomed as it emanates from a non-professional person, as indicating

the widespread interest in psycho-somatic relationships.

More power to lay and to professional authors in bringing about a true and faithful evaluation of the importance of the mind upon the body and the body upon the mind. We recommend the book.

Christopher C. Beling, M.D.

Manual of Dermatology, issued under the auspices of the Committee on Medicine of the Division of Medical Sciences of the National Research Council. By Donald M. Pillsbury, M.D.; Marion B. Sulzberger, M.D., and Clarence S. Livingood, M.D. Pp. 421. Philadelphia, W. B. Saunders Company. 1942. $2.00.

The authors, well-known writers in the dermatological field, have compiled a handy manual of skin diseases. While avoiding as much as possible descriptive terminology, academic discussions and so-called museum rarities, they have managed to cover nearly 90 per cent of the skin conditions seen in every-day practice, and this is done in clear, well-worded language.

Especially can one recommend the chapter on practical therapy. Too often are patients handed some prescription with vague orders as to its application, when quite often the results obtained depend just as much, or more, on the mode of application, as on the particular medication ordered. There is included a wide range of practical medications suited to almost every skin condition one usually encounters in his daily work. There are also a number of excellent black and white photographs covering the same diseases of the skin.

Without hesitation the reviewer heartily recommends this handy practical manual. Not only will it prove valuable to the medical officers with our armed forces, but to any physician whether connected with some industrial plant, some health center, or even general practice. The place for this little book is not in the book case, but on the desk.

H. B. Heller, M.D.

Constitution and Disease; applied constitutional pathology. By Julius Bauer, M.D. Pp. 208. New York, Grune & Stratton. 1942. $3.50.

Professor Bauer's lectures and numerous publications on the various aspects of constitutional and hereditary predispositions to disease are well known to students of heredity and of psychosomatic medicine. This publication is a moderate size book, and in the preface Dr. Bauer states that to cover the entire subject or literature on the human constitution is impossible; it is merely intended to familiarize the reader with the principles of constitutional thinking at the patient's bedside. This is accomplished admirably by a brief analysis of the subject under different chapter headings.

Constitution is defined as the sum total of the individual's characteristics as they are determined at the moment of fertilization of the ovum. Constitutional pathology is concerned with all problems arising from the abnormal constitution. Genetic considerations are of prime importance. Constitutional biological inferiority of organs and tissues may be found in any system or organ of the body. The endocrinopathies, their effect on the nervous system, mental, social and marital adjustments are discussed. A very interesting chapter is the one which takes up the classification of normal and abnormal constitutions. The subject of therapy is thoroughly discussed.

This is a well written and interesting book, and would be valuable reading for all practitioners. There is a well-rounded bibliography for those who wish to delve deeper into the subject.

Rita S. Finkler, M.D.

Nasal Medication; a practical guide. By Noah D. Fabricant, M.D., M.S. Pp. 122. Baltimore, The Williams & Wilkins Company. 1942. $2.50.

The author states in his preface that he had two purposes in mind in writing this book: one, that it should serve as a practical guide for physicians; and the other, that it should prove a work of ready reference for those who employ nasal medication. It is a good work in general, well written and of value to every practitioner in this changeable climate where we have so many nasal complaints. It reviews the literature and brings together in compact form all pertinent aspects of the subject. It might be said that a little too much emphasis is placed on the author's own experience, but the book is well worth the time it takes to read it, and is of value for the extensive references.

Edgar P. Cardwell, Maj. (M.C. A.A.F.T.T.C.)

Synopsis of Traumatic Injuries of the Face and Jaws. By Douglas B. Parker, M.D., D.D.S. Pp. 334. St. Louis, C. V. Mosby Company. 1942. $4.50.

In the reviewer's opinion, this book is the answer to a long-felt want. It is concise, extremely well illustrated and covers a wide field of traumatic injuries. It is particularly fortunate that the book appears at the present time. War conditions, industrial and automotive casualties and accidents are on the increase, and we must be prepared to care for them.

We are also at this time especially interested in first aid treatment. Chapters three and four take up the treatment of hemorrhage, artificial respiration and shock. Even the proper way to carry cases with head wounds is well shown and explained.

In this volume an extremely readable review of the anatomical parts, their anatomic relationship, and the structures encountered due to traumatism, are given. The use of sulpha drugs is explained fully to our present knowledge of them. The treatment of burns of the face and head, which may cause serious deformities, is also gone into quite thoroughly.

Chapters ten and eleven on the stabilization and complications of fractures are particularly complete in the work that can be done for these injuries.

Essex County should be particularly proud of this volume for some of the illustrations used are by courtesy of one of our own members. The author is to be congratulated on a very timely and interesting book.

F. C. Bartleman.

Tuberculosis Abstracts

A Review for Physicians

ISSUED MONTHLY BY THE NATIONAL TUBERCULOSIS ASSOCIATION

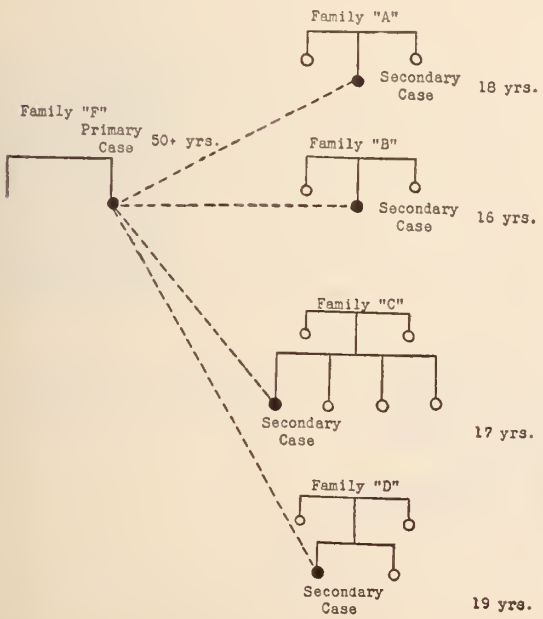
Vol. XVI **March, 1943** **No. 3**

THE possibility of the spread of tuberculosis within the family because of close contact, cannot be too strongly stressed. The disease may attack as many as four generations. However, this should not obscure the importance of continuing the search for contacts outside the immediate household when case finding does not reveal the source of infection within the family.

PULMONARY TUBERCULOSIS RESULTING FROM EXTRA-FAMILIAL CONTACTS

In mass surveys there is not the opportunity for individualization of cases that is necessary to discover extra-familial sources of tuberculous infection. Rural communities with low death rates have afforded excellent opportunities for demonstrating the importance of extra-familial contact in the spread of tuberculosis in the community.

In Massachusetts a five-year survey on the control of tuberculosis was recently conducted in a county considered to be representative of a rural New England community, and with next to the lowest death rate from pulmonary tuberculosis of any county in the state.



It was during this survey that attention was focused on the importance of extra-familial contact. The diagram here shown is a graphic representation of the spread of tuberculosis among several families in the same community. The discovery of the source of infection required a considerable period of time and a careful evaluation of certain obscuring factors.

In March, 1935, and August, 1936, two cases of pulmonary tuberculosis were reported in a small community of approximately 4,000 persons. Both cases were high school girls, aged 18 and 16 respectively. They were the only young persons in their respective homes. Members of family "A" were examined and were found to have no evidence of tuberculosis. Family "B" refused examination at the time, but were subsequently examined and found to be negative for tuberculosis. There was no history of tuberculosis in either of the families. Both households used raw milk from tuberculin-tested herds, but obtained from different dairies. The two girls were not "chums" but attended the same high school.

A check with the school physician revealed that none of the teachers had tuberculosis, with the possible exception of one. She had suffered from pulmonary tuberculosis two years prior, but was discharged from the sanatorium as an arrested case. However, because several of the pupils complained that this teacher coughed during her classes, several sputum examinations were made by the school physician, all of which were found to be negative.

The situation rested at this stage until April, 1937, when a 19-year-old girl, graduated from the same high school in 1936, was found to have

tuberculosis. Careful inquiry revealed that she had little or no contact with either of the other girls at the school. She had, however, taken two courses given by the teacher who was under suspicion. A check-up by X-ray in her family showed no evidence of active tuberculosis, nor was there any family history of the disease.

Again the evidence pointed to someone in the high school as a potential source of infection for these three girls. The teacher, aware that she was under suspicion, returned to the sanatorium for a check-up. A negative report was received by the school physician from the sanatorium.

In December, 1937, a fourth girl, aged 17, was found to have pulmonary tuberculosis. She too, had had the same teacher in some of her classes. She knew all three of the girls but denied close friendship with them. Her family was examined by X-ray by a local physician who reported negative findings. Subsequent examination of these films confirmed the original report. At this stage there seemed to be almost overwhelming evidence that these girls had had a common source of infection, and the logical place to search seemed to be in the high school.

Further visits were made to the families to recheck their contact histories. They had all used raw milk from tuberculin-tested herds, but only two of the families took milk from the same dairy. During one of these visits to family "C" a casual remark opened a new approach to the problem.

It was found that all four families attended the same church. This was a remarkable coincidence. A rough statistical calculation placed the church under strong suspicion on the basis that in the school population considerably less than one-half of one case would be expected to have occurred by chance among this religious denomination if the source of infection were in the school. Inquiries regarding attendance of the girls at the church revealed that three of them sang in the choir and all four of them had attended social functions on numerous occasions.

A careful check-up of the reported cases and deaths in the community failed to show any of them to be members of this church. However, during the investigations relative to the church membership it was learned quite by accident that the wife of the former minister had developed pulmonary tuberculosis and had entered a sanatorium in another state within three months after leaving the parish, early in 1936. This rumor was checked and found to be authentic. In fact, at the time of admission to the sanatorium the minister's wife was found to have tuberculosis in an advanced stage and her sputum was markedly positive.

Further inquiry revealed that the minister's wife also sang soprano in the choir and took communion from a common cup before three of the girls who sang in the choir, as well as before the fourth who was not a choir member. Thus, a common source of infection was found for these four girls in their fellow church member. On the basis of X-ray, sputum examination and statistics, the school teacher, an arrested case, was eliminated from suspicion.

Aside from determining the true source of infection for these four girls, several other factors of epidemiological significance are manifested. In this particular instance, the range of age was from 16 to 19 years and all cases were girls, again revealing the importance of age and sex. However, there is also evidence at the present time to show that the age of highest mortality from tuberculosis is gradually shifting to the older age groups.

A further factor of importance is that three of these girls had positive sputum at the time diagnosis was made; two of them were moderately advanced and two far advanced at the time of diagnosis.

There was a high fatality rate. Two of the girls have died; one remains in a sanatorium and the fourth has been discharged from the sanatorium as an arrested case.

Although three of the girls sang in the soprano section of the choir, there was ample opportunity for contact between the fourth girl and the minister's wife through social functions and Sunday School. These contacts were regular, usually once or twice a week, over a period of several years.

The question of the common communion cup is a moot one. It is reasonable to suppose that droplet infection through contact at choir practice and social functions might well be sufficient to result in active disease. The dosage of infection was probably large if consideration is given to the cumulative effect resulting from frequent exposures at fairly regular intervals.

Failure to find the source of infection within a household should not preclude further attempts at finding the source case.

Pulmonary Tuberculosis Resulting from Extra-Familial Contacts, C. W. Twinam and Alton S. Pope, Amer. Jour. of Pub. Health, Nov. 1942.

SUPPLIED BY
NEW JERSEY TUBERCULOSIS LEAGUE
15 East Kinney Street, Newark, New Jersey



Some men are so clever!

Take my boss for instance . . .

Yesterday, I overheard him talking to another doctor about infant feeding.

"Jim," he said, "I'll tell you why you never have any time to spare. You get yourself tied up with a lot of unnecessary work.

"You believe in prescribing plain cow's milk modified. Haven't you found out that S-M-A* will save you a lot of unnecessary questions? Cut out a lot of bothersome arithmetic?



"Heaven knows, we're busy enough as it is. I'll bet you a couple of tickets for the big game that with S-M-A on the job—your patients won't have to telephone you so often to ask about their baby's formula."

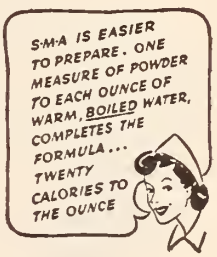
* * *

Well, you can see why I think my boss is so clever. Why don't you try S-M-A in your own practice, doctor? See if you don't like it better.

BUSY DOCTORS TODAY— PRESCRIBE S-M-A!

With the exception of Vitamin C . . . S-M-A is nutritionally complete. Vitamins B_1, D and A are included in adequate proportion . . . ready to feed. Their presence in S-M-A prevents the development of subclinical vitamin deficiencies . . . because the infant gets all the necessary vitamins right from the start.

S-M-A has still another highly important advantage not found in other modified milk formulas. It contains a special fat that resembles breast milk fat . . . resembles it chemically and physically—according to impartial laboratory tests. S-M-A fat is more readily digested and tolerated by most infants than cow's milk fat.



The infant food that is nutritionally complete

SMA

*REG. U. S. PAT. OFF.

ACCEPTED AMERICAN MEDICAL ASSN. Council on Foods

S. M. A. Corporation
8100 McCormick Boulevard
Chicago, Illinois

S-M-A, a trade-mark of S.M.A. Corporation, for its brand of food especially prepared for infant feeding—derived from tuberculin-tested cow's milk, the fat of which is replaced by animal and vegetable fats, including biologically tested cod liver oil; with the addition of milk sugar and potassium chloride; altogether forming an antirachitic food. When diluted according to directions, it is essentially similar to human milk in percentages of protein, fat, carbohydrate and ash, in chemical constants of the fat and physical properties.

PRESCRIPTION PHARMACISTS

TO THE MEMBERS OF THE

MEDICAL SOCIETY OF NEW JERSEY

Place	Name and Address	Telephone
AUDUBON	W. H. Tegeler, 315 Atlantic Ave.	Audubon 1037
CRANFORD	J. Walter Seager, 103 Union Ave. N.	CRanford 6-0700
ELIZABETH	Kerner's Prescription Pharmacy, 504 Court St.	ELizabeth 3-9497
HARRISON	Squier's Pharmacy, 234 Harrison Ave.	HArrison 6-2127
JERSEY CITY	Smith & Williams Prescription Phar., 343 Jackson Ave.	BErgen 3-2616
MONTCLAIR	Wm. J. McNulty, So. Fullerton Ave. & The Crescent	MOntclair 2-2014
MORRISTOWN	Carrell's Pharmacy, Inc., 31 South St.	MOrristown 4-0143
NEWARK	Marquier's Pharmacy, Sanford & So. Orange Aves.	ESsex 3-7721
NEW BRUNSWICK	Hoagland's Drug Store, 365 George St.	New Brunswick 49
SOUTH ORANGE	Taft's Pharmacy, 2 So. Orange Ave.	SOuth Orange 2-0063
WEST NEW YORK	The Owl Pharmacy, 6611 Bergenline Ave.	UNion 5-0334

EFFECTIVE THERAPY
IN
Otitis Media
Requires Analgesia-Bacteriostasis, and Dehydration of the Tissues.
Auralgan
The Doho Chemical Corp., New York-Montreal-London

"The Glenwood" Sanitarium
Licensed for the care and treatment of
Nervous and mental disorders, alcoholism and drug addiction
Homelike surroundings, good nursing, psychiatric treatment and excellent food.
R. GRANT BARRY, M.D.
2301 NOTTINGHAM WAY
TRENTON, N. J.
Tel. 2-8053

"INTERPINES"
GOSHEN, N. Y. Phone 117
ETHICAL — RELIABLE — SCIENTIFIC
Disorders of the Nervous System
BEAUTIFUL QUIET HOMELIKE WRITE FOR BOOKLET
FREDERICK W. SEWARD, M.D., Director
FREDERICK T. SEWARD, M.D., Res. Physician CLARENCE A. POTTER, M.D., Res. Physician

Zemmer
PRESCRIBE or DISPENSE ZEMMER PHARMACEUTICALS
Tablets, Lozenges, Ampoules, Capsules, Ointments, etc. Guaranteed reliable potency. Our products are laboratory controlled. Write for catalogue.
Chemists to the Medical Profession
THE ZEMMER COMPANY • OAKLAND STATION • PITTSBURGH, PENNSYLVANIA
NJ-3-43

The NEW YORK POLYCLINIC
MEDICAL SCHOOL AND HOSPITAL

(ORGANIZED 1881)
THE PIONEER POST-GRADUATE MEDICAL
INSTITUTION IN AMERICA

UROLOGY

A combined full time course in Urology, covering an academic year (8 months). It comprises instruction in pharmacology; physiology; embryology; biochemistry; bacteriology and pathology; practical work in surgical anatomy and urological operative procedures on the cadaver; regional and general anesthesia (cadaver); office gynecology; proctological diagnosis; the use of the ophthalmoscope; physical diagnosis; roentgenological interpretation; electrocardiographic interpretation; dermatology and syphilology; neurology; physical therapy; continuous instruction in cysto-endoscopic diagnosis and operative instrumental manipulation; operative surgical clinics; demonstrations in the operative instrumental management of bladder tumors and other vesical lesions as well as endoscopic prostatic resection.

For the
General Practitioner

Intensive full time instruction in those subjects which are of particular interest to the physician in general practice. The course covers all branches of Medicine and Surgery.

For Information Address
MEDICAL EXECUTIVE OFFICER
345 West 50th Street **New York City**

COOK COUNTY
Graduate School of Medicine

(In affiliation with COOK COUNTY HOSPITAL)
Incorporated not for profit

Announces Continuous Courses

SURGERY—Two Weeks' Intensive Course in Surgical Technique starting March 8 and 22, April 5 and 19, and every two weeks throughout the year.

MEDICINE—Two Weeks' Intensive Course in Medicine starting June 7. One Month Course in Electrocardiography and Heart Disease starting the first of every month, except August.

FRACTURES AND TRAUMATIC SURGERY—Two Weeks' Intensive Course starting April 5.

GYNECOLOGY—Two Weeks' Intensive Course starting April 5; Clinical and Diagnostic Courses.

OBSTETRICS—Two Weeks' Intensive Course starting April 19; Informal Course.

OPHTHALMOLOGY—Two Weeks' Intensive Course starting April 5.

OTOLARYNGOLOGY—Two Weeks' Intensive Course starting April 19.

ROENTGENOLOGY—Courses in X-ray Interpretation, Fluoroscopy, Deep X-ray Therapy every week.

UROLOGY—Two Weeks' Course and One Month Course available every two weeks.

CYSTOSCOPY—Ten Day Practical Course every two weeks.

GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES.

TEACHING FACULTY
Attending Staff of Cook County Hospital

Address: Registrar, 427 South Honore St., Chicago, Ill.

TO PHYSICIANS JOINING THE
ARMED FORCES

We render a complete service on your accounts receivable, notifying patients of your entry in U. S. armed forces and tactfully collecting whatever amounts are due.

Write for details

Crane Discount Corporation
230 W. 41st St. **New York**

CLASSIFIED : ADVERTISEMENTS

WANTS FOR SALE TO LET
SITUATIONS, ETC.

4 Cents per word; Minimum Charge, $1.00
CASH MUST ACCOMPANY ORDER
Forms Close 26th of the Month

WANTED—Woman physician for large New Jersey war plant, full time. Must be licensed to practice in New Jersey, to spend much of her time examining applicants for employment. No one now on war contract work will be considered. Write fully outlining educational background. Box 760, Realservice Advertising, 110 W. 34th St., New York City.

REPRESENTATIVE FUNERAL DIRECTORS

OF THE STATE OF NEW JERSEY

Special and Dependable Service Day and Night. Special Attention Given to Hospital Calls, Train and Express Shipments.

Place	Name and Address	Telephone
ATLANTIC CITY	Jeffries & Keates, 1713 Atlantic Ave.	ATlantic City 5-0611
BLOOMFIELD	Peter J. Quinn Funeral Service, 320 Belleville Ave.	BLoomfield 2-1260
ELIZABETH	Aug. F. Schmidt & Son, 139 Westfield Ave.	ELizabeth 2-2268
IRVINGTON	W. Clifton } C. Hoyt } Terrill, 660 Stuyvesant Ave.	ESsex 2-2203
MORRISTOWN	Raymond A. Lanterman & Son, 126 South St.	MOrristown 4-2880
NEWARK	Peoples Burial Co., 84 Broad St.	HUmboldt 2-0707
PATERSON	Robert C. Moore & Sons, 384 Totowa Ave.	SHerwood 2-3914
RED BANK	The Wordens—Albert, Harry & James, 60 E. Front St.	Red Bank 557
RIVERDALE	George E. Richards, Newark Turnpike	Pompton Lakes 164

THE ORANGE PUBLISHING CO.

PRINTERS

12 SOUTH DAY STREET **ORANGE, N. J.**

Telephone ORange 3-0048

CHANGE OF ADDRESS COUPON

In the event of a change of address or failure to receive the Journal regularly fill out this coupon and mail it at once to

THE MEDICAL SOCIETY OF NEW JERSEY, 222 West State St., Trenton, N. J.

Change my address on mailing list

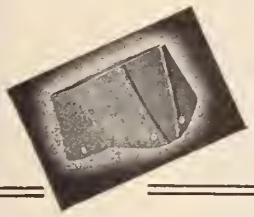
From

To

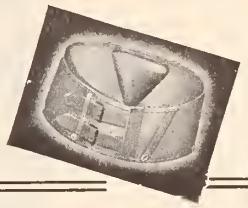
Journal is not being received

My correct address is

Date..... *Signed*..... *M.D.*



In the surgical appliance field the name POMEROY has meant quality and dependability for more than 75 years.



SUPPORTING BELTS and CORSETS



The physician appreciates the fact that POMEROY belts, girdles and corsets are supplied on his prescription, conform to his specifications and are anatomically correct. The patient appreciates the fact that POMEROY supports are made with a minimum of straps and laces, are moderately priced and correctly styled.

POMEROY supports for men, women and children are available at any of our offices and are guaranteed to be satisfactory to the prescribing physician and his patient wherever bought.

Pomeroy

901 BROAD STREET **NEWARK, N. J.**

NEW YORK BROOKLYN BOSTON SPRINGFIELD
DETROIT WILKES-BARRE



Jessie Simpson says: "I wear Duralumin limbs. My clothes fit beautifully. I drive my car and enjoy dancing, golfing, ping pong, and other sports."

Jessie Simpson

(Miss New Jersey of 1936)

WEARS HANGER LIMBS

For 80 years we have been making, wearing, fitting and improving artificial limbs. The knowledge and skill we have gained during this time enables us to give every advantage of construction, fit, and comfort.

The Hanger name guarantees complete satisfaction.

J. E. HANGER, INC.

104 FIFTH AVENUE **Established 80 years** **334 NO. 13th ST.**
New York, N. Y. *Inventors and Manufacturers* Philadelphia, Pa.

ENGLISH WILLOW AND DURAL LIGHT METAL ARTIFICIAL LIMBS

Belle Mead Sanatorium

BELLE MEAD :: NEW JERSEY

Under State License Since 1910

Sanatorium Phone BELLE MEAD, N. J. 21

● **For the individual care and modern treatment of nervous, mental, alcoholic, drug patients and general invalidism.**

FULL COOPERATION WITH REFERRING PHYSICIANS
RATES VERY REASONABLE FOR ATTRACTIVE ACCOMMODATIONS

●

J. C. KINDRED, M.D., *Consultant*
L. R. HARRISON, M.D., *Consultant*
MASON PITMAN, M.D. E. A. SCOTT, M.D.
Medical Directors

CHARLES B. TOWNS HOSPITAL

Serving the Medical Profession for Over 40 Years

For Alcoholism and Drug Addiction Exclusively

Definite Treatment • *Fixed Charges* • *Minimum Hospitalization*

293 CENTRAL PARK WEST, NEW YORK, N. Y. — Tel. SChuyler 4-0770
(*Hospital Literature*)



WHIPPANY REST

(Formerly Whippany River Health Farm)
Licensed by State Department of Institutions and Agencies
Ideal for Chronic and Elderly Patients
Phone Whippany 8-0311
THERESA CUDDY SCOLA, R.N.
Directress
Whippany Road, Whippany, N. J.
Next Door to Seeing Eye



AURORA

Founded by Robert Schulman, M.D.
(Since 1920)

A RESORT FOR HEALTH

For cardiovascular, metabolic, endocrinological and neurological disturbances.
Resident physicians. Complete physiotherapy department.

May we send you literature?

BENJAMIN SHERMAN, M.D., Medical Director
Morr. 4-3260 — On Route 24 **MORRISTOWN, NEW JERSEY**

Mountain View Rest, Inc.

Established
1 9 2 7

Roseland, New Jersey
P. O. Box 158

A HOMELIKE NEUROPSYCHIATRIC SANITARIUM, where reliable and individual care and treatment are available.

Descriptive Booklet on Request

Phones: Caldwell 6-1651
6-1652

MRS. DONALD ST. CLAIR, Directress

FAIR OAKS

SUMMIT **NEW JERSEY**

DR. THOMAS P. PROUT, Medical Director
DR. CAMELLA A. LOSADA
DR. CARROLL S. THOMSON

A sanatorium equipped with many of the facilities of the hospital, minus the hospital atmosphere, for the modern treatment and management of problems in neuropsychiatry. We have finished our fortieth year.

PSYCHO-THERAPY
PHYSIO-THERAPY
CLINICAL LABORATORY
BASAL METABOLISM
DIETETICS
HYDRO-THERAPY
OCCUPATIONAL THERAPY
ELECTRIC SHOCK THERAPY

Telephone: Summit 6-0143

SPENCER
Breast Supports
For Pre-Natal and Nursing



Spencer Maternity Support Spencer Nursing Support

Each Spencer Breast Support for pre-natal wear, like *all* Spencer Supports, is *individually designed* for the one patient who is to wear it, to lift and hold breasts in natural, healthful position, without compression.

It improves circulation—protects delicate inner tissues—helps prevent outer skin from stretching and breaking—aids breathing—improves appearance—encourages erect posture. Easily adjustable to increasing development.

Painful, engorged breasts are often relieved by a Spencer, as it allows veins to empty easily. (A further advantage is gained later in increased milk supply from equalization of circulation during pregnancy.)

GUARDS AGAINST CAKING AND ABCESSING

The Spencer Breast Support for nursing mothers provides protection against caking and abcessing. Padded slide-fastener in front for nursing convenience.

For service look in telephone book under "Spencer Corsetiere" or write direct to us.

SPENCER *INDIVIDUALLY DESIGNED*

Abdominal, Back and Breast Supports

SPENCER INCORPORATED,
137 Derby Ave., New Haven, Conn.
In Canada: Rock Island, Quebec.
In England: Spencer (Banbury) Ltd., Banbury, Oxon.

May We Send You Booklet?

Please send me booklet, "How Spencer Supports Aid the Doctor's Treatment."

C-3

.....M. D.

Address

.....

Sterile Shaker Packages Sulfanilamide,
H.W.&D.

Our total output of 5 gram Sterile Shaker Packages of Crystalline Sulfanilamide, 30-80 mesh, developed by our research staff in co-operation with military authorities for the treatment of wounds in combat zones, has previously been requisitioned for military needs (totaling more than thirty million packages).

Completion of our new Sulfanilamide Division plant ahead of schedule and the resulting increased production has now made it possible for us to supply these packages for civilian medical use.

We will now accept orders for Sterile Shaker Packages of Crystalline Sulfanilamide.

The package will be available only by or on the prescription of a physician.

Complete information and prices on request.

HYNSON, WESTCOTT & DUNNING, INC.
Baltimore, Maryland

86c out of each $1.00 gross income used for members benefit

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION

Hospital, Accident, Sickness
INSURANCE

For ethical practitioners exclusively
(57,000 Policies in Force)

LIBERAL HOSPITAL EXPENSE COVERAGE	For $10.00 per year
$5,000.00 ACCIDENTAL DEATH $25.00 weekly indemnity, accident and sickness	For $32.00 per year
$10,000.00 ACCIDENTAL DEATH $50.00 weekly indemnity, accident and sickness	For $64.00 per year
$15,000.00 ACCIDENTAL DEATH $75.00 weekly indemnity, accident and sickness	For $96.00 per year

41 years under the same management

$2,418,000.00 INVESTED ASSETS
$11,350,000.00 PAID FOR CLAIMS

$200,000 deposited with State of Nebraska for protection of our members.

Disability need not be incurred in line of duty—benefits from the beginning day of disability.

Send for applications, Doctor, to

400 First National Bank Building Omaha, Nebraska

*Wyeth's**

PHOSPHALJEL*

ALUMINUM PHOSPHATE GEL



Contains 4% Aluminum Phosphate.
Supplied in 12 fluidounce bottles.

*REG. U. S. PAT. OFF.

Special Medication for Peptic Ulcer

JOHN WYETH & BROTHER, INC., PHILADELPHIA, PENNSYLVANIA



In response to requests from pediatricians, we are now also marketing PABENA—precooked oatmeal, enriched with vitamin and mineral supplements. PABENA closely resembles Pablum in nutritional qualities, and offers the same features of thorough cooking, convenience and economy. Supplied in 8-ounce cartons. Samples on request. Mead Johnson & Company, Evansville, Ind., U.S.A.

177TH ANNUAL MEETING — MAY 25 AND 26, 1943
ESSEX HOUSE, 1050 BROAD ST., NEWARK

THE N.J. ACADEMY OF MEDICINE
APR 1 1943
LIBRARY

THE JOURNAL

OF

THE MEDICAL SOCIETY OF NEW JERSEY

Place of Publication, Printing and Mailing:
12 SOUTH DAY STREET, ORANGE, NEW JERSEY

Entered as second-class matter, September 5, 1906, at the post office at Orange, New Jersey, under Act of March 3, 1879.

VOL. 40, NO. 4 APRIL, 1943 Subscriptions, $3.00 per Year
Single Copies, 30 Cents

CONTENTS—Pages 121-160

EDITORIALS— Page

Invalid Diets and Food Rationing 121
A Charitable Act 122
177th Annual Meeting 122

Proposed Constitutional Amendment 122

PROCUREMENT AND ASSIGNMENT SERVICE—

Hospital Residents and Interns 123
Meeting of State Advisory Committee 124
War Conference 125

MEDICAL-SURGICAL PLAN AND MEDICAL SERVICE ADMINISTRATION 126

ORIGINAL ARTICLES—

The Care of the Burned Patient—Royal A. Schaaf, M.D., F.A.C.S., Newark, N. J. 128

Food Infection by Salmonella Para-Typhi—Charles V. Craster, M.D., D.P.H., Health Officer, and Aaron H. Haskin, M.D., M.P.H., Medical Receiving Officer, Newark, N. J. 134

Dermatitis Venenata Caused by Phenol-Camphor Mixtures—Capt. Emanuel M. Satulsky, M.C., and Lt. William Halpern, M.C., A.P.O. No. 837, Postmaster, New Orleans, La. 137

A Report of Nine Cases of Subacute Bacterial Endocarditis—Lt. Com. Harry Halprin, MC-V(S) USNR, Caldwell, N. J. 140

ORIGINAL ARTICLES— Page

Post Partum Hemorrhage. Maternal Welfare Article No. 80—Arthur W. Bingham, M.D., F.A.C.S., East Orange, N. J. 148

A Lesson from a Death Certificate 150

STATE ACTIVITIES—

Epidemic Kerato-Conjunctivitis — Special Warning Bulletin 151
With New Jersey Medical Authors 152
Deceased Physicians—New Jersey 152

BULLETIN BOARD 153

COUNTY SOCIETY REPORTS—

Bergen, Cumberland, Gloucester, Hudson 154
Middlesex, Morris and Summit Medical Society 155

WOMAN'S AUXILIARY—

16th Annual Meeting 156
Executive Board Meeting 156
Auxiliary Reports 156

THE BOOK SHELF—

Books Received 157
Book Reviews 157

TUBERCULOSIS ABSTRACTS 159

Roster of Officers, Advertising Page 3A

Editorial and Executive Offices of the Society

222 WEST STATE STREET
TRENTON, N. J.
Tel. 5776

Acceptance for mailing at special rate of postage provided for in Sec. 1103, Act of Oct. 3, 1917, authorized July 29, 1918.

Copyright 1943 by
The Medical Society of New Jersey

PHYSICIAN'S INCOME PROTECTION

Our Physicians Special Policy—endorsed by the State Medical Society—will appeal to you also, if you investigate. Elimination of excessive acquisition costs and economy of operation makes possible our rate which is far below that of equally broad and dependable insurance.

Brief Outline of Coverage

Accident Benefits—from 1st day for 60 months for total disability.
Half benefits for partial disability, limit 6 months.
Dismemberment benefits up to $10,000.

Sickness benefits—from 8th day for 12 months, full benefits, *house confinement not required.*

Rate for $100 Monthly Benefit, up to age 50, $7.40 quarterly.

Slightly higher rates to age limit of 65. Policies available from $100 to $300 monthly. Additional provisions for accidental death benefit and hospital expense insurance.

Your State Medical Society Insurance Committee are sole arbiters for handling any claim requiring arbitration.

E. and W. BLANKSTEEN, Mgrs.

Authorized Representatives of The Medical Society of New Jersey

76 MONTGOMERY STREET **JERSEY CITY, N. J.**

Tel. Bergen 4-6051

PROGRESSING CARDIAC FAILURE → CIRCULATORY INADEQUACY → RAPID SHALLOW BREATHING → ANOXEMIA AND CYANOSIS →

Metrazol *Council Accepted*

By injection - 1 or 2 cc.
orally - 1 to 3 tabs.

In Pneumonia

The Disease is in the Chest - but the Danger is in the Respiration and Circulation

Metrazol

(brand of pentamethylentetrazol)

Stimulates the Respiratory and Vasomotor Centers depressed by toxins or drugs — used as a supportive measure with serums, "sulfa" drugs and oxygen

BILHUBER-KNOLL CORP. ORANGE, N. J.

THE MEDICAL SOCIETY OF NEW JERSEY

Founded July 23, 1766

PLACE OF PUBLICATION, PRINTING AND MAILING, 12 SO. DAY ST., ORANGE, N. J.

EXECUTIVE AND EDITORIAL OFFICES, 222 WEST STATE ST., TRENTON, N. J. TEL. 5776

EDITH L. MADDEN, *Acting Executive Officer* Trenton
HENRY A. DAVIDSON, *Editor, in Service A. U. S.* Trenton

MEDICAL SERVICE ADMINISTRATION OF NEW JERSEY
MEDICAL-SURGICAL PLAN OF NEW JERSEY
31 CLINTON ST., NEWARK, N. J.
Tel. MItchell 2-0675

NORMAN M. SCOTT, *Medical Director*
Executive Assistant, The Medical Society of New Jersey

OFFICERS

Fresident, ELIAS J. MARSH Paterson
President-Eiect, RALPH K. HOLLINSHED Westville
First Vice-President, JOSEPH F. LONDRIGAN Hoboken
Second Vice-President, SAMUEL ALEXANDER Park Ridge
Secretary, ALFRED STAHL Newark
Treasurer, GEORGE J. YOUNG Morristown

TRUSTEES

THOMAS B. LEE, *Chairman* (1945) Camden
ALDRICH C. CROWE, *Secretary* (1944) Ocean City
ELIAS J. MARSH Paterson
RALPH K. HOLLINSHED Westville
JOSEPH F. LONDRIGAN Hoboken
SAMUEL ALEXANDER Park Ridge
ALFRED STAHL Newark
GEORGE J. YOUNG Morristown
E. ZEH HAWKES (1943) Newark
J. HOWARD HORNBERGER (1943) Roebling
ANDREW F. MCBRIDE (1943) Paterson
JESSE MCCALL (1943) Newton
WILLIAM F. COSTELLO (1944) Dover
GEORGE W. FITHIAN (1944) Perth Amboy
DAVID W. GREEN (1945) Salem
HARRY R. NORTH (1945) Trenton
JAMES F. NORTON (1945) Jersey City

COUNCILORS

First District (Union, Warren, Morris and Essex Counties).....CHRISTOPHER C. BELING, Newark (1945)
Second District (Sussex, Bergen, Hudson and Passaic Counties).....VINCENT P. BUTLER, Jersey City (1944)
Third District (Mercer, Middlesex, Somerset and Hunterdon Counties).....BARCLAY S. FUHRMANN, Flemington (1943)
Fourth District (Camden, Burlington, Ocean and Monmouth Counties).....S. EMLEN STOKES, Moorestown (1945)
Fifth District (Cape May, Cumberland, Atlantic, Gloucester and Salem Counties).....CHESTER I. ULMER, Gibbstown (1944)

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

Delegates

WELLS P. EAGLETON (1944) Newark
HILTON S. READ (1944) Ventnor
THOMAS K. LEWIS (1944) Camden
ANDREW F. MCBRIDE (1943) Paterson
LUCIUS F. DONOHOE (1943) Bayonne

Alternate Delegates

ELMER P. WEIGEL (1944) Plainfield
LANCELOT ELY (1944) Somerville
CLARENCE W. WAY (1944) Fort Tilden, N. Y.
SPENCER T. SNEDECOR (1943) Hackensack
RALPH K. HOLLINSHED (1943) Westville

Tests* with College Girls Show Calcium Lack

One group of young college girls was put on their customary self-chosen diets. Another group ate a basal diet supplemented with one, two or three cups of milk daily. It was found that the one gram of calcium required daily was best assured by the three cups of milk.
Most of your patients should drink more milk. Many will like the tastier flavor of Supplee Sealtest Homogenized Vitamin D Milk. Why not try it yourself?

**Details available upon request*



SUPPLEE
A Division of National Dairy Products Corporation

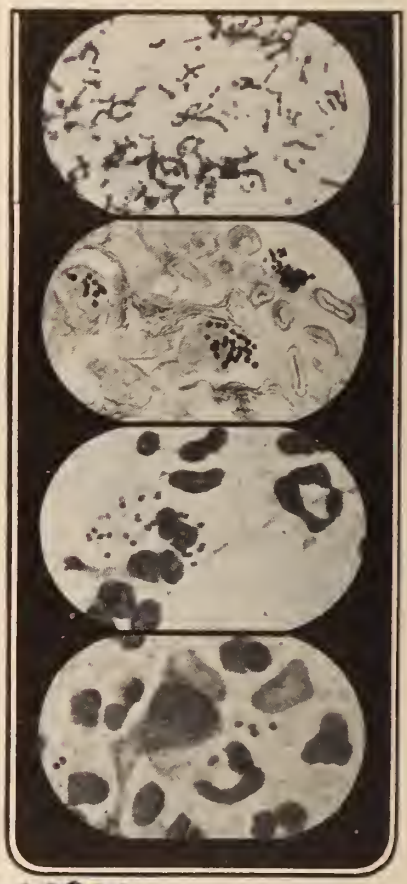
Sealtest
HOMOGENIZED
(pronounced hoe-MAH-jen-ized)
VITAMIN D MILK

Highly Active

BACTERIOSTATIC AGENT

Sulfathiazole exerts a prompt bacteriostatic effect upon a number of pathogenic organisms. A pronounced action is observed on the following:

PNEUMOCOCCUS • STAPHYLOCOCCUS
GONOCOCCUS • MENINGOCOCCUS



Remarkable clinical results have been consistently obtained in infectious conditions caused by these organisms. Complications which are commonly encountered in pneumonia, gonorrhea or meningitis are greatly reduced in frequency and severity.

The dosage should be adjusted to the nature of the disease, as well as to the age and condition of the patient. Write for dosage chart and booklet on Sulfathiazole-Winthrop.

Sulfathiazole-Winthrop is supplied in tablets of 0.5 Gm. (7.72 grains), bottles of 50, 100 and 500; also (primarily for children) in tablets of 0.25 Gm. (3.86 grains), bottles of 50, 100 and 500. Sterile powder is available in bottles of 5 Gm., ¼ lb. and 1 lb.

ACCEPTED
AMERICAN MEDICAL ASSN.
Council on Pharmacy and Chemistry

Specify **SULFATHIAZOLE** *Winthrop*

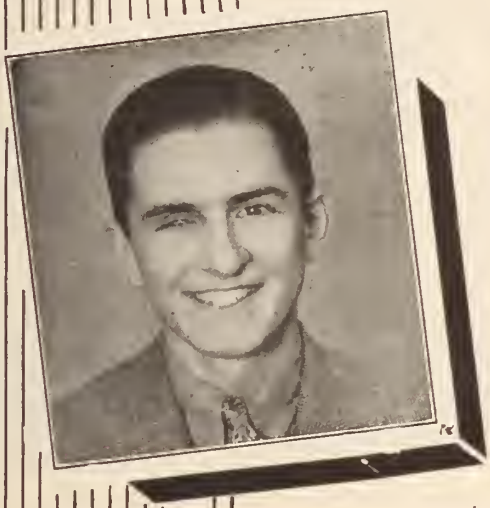
WINTHROP

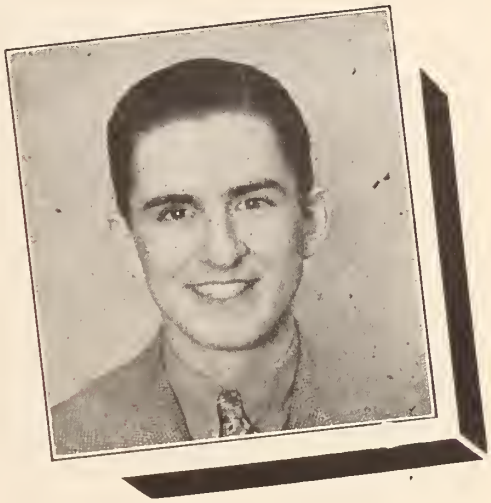
Winthrop **CHEMICAL COMPANY, INC.**

Pharmaceuticals of merit for the physician

NEW YORK, N. Y. WINDSOR, ONT.

Full-Motioned, Lifelike
ARTIFICIAL HUMAN EYES





We have the Enviable Reputation of "Really Knowing How" to produce that "Pleasing Cosmetic Effect" so desired by one wearing an Artificial Eye.

REFERRED CASES CAREFULLY ATTENDED

IT IS OF VITAL IMPORTANCE TO THE PATIENT'S FUTURE APPEARANCE THAT THE FIRST ARTIFICIAL EYE BE PROPERLY FITTED. IT IS IN THESE NEW CASES, WHERE UTMOST ATTENTION MUST BE GIVEN—AND OF WHICH WE HAVE MADE A SPECIAL STUDY.

Especially Made to Order Eyes by Skilled Artisans.
Also Eyes Fitted from Stock

SELECTIONS SENT ON MEMORANDUM UPON REQUEST.

FRIED AND KOHLER, INC.

"Specialists in Artificial Human Eyes Exclusively"

665 FIFTH AVENUE near 53rd St. NEW YORK, N. Y.
Tel. Eldorado 5-1970

"Pleasing Particular People for Over Forty Years!"

OWNED AND OPERATED BY THE STATE OF NEW YORK

If 70,000 physicians leave civilian practice

. . . the load doubles, triples for you practitioners who remain. Particularly are you entitled to aid with your chronic heart, circulatory and rheumatic cases where the responsibility of continuous direction is most taxing on your energy and time.

Saratoga Spa was planned for your use in your care of such patients, and for those suffering from obesity, general debility and stomach disorders. Nature localized here a store of naturally carbonated mineral waters of established therapeutic value. New York State, safeguarding these waters, has organized around them, ideal facilities for your use. Here patients reorder their lives in accordance with your direction, and prepare themselves for the full benefit of your advice.

The non-practicing Medical Staff of the Spa simply oversees the treatments you prescribe. Local specialists are available for your choice, should you feel your patients need medical supervision, while they are here.

For professional publications of The Spa, physician's sample carton of the bottled waters, with their analyses, please write W. S. McClellan, M. D., Medical Director, Saratoga Spa, 159 Saratoga Springs, N. Y.

SARATOGA SPA

THE EMPIRE STATE'S CONTRIBUTION TO THE MEDICAL PROFESSION



Is there any help for an overworked doctor?

YES—BIOLAC, because it saves you valuable time. It's a complete infant formula and there are no extra ingredients to calculate.

Biolac provides completely for all nutritional needs of the young infant except vitamin C.

Prescribe Biolac routinely to reduce the possibility of errors and contamination in formula preparation. It requires only simple dilution with boiled water . . . as you prescribe.

NO LACK IN BIOLAC

Borden's complete infant formula

• *Biolac is prepared from whole milk, skim milk, lactose, Vitamin B_1, concentrate of Vitamins A and D from cod liver oil, and ferric citrate. It is evaporated, homogenized, and* sterilized. *For professional information, write Borden's Prescription Products Division, 350 Madison Avenue, New York City.*

ACCEPTED AMERICAN MEDICAL ASSN.

WHY

Do Leading Eye Physicians Recommend **GUILD OPTICIANS???**

Answer: When glasses are made and fitted by a Guild Optician your patients' eyes have the best of care that optical science and skilled craftsmanship can offer.

Next Issue: WHAT

Guild of Prescription Opticians of New Jersey, Inc.

ASBURY PARK
Anspach Bros.
552 Cookman Ave.

ATLANTIC CITY
Atlantic Optical Co.
2146 Atlantic Ave.
Foerster Optical Co.
1708 Pacific Ave.
Freund Bros.
1006 Pacific Ave.

CAMDEN
E. F. Birbeck Co.
Fifth & Cooper Sts.
Harry N. Layer
106 N. 5th St.
J. E. Limeburner Co.
535 Cooper St.
Pelouze & Campbell
116 N. Broadway

EAST ORANGE
Anspach Bros.
533 Main St.
Harold C. Deuchler
541 Main St.

ELIZABETH
Brunner's
277 N. Broad St.

ENGLEWOOD
Fred G. Hoffritz
30 Park Pl.

HACKENSACK
Hoffritz & Petzold
315 Main St.

JERSEY CITY
William H. Clark
26 Journal Sq.

MONTCLAIR
Stanley M. Crowell Co.
26 S. Park St.
Ralph E. Marshall
5 Church St., Hinck Bldg.

MORRISTOWN
John L. Brown
57 South St.

NEWARK
Anspach Bros
1212 Raymond Blvd.
James J. Keegan
33 Central Ave.
J. C. Reiss
10 Hill St.
Charles Steigler
11 Central Ave.
Edward Anspach
20 Central Ave.

PATERSON
John E. Collins
241 Market St.

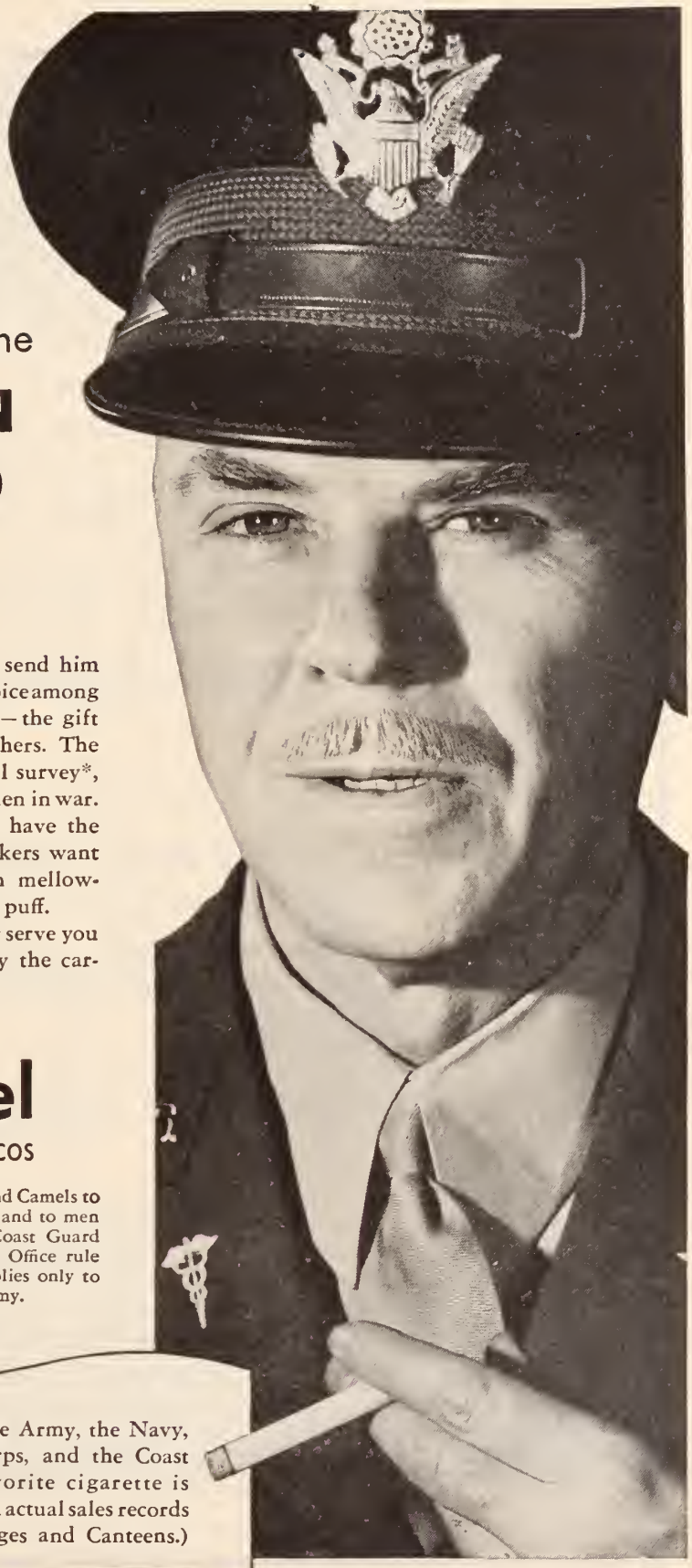
PLAINFIELD
Gall & Lembke
633 Park Ave.
Louis E. Saft
628 Park Ave.

RIDGEWOOD
Ray Grignon, Optician
17 N. Broad St.

SUMMIT
Anspach Bros.
382 Springfield Ave.
Room 212, Bassett Bldg.
Harold C. Deuchler
344 Springfield Ave.

UNION CITY
Arthur Villavecchia
1017 Summit Ave.

WESTFIELD
Brunner's
206 Broad St.



send the
cigarette that's the

FAVORITE IN THE ARMED FORCES*

FRIEND or relative—send him cigarettes—the first choice among officers and in the ranks—the gift they prefer above all others. The brand? Camels—by actual survey*, first choice of American men in war.

Slow-burning Camels have the features that service smokers want—extra mildness, smooth mellowness, better flavor—every puff.

Your dealer will gladly serve you with Camel cigarettes by the carton; see him today.

Camel

costlier tobaccos

REMEMBER, you can *still* send Camels to Army personnel in the U. S., and to men in the Navy, Marines, or Coast Guard *wherever they are*. The Post Office rule against mailing packages applies only to those sent to the overseas Army.

* With men in the Army, the Navy, the Marine Corps, and the Coast Guard, the favorite cigarette is Camel. (Based on actual sales records in Post Exchanges and Canteens.)

PROFESSIONAL LIABILITY PROTECTION

Afforded Members of

THE MEDICAL SOCIETY OF NEW JERSEY

Since 1921

FAULHABER & HEARD, Inc.

Authorized broker to negotiate professional liability contracts for The Medical Society of New Jersey

CONSULT US

For Protection and Specialized Service

31 Clinton Street Newark, N. J.

Telephone MItchell 2-1234

FAULHABER & HEARD, Inc.

31 CLINTON STREET NEWARK, N. J.

Kindly send information on limits and costs of Society Professional Policy.

Name

Address

.....

"A GOOD GENERAL TONIC"

That is the general verdict on Endoglobin, after two decades of increasing use among thousands of physicians.

Endoglobin is a skillfully blended preparation of iron, as iron peptonate, liver substance, fresh beef blood (government inspected) and glycerophosphates in a non-alcoholic, sugar-free medium. The beef blood is treated to permit easy assimilation of the cells. Vitamin B_1 has been added for its known therapeutic value.

Endoglobin contains no sugar or alcohol, is extremely well tolerated and safe for the entire family . . . causes no gastric disturbances, and will not discolor the teeth. Economical . . . effective in teaspoonful doses . . . so palatable—children love it!

Hematinic and re-constructive Endoglobin is indicated in a wide range of cases variously referred to as "run down" or "tired out", . . . whenever "a good general tonic" is needed, especially in convalescence, in pre- and post-natal care, or wherever vitamins alone are insufficient.

ENDOGLOBIN

WITH VITAMIN B_1
Supplied in bottles of
8 ounces and 16 ounces

ENDO



ENDO
PRODUCTS, INC.
RICHMOND HILL
NEW YORK

Bismuth

IMPORTANT IN THE SUCCESSFUL TREATMENT OF *Syphilis*

Especially effective where arsenic is not well tolerated or is otherwise contra-indicated. Particularly recommended in cases resistant or intolerant to arsphenamines and mercury. In many cases a reversal of Wassermann or Kahn tests may be accomplished by the use of Bismuthyl Sodium Tartrate alone. Of value especially where rapid distribution and saturation with bismuth is considered desirable.

Cheplin's Bismuthyl Sodium Tartrate for intramuscular use has certain definite advantages in the administration of bismuth therapy. Briefly these are: (1) *High metallic bismuth content;* (2) *Water soluble* and compatible with tissue fluids. Absorbed with a minimum of leucocytic infiltration and local irritation. Injection is quite free from pain; (3) Prompt absorption; (4) Rapid therapeutic results. Usually spirochetes disappear rapidly from early lesions and both primary and secondary manifestations clear up promptly.

Dosage: 2cc. administered bi-weekly for 6 to 10 weeks. Literature and samples on request.

Cheplin's

BISMUTHYL SODIUM TARTRATE

(For Intramuscular Use)

1½% solution

In 2cc. Ampules, 12, 25 and 100 per box. Also in 30cc. and 60cc. Vials.

3% solution

Recommended for cases requiring a higher bismuth content.

In 2cc. Ampules, 12, 25 and 100 per box. Also in 30cc. and 60cc. Vials.

BISMUTHYL POTASSIUM TARTRATE

(For Intramuscular Use)

2½% solution

In 2cc. Ampules, 12, 25 and 100 per box. Also in 30cc. and 60cc. Vials.



Cheplin's

QUALITY PURITY INTEGRITY

QUALITY PURITY INTEGRITY

PHARMACEUTICALS and BIOLOGICALS

CHEPLIN BIOLOGICAL LABORATORIES, INC.

SYRACUSE, NEW YORK



It is a significant fact that more Keraphen is used in Cholecystography than any other type of gall-bladder dye.

points the way to more consistent gall-bladder studies

The important function of an oral agent in Cholecystography is its ability to create contrasting shadows in the gall-bladder. Roentgenologists contend that no other dye produces radiographs of such diagnostic clarity—rich in contrast and sharp detail—as will Keraphen.

KERAPHEN—The standard gall-bladder dye for use in

CHOLECYSTOGRAPHY

Keraphen is palatable. Its pleasant peppermint flavor and the purity of its basic, easily absorbed ingredients make it an ideal gall-bladder dye for even hyper-sensitive patients. If you have experienced difficulty in securing the proper degree of contrast—why not use Keraphen on your next difficult case?



prove it to yourself..

BY SENDING THIS COUPON

PICKER

X-RAY CORPORATION

300 FOURTH AVENUE • NEW YORK

PICKER X-RAY CORPORATION
300 Fourth Avenue, New York, N. Y.

Gentlemen: Please send me 12 doses (double dose method) of KERAPHEN "X" for oral administration in Cholecystography. You may bill me with the understanding that if I am not completely satisfied with results obtained, my money will be refunded.

DR.

ADDRESS



• *Violence during grand movements is pictured by Paul Richer, one of the distinguished artists of medicine, in his Etudes Cliniques sur L'Hysterio-Epilepsie (1881).*

"A sharp edged weapon which must be used both boldly and deftly."[1]

Dilantin* Sodium (phenytoin sodium) is "recognized as the drug of choice for patients having grand mal or psychomotor seizures. Its usefulness should not be lessened just because its administration requires careful and intelligent supervision by the attending physician. Ignorance or timidity on the part of the doctor has blighted the budding hope of many a patient . . . Epilepsy is a tough disease which laughs at dull weapons."[1]

Kapseals Dilantin Sodium (phenytoin sodium) are providing new relief for many epileptic patients. With its use seizures usually decrease in number and sometimes cease entirely.

*TRADE-MARK REG. U.S. PAT. OFF.

1. Lennox, W. G.: Jl. A.M.A., Oct. 10, 1942

Detailed Literature on Request

Kapseals

DILANTIN SODIUM

A product of modern research offered to the medical profession by

ARMY E NAVY

PARKE, DAVIS & COMPANY

DETROIT • MICHIGAN

Consideration of irritation of the nose and throat becomes increasingly important

FIGURES indicate that smoking is at its all-time peak, and is still increasing sharply! *Not to be overlooked* is the advantage provided by Philip Morris' distinctive method of manufacture. Researches reported *by thoroughly dependable sources** showed that:

WHEN SMOKERS CHANGED TO PHILIP MORRIS EVERY CASE OF IRRITATION OF THE NOSE AND THROAT DUE TO SMOKING CLEARED COMPLETELY OR DEFINITELY IMPROVED.

Reprints of these papers will be gladly forwarded.



Philip Morris

Philip Morris & Co., Ltd., Inc.
119 Fifth Avenue, N. Y.

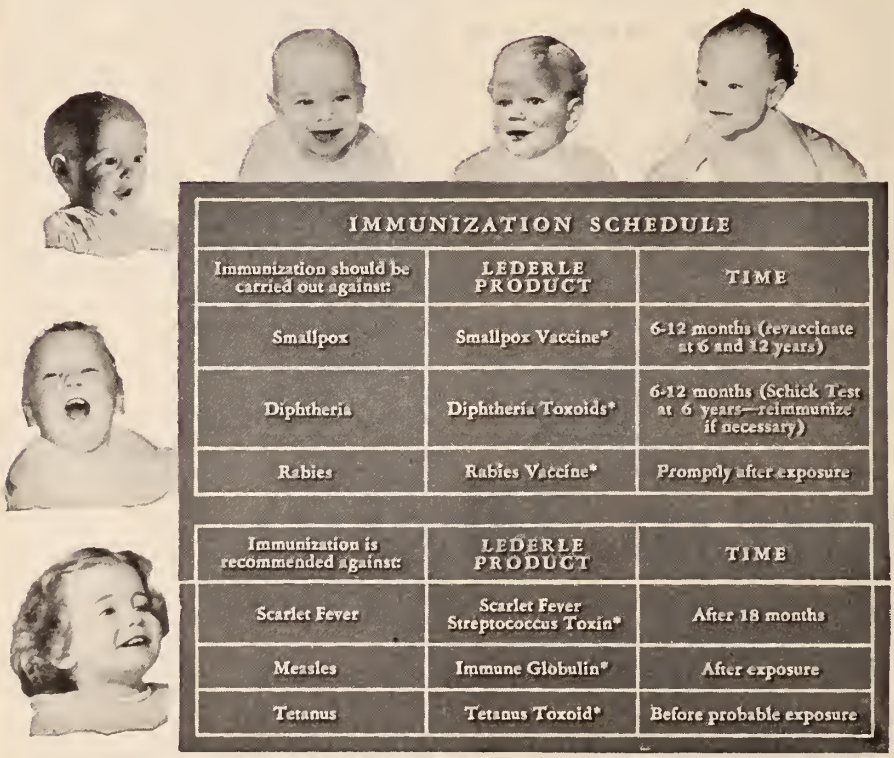
* *Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154*
Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60

Child Immunization more essential than ever in War Time . . .

EVERY PRACTITIONER should be on the alert to encourage immunization programs and to urge immunization in his private practice. The migration of families by the thousands, almost universal decrease in home supervision of children, increasing personal contacts throughout industry, and the relative scarcity of physicians combine to increase the likelihood of the spread of infectious diseases.

As an aid in this work Lederle offers many products of established efficacy for the production of active immunity . . .

Specify **Lederle**



IMMUNIZATION SCHEDULE		
Immunization should be carried out against:	LEDERLE PRODUCT	TIME
Smallpox	Smallpox Vaccine*	6-12 months (revaccinate at 6 and 12 years)
Diphtheria	Diphtheria Toxoids*	6-12 months (Schick Test at 6 years—reimmunize if necessary)
Rabies	Rabies Vaccine*	Promptly after exposure
Immunization is recommended against:	**LEDERLE PRODUCT**	**TIME**
Scarlet Fever	Scarlet Fever Streptococcus Toxin*	After 18 months
Measles	Immune Globulin*	After exposure
Tetanus	Tetanus Toxoid*	Before probable exposure

**Accepted by Council on Pharmacy and Chemistry of the American Medical Association.*

LEDERLE LABORATORIES, INC., NEW YORK, N. Y. — A UNIT OF AMERICAN CYANAMID COMPANY



● Because of the rapid advances which are being made in the vitamin field, and the increasing emphasis on vitamin therapy, Merck & Co., Inc. has prepared and distributed to physicians a series of *Vitamin Reviews*, containing up-to-date and factual information concerning these important substances.

A limited number of complete sets of these informative booklets have been gathered in a convenient slip-cover container, designed for ready reference in library or bookcase. Physicians may obtain these complete sets so long as the supply lasts. The coupon is for your convenience.

MERCK & CO., Inc., RAHWAY, N. J.

Manufacturing Chemists



N.J.S.M.J.4-43

Merck & Co., Inc.
Rahway, N. J.

Please send me a complete set of "*Merck Vitamin Reviews*" in convenient slip-cover container.

Name.....M.D.

Street.....

City.....State.....



"MANPOWER" . . . *and the Menopause*

"MANPOWER" in industry is rapidly changing to "womanpower." And, with so many women on production and assembly lines, the problem of absenteeism and lowered efficiency, particularly among women in their forties, deserves consideration.

It has been estimated that 80 per cent of women in this age group experience menopausal symptoms of varying intensity. Efficiency demands that these workers be physically and emotionally fit. Clinical investigations show that, in a large percentage of cases, they can be kept "on the job" through the use of adequate estrogenic therapy.

The high clinical effectiveness of Amniotin in relieving the distressing vasomotor symptoms of the menopause has been amply demonstrated by numerous clinical reports published during the past 12 years. The product has likewise proved valuable in treating other conditions related to a deficiency of estrogenic substances.

Two New Advantages . . . The new economy-size vials of Amniotin offer two distinct advantages. They provide a substantial saving over the cost of Amniotin in ampuls and they facilitate the use of fractional doses without waste of material.

Differing from estrogenic substances containing or derived from a single crystalline factor, Amniotin is a highly purified, non-crystalline preparation of naturally occurring estrogenic substances derived from pregnant mares' urine. Its estrogenic activity is expressed in terms of the equivalent of international units of estrone. In addition to the economy-vial packages and the ampuls (both of which are for intramuscular injection) you can secure Amniotin in capsules for oral administration and in pessaries for intravaginal use.

ECONOMY-SIZE VIALS	10 cc.....	20,000 I. U. per cc.
	10 cc.....	10,000 I. U. per cc.
	20 cc.....	2,000 I. U. per cc.

For literature address Professional Service Department, 745 Fifth Avenue, New York

Amniotin

A SQUIBB PREPARATION OF ESTROGENIC SUBSTANCES OBTAINED FROM THE URINE OF PREGNANT MARES



Some men are so clever!

Take my boss for instance . . .

Yesterday, I overheard him talking to another doctor about infant feeding.

"Jim," he said, "I'll tell you why you never have any time to spare. You get yourself tied up with a lot of unnecessary work.

"You believe in prescribing plain cow's milk modified. Haven't you found out that S-M-A* will save you a lot of unnecessary questions? Cut out a lot of bothersome arithmetic?



"Heaven knows, we're busy enough as it is. I'll bet you a couple of tickets for the big game that with S-M-A on the job—your patients won't have to telephone you so often to ask about their baby's formula."

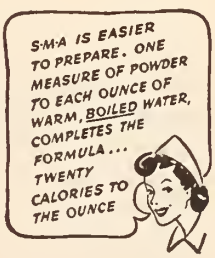
* * *

Well, you can see why I think my boss is so clever. Why don't you try S-M-A in your own practice, doctor? See if you don't like it better.

BUSY DOCTORS TODAY—PRESCRIBE S-M-A!

With the exception of Vitamin C . . . S-M-A is nutritionally complete. Vitamins B_1, D and A are included in adequate proportion . . . ready to feed. Their presence in S-M-A prevents the development of subclinical vitamin deficiencies . . . because the infant gets all the necessary vitamins right from the start.

S-M-A has still another highly important advantage not found in other modified milk formulas. It contains a special fat that resembles breast milk fat . . . resembles it chemically and physically—according to impartial laboratory tests. S-M-A fat is more readily digested and tolerated by most infants than cow's milk fat.



The infant food that is nutritionally complete

SMA

*REG. U. S. PAT. OFF.

ACCEPTED AMERICAN MEDICAL ASSN. Council on Foods

S. M. A. Corporation
8100 McCormick Boulevard
Chicago, Illinois

S-M-A, a trade-mark of S.M.A. Corporation, for its brand of food especially prepared for infant feeding—derived from tuberculin-tested cow's milk, the fat of which is replaced by animal and vegetable fats, including biologically tested cod liver oil; with the addition of milk sugar and potassium chloride; altogether forming an antirachitic food. When diluted according to directions, it is essentially similar to human milk in percentages of protein, fat, carbohydrate and ash, in chemical constants of the fat and physical properties.



An extra reason for giving infants Walker-Gordon milk

FOR YEARS Walker-Gordon Certified Milk has been considered by many physicians to be the finest milk in the world . . . both for babies and adults.

And today, when there are shortages in evaporated and certain other types of milk, more doctors than ever before are prescribing Certified for their infant feeding cases . . . *for there's no wartime shortage of Walker-Gordon!*

Walker-Gordon Certified is an almost sterile milk, and provides extra richness and an extra-high vitamin content. (For example, it has 60% more Vitamin A than most ordinary milks.) Also it's delivered *fresher* than regular milk!

And at the same price, your patients can buy WALKER-GORDON CERTIFIED-HOMOGENIZED. (This extremely pure milk has a low curd tension—it's easier to digest.)

Walker-Gordon Milks can be purchased in stores or from milkmen.

WALKER-GORDON

"The World's Finest Milk"



For Easier Nights

during colds—rapid, prolonged vasoconstriction
without appreciable nervous excitation

Neo-Synephrine
Hydrochloride

(laevo—alpha—hydroxy—beta—methyl—amino—3 hydroxy ethylbenzene hydrochloride)



ACCEPTED AMERICAN MEDICAL ASSN. Council on Pharmacy and Chemistry

Available in a ¼% or 1% solution in 1-oz. bottles for dropper or spray; and as a ½% jelly in collapsible tube with applicator.

Frederick Stearns & Company



Since 1855... ESSENTIALS OF THE PHYSICIAN'S ARMAMENTARIUM

NEW YORK KANSAS CITY **DETROIT, MICHIGAN** SAN FRANCISCO WINDSOR, ONTARIO
SYDNEY, AUSTRALIA AUCKLAND, NEW ZEALAND

For the infant deprived of mother's milk



SIMILAC

SIMILAR TO BREAST MILK

A powdered, modified milk product especially prepared for infant feeding, made from tuberculin tested cow's milk (casein modified) from which part of the butterfat is removed and to which has been added lactose, olive oil, coconut oil, corn oil, and cod liver oil concentrate.

ACCEPTED AMERICAN MEDICAL ASSN.

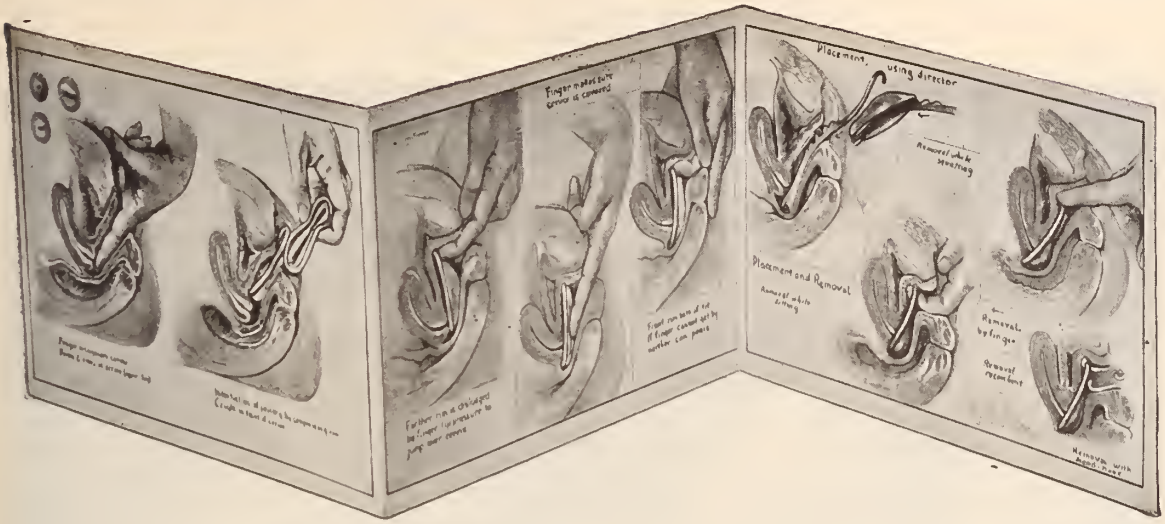
Similac provides breast milk proportions of fat, protein, carbohydrate and minerals, in forms that are physically and metabolically suited to the infant's requirements. Similac dependably nourishes — *from birth until weaning.*

One level tablespoon of Similac powder added to *two* ounces of water makes *two* fluid ounces of Similac. This is the normal mixture and the caloric value is approximately 20 calories per fluid ounce.

M & R DIETETIC LABORATORIES, INC. ▪ COLUMBUS, OHIO

11th Edition Now Out

Send for Copy



The Technique of Fitting Diaphragms

A series of charts in booklet form (6 x 9) clearly illustrating the technique of fitting diaphragms by the physician, now accompanied by the Dickinson-Freret Charts in two colors. For use by the physician in explaining the technique to his patient. These charts are regarded as the most helpful explanatory aid on the subject ever published. Eleventh edition now out. Write, or use coupon, for a copy.

Holland-Rantos
Company, Inc.
551 FIFTH AVENUE, NEW YORK, N. Y.

Holland-Rantos Co., Inc.
551 Fifth Avenue
New York, N. Y.

Without cost, please send your booklet on Fitting Technique to:

Dr.....

Street.....

City.....State.....

BLOOD FOR THE BRAVE



Fighting men are losing blood! . . . blood which must be replaced by mothers and schoolgirls, merchants and laborers, the office boy and the business executive. Fighting men are getting blood—thousands of units collected by the Red Cross in a united effort for United Nations.

In the Lilly laboratories men and women in fleece-lined clothing work in low-temperature rooms where blood, generously donated, is reduced to plasma, frozen, and dried. Plasma is processed by Eli Lilly and Company, without profit, for exclusive use by the armed forces.

Lilly

BUY WAR BONDS AND STAMPS

ELI LILLY AND COMPANY • INDIANAPOLIS, INDIANA, U. S. A.

Volume 40
Number 4

THE JOURNAL
OF
THE MEDICAL SOCIETY OF NEW JERSEY

Published Monthly Since September, 1904

Whole Number of Issues, 464

Under the
Direction of the
Committee on Publication

Henry C. Barkhorn, M.D., Chairman

Henry A. Davidson, M.D., Editor
In Active Service A. U. S.

Place of Publication, Printing and Mailing—12 South Day Street, Orange, N. J.
Editorial and Executive Offices of the Society—222 West State Street, Trenton, N. J.; Tel. 5776

Each member of the State Society is entitled to receive a copy of The Journal every month.

Vol. 40, No. 4 April, 1943 Single Copies, 30 Cents
Subscriptions, $3.00 per Year

INVALID DIETS AND FOOD RATIONING

Of interest to all who are concerned with diets for invalids is Ration Order 13, issued by the Office of Price Administration under date of February 9, 1943. This order covers all canned, dried, and frozen fruits and vegetables. Article II, Section 2.5 of the order reads as follows:

"Consumers who need more processed foods because of illness may apply for more points. (a) Any consumer whose health requires that he have more processed foods than he can get with War Ration Book Two may apply for additional points. The application must be made on OPA Form R-315, by the consumer himself or by someone acting for him, and may be made in person or by mail. The application can be made only to the board for the place where the consumer lives. He must submit with his application a written statement of a licensed or registered physician or surgeon, showing why he must have more processed foods, the amounts and types he needs during the next two months, and why he cannot use unrationed foods instead.

"(b) If the board finds that his health depends upon his getting more processed foods, and that he cannot use or cannot get unrationed foods, it shall issue to him one or more certificates for the number of points necessary to get the additional processed foods he needs during the next two months."

The application form referred to above, OPA Form R-315, is apt to be somewhat confusing to patients. It is titled "Sugar Special Purpose Application" and was developed primarily to meet the need for home canning. It is being used temporarily, until a more adequate form can be gotten out.

It is anticipated that the procedure indicated in Section 2.5 above may be changed somewhat in the future, in which case due notice will be provided.

A CHARITABLE ACT

The physician still clings to his own concept of charity. He does not regard his services as a right to be demanded as a gift, nor does he wish his help to be forced on the recipient. His voluntary and brotherly act is sympathetically given and without ostentation. The physician is interested in the effect achieved as it relates to the person in need rather than the personal benefit he will derive from his benevolent action. May organized medical effort for the benefit of the public never become so mechanically perfect that this point of view is lost among our rising generation of physicians.

Government can play a part in this achievement. The aim held by the physician is the same as when he first started the interest in and succor to those in need who could not themselves provide it. Government should never cause the physician to sacrifice the aim originally sought, but can assist in making the achievement of this aim possible on a wider scale through the development of better methods of distribution and through financial support of the services necessary to accomplish this aim.

177TH ANNUAL MEETING

The next Annual Meeting of The Medical Society of New Jersey will be held at the Essex House, 1050 Broad Street, Newark, opposite Lincoln Park. Because of the physical arrangement of the Academy of Medicine building and the Eagleton Medical-Civic House the Board of Trustees makes this change with regret and with appreciation of the coöperative spirit shown by the President and Trustees of the Academy of Medicine of Northern New Jersey.

On May 25th there will be a meeting of the Trustees at 3:00 p. m., of the Judicial Councilors at 7:00 p. m., of the House of Delegates at 8:00 p. m. and of the Nominating Committee at 9:00 p. m.

On May 26th there will be Panel Discussions: 9:30 a. m. on Burns, 11:00 a. m. on Virus Pneumonia followed by a Buffet Luncheon at 1:00 p. m. at which the Auxiliary will be hostesses to the Society, following which at 2:15 p. m. there will be the final meeting of the House of Delegates for Election of Officers and other business of the Society.

It is hoped the 1943 meeting will be one of the most profitable and stimulating ever held by The Medical Society of New Jersey. A short convention can be good!

PROPOSED CONSTITUTIONAL AMENDMENT

At the Annual Meeting of the House of Delegates held in Atlantic City May 20, 21 and 22, 1941, the following Amendment to the Constitution was presented in writing, considered by the Committee on Constitution and By-Laws and recommended for adoption by a vote of the House of Delegates.

Proposal to make the President of The Medical Society of New Jersey an ex-officio member of the Judicial Council.

"In the Constitution, change Article 7 by inserting in the sixth line after the word 'collectively', the following words: 'together with the President who shall be a member ex-officio'.

"In the By-Laws, Chapter 7, Section 1, add at the end of the section, after the word 'year', the following words: 'The President shall be a member of the Council ex-officio'."

This communication is published in compliance with Article 12 of the Constitution of The Medical Society of New Jersey.

ALFRED STAHL, M.D., Secretary.

PROCUREMENT AND ASSIGNMENT SERVICE OF NEW JERSEY

Hospital Residents and Interns

Between now and July 1st, we expect progressively more and more evidence of a shortage of Interns and Residents for the coming year.

We have no answer for this problem at present. We can assure all hospitals and medical staff members that there will be an acute shortage which cannot be filled. This will require additional work by all staff members, particularly the remaining junior members of each staff.

Consideration by the State Committee of Procurement and Assignment Service will be given to each individual request received from hospitals, and every effort will be made to meet their requirements, particularly those hospitals with large ward services. We cannot provide for Interns and Residents which may be thought necessary for the care of private patients.

The following paragraphs are from instructions received from the Central Board of Procurement and Assignment Service, to guide the efforts of the State Committee in these matters.

"A. At an early date the Procurement and Assignment Service expects to issue a more extensive consideration of the question of essential residencies. In the meantime, it would be appreciated if the general principles outlined herewith are followed in giving consideration to the essentiality and availability of residents. The Hospital Committee of the Procurement and Assignment Service has suggested the following criteria, among others:

"I. As a means of efficient utilization of attending physicians, residents and interns, hospitals should be requested to consolidate parallel services into one service, insofar as possible and practicable.

"II. As another means of efficient utilization of medical manpower, hospitals should be requested to arrange for reabsorption of clinics in subspecialties into a general clinic of the parent specialty and to maintain within the structure of the medical staff, in both in-patient and out-patient services, not more than the number of specialties as recognized by the Advisory Board for Medical Specialties. (See page 1372, Educational Number, Journal of the American Medical Association, August 15, 1942.)

"III. After July 1, 1943, it is recommended that the total number of residents permitted for the hospitals of the United States should not exceed 50 per cent of the number on duty July 15, 1940, and further that this 50 per cent shall include those residents who are not eligible for military service (females, disqualified male doctors able to serve as hospital residents, etc.).

"In reviewing your present resident staff, it is suggested that you keep this percentage in mind as a general guide. In this connection, consideration can be given to the relative amount of ward service in the institution since some adjustments may be necessary to adequately meet hospitals with heavy ward service.

"B. In this connection it may occasionally be necessary to request the further deferment for one year of officers already commissioned in the Armed Forces in order to meet special situations. Such requests for deferments, however, will be the exception rather than the rule. Since these men are already in line for active duty with the Armed Forces, the great majority of them must fulfill their commitments. In those cases in which it is absolutely essential to request deferment of those already commissioned, the following regulations have been instituted by the War Department:

"a. Each request for deferment will be handled as an individual case.

"b. The residency for which the officer

concerned is desired must be declared by the Procurement and Assignment Service for Physicians, Dentists, and Veterinarians as being essential.

"c. Each request for deferment will include a certificate from the authorities of the hospital concerned, to the effect that every effort has been made to obtain a physician who has not been obligated for military service.

"Your coöperation in this general plan, until such time as more definite information can be forwarded by the Central Office, will be greatly appreciated."

PROCUREMENT AND ASSIGNMENT SERVICE MEETING OF STATE ADVISORY COMMITTEE

MARCH 4, 1943

The minutes of the meeting of the New Jersey State Advisory Committee on Procurement and Assignment Service are as follows:

Members Present	Representing
Charles H. Schlichter, Elizabeth	Chairman
Norman M. Scott, Newark	Vice-Chairman and Secretary
A. Charles Zehnder, Newark	First Councilor District
Elbert S. Sherman, Newark	First Councilor District
Francis H. Todd, Paterson	Second Councilor District
George W. Fithian, Perth Amboy	Third Councilor District
Joseph F. Londrigan, Hoboken	Board of Trustees
J. M. Carlisle, Westfield	Industrial Surgeons
Jacob Reiner, Elizabeth	Civilian Defense
H. Roy Van Ness, Newark	County Consultants and Induction Boards
E. C. Stillwell, D.D.S., Glen Ridge	Dentists
Major P. E. Schwehm, Trenton	Selective Service
Mr. I. E. Behrman, Newark	Hospital Administration
D. Leo Haggerty, Trenton	State Police

Members Absent	Representing
Henry B. Decker, Camden	Fourth Councilor District
David B. Allman, Atlantic City	Fifth Councilor District
George N. J. Sommer, Trenton	American College of Surgeons
J. L. Mahaffey, Haddonfield	State Board of Health

Guest Present	Representing
Major C. F. Ryan, Trenton	Selective Service

I. 1943 QUOTA

Discussion evolved around the problem of obtaining our 1943 quota of physicians for the armed services. Our quota, as of January 1st, is 218 men. It was the consensus of opinion that the majority of these physicians must be taken from the communities in our northern counties.

II. CRITICAL AREAS

The one possible critical area in New Jersey is that area surrounding Mays Landing in Atlantic County. The Committee, after due consideration, was of the opinion that the Chairman recommend to the State Board of Health that Dr. Roland L. Britton, the Health Officer of that area, be granted permission

to enter general practice, in addition to his work as Health Officer.

III. DISPOSITION OF PHYSICIANS WHO HAVE NOT CO-OPERATED

It was the ruling of the Committee that, in those cases where a physician who has been made "available" did not respond to the invitation to apply for a commission, he be reported to Selective Service for disposition under the provisions of the Selective Service Act.

IV. INDUSTRIAL PHYSICIANS

The classification of a number of industrial physicians was considered. These physicians had already been granted temporary classification of "essential", at the request of their organizations. It was moved by the Committee that the physicians under consideration be considered as "available for military service" and that their names be submitted as candidates for commission.

V. REQUESTS FOR INFORMATION

Many requests are received in the Executive Office of the Committee for copies of letters from other agencies relating to the status of individual physicians. It was the consensus of opinion of the Committee that the office file pertaining to any physician should, at all times, be open to him for inspection, and that he be allowed to copy any letter in the file; but that copies of those letters should not, ordinarily, be furnished to a third party.

Norman M. Scott, M.D., Secretary
Committee on Procurement and Assignment

Charles H. Schlichter, M.D., Chairman,
Committee on Procurement and Assignment

WAR CONFERENCE

The medical, surgical and industrial hygiene experts who are so ably safeguarding the well-being of more than 20 million industrial workers have agreed to pool their knowledge and exchange their experiences regarding the many new and complex problems of today's wartime production. For this purpose the American Association of Industrial Physicians and Surgeons, the American Industrial Hygiene Association, and the National Conference of Governmental Hygienists are combining their annual meetings in a four-day "War Conference" at Rochester, New York, May 24-27, 1943. Among the problems to be discussed from a practical standpoint are: The mass entry of women into industry; older-age employees, with their various associated problems; proper placement and employability considerations of the 4F rejectees; rehabilitation and proper employment of those already discharged from the military services because of disabling conditions; toxic and other hazards from new substances, new processes, and the use of substitute materials; absenteeism; fatigue, nutrition; effects of long hours; double shifts; two-job workers; overtime; increased industrial accident rates; advances in the treatment of illnesses and injuries; and many others.

This joint meeting will be a report on the state of the nation in matters of industrial health. Dr. William A. Sawyer, Medical Director of Eastman Kodak, is General Chairman; Dr. James H. Sterner and Lieut. Comm. J. J. Bloomfield are arranging the programs for the industrial hygienists.

Physicians and surgeons, hygienists, engineers, nurses, executives—all who are interested in the problems of industrial health and their solution—are invited to attend as many of the sessions as they can arrange for; no registration fee is required.

MEDICAL-SURGICAL PLAN AND MEDICAL SERVICE ADMINISTRATION

Changing Social Concepts and Post-War Medical Planning

Recently we have heard expressed the opinion that "subsidized" medicine is only a bugaboo, and that the demand for improvement in medical care distribution is but a passing fancy supported by our present political administration.

The above opinion would be difficult to substantiate if given careful study. Many of us fail to appreciate the significance of one incontestable reality — that for several years changing social concepts and ideals have been developing among the general population. These new concepts replace emphasis on welfare of the individual, to emphasize on welfare of the masses or specific social groups.

These new concepts have been progressive, and have resulted in a movement which has been gaining momentum and prestige for over 25 years. We may mark as milestones certain events in its development.

Over 40 years ago voluntary welfare work, supported by philanthropy, took on definite organization. These groups working altruistically to improve the welfare of the underpriviledged soon discovered that proper housing, clothing and food must be supplemented by adequate medical care as an essential service in the rehabilitation of the underpriviledged. Their work was more easily dramatized in the field of child welfare; and their supporting groups, including the medical profession, were sufficiently influential to attract the attention of the Federal Government. Recognition of these new concepts by government is exemplified by The White House Conference on the Care of Dependent Children, called by President Theodore Roosevelt, a Republican, in 1909; The International Conference of Child Welfare Experts called by Woodrow Wilson in 1917 and the White House Conference on Child Health called by President Hoover, another Republican, in 1930. These conferences and changing concepts led to the entrance of the Federal Government into the field of personal medical care. In 1935 the Social Security Act contained provisions for state grants to provide medical care to dependent children, the aged and certain other underpriviledged. These provisions have been expanded by additional amendments to the Act.

Then developed the concept of a national health plan. This concept was nurtured by the report of the Committee on the Cost of Medical Care, the report of the Interdepartmental Committee and the National Health Conference from 1937-39. Thus the ball rolled along, gathering moss, barnacles, facts, weight and prestige until the pre-war period when matters of more immediate importance took precedence.

Another belief promoting these concepts, and substantiated by facts and figures, is that a large number of physical and mental defects exist in our young men of military age. Many believe that these handicaps might have been avoided by early attention to the social and economic surroundings of those individuals and the early application of adequate medical care. This is another milestone, and is a distinct impetus to the movement for improving medical care distribution.

The latest and perhaps greatest impetus is the obligation and commitment assumed by our government under the Atlantic Charter. This is evidence, that the concepts originating 40 years ago are now world-wide, recognized by leading governments, and that the obligation of making these concepts a reality will be assumed by their governments in the post-war period.

It can hardly be said that these devel-

opments are entirely the whims of impractical, misinformed persons, or that they are a passing fancy. Instead, it seems obvious that they resulted from the action of a well-informed public and organized groups which cannot be ignored.

We wish to emphasize to you the reality and progressiveness of these concepts, and the influence they will exert in the future. Adjustment to these influences does not necessarily require revolutionary changes in the practice of medicine, or alteration in the traditional ethics of the profession. The report of the National Planning Board on post-war planning recommends that the government and the medical profession get together to develop methods whereby individuals may pay for medical care on a budget basis. Those of us interested in medical service plans are lending constructive effort to develop such arrangements.

We believe that with the sincere cooperation of the individual members of the profession, a solution in accordance with changing social concepts, and to the best advantage of our people and the profession can be evolved.

The interest of employers and employees in Medical-Surgical Plan is increasing. A large number of organizations have the Plan under consideration, but many pressing problems frequently take precedence. Actual enrollment and final acceptance of a group is invariably preceded by a long period of negotiations. This is particularly so in dealing with war industries.

The Plan is expanding slowly, but our experience so far is encouraging. As indicated in the table below, our claims have totalled 41 per cent of earned income. No expenditures have yet been made for services rendered in the form of tonsillectomy or maternity care; these services not being eligible until the eleventh month of our contract.

Payments to physicians have been modest but in by far the majority of cases have equalled the total fee submitted by the attending physician. The larger fees submitted by attending physicians usually apply to cases admitted for private room care in which the payment made by the Plan is accepted by the physician as a credit on his total bill.

MEDICAL-SURGICAL PLAN

Experience from July 1, 1942-February 28, 1943

The financial experience of the Plan is depicted in the following table:

1942	Monthly Earned Income During Month	Monthly Claims Incurred During Month	Assets End of Month	Liabilities End of Month	Reserves (Excess of Assets Over Liabilities)
July	$ 979.25	$ 460.00	$5,979.25	$2,270.04	$3,709.21
August	1,201.50	622.50	6,320.09	2,270.33	4,049.76
September	1,564.80	562.50	6,481.76	2,118.23	4,363.53
October	2,332.56	1,508.00	7,497.69	3,180.25	4,317.44
November	2,355.67	1,435.50	7,961.12	3,780.27	4,180.85
December	2,615.00	446.00	9,856.15	4,004.81	5,851.34
1943					
January	3,279.41	1,163.50	10,308.35	4,630.02	6,278.33
February	3,589.17	1,388.00	11,703.38	4,560.79	7,142.59

ORIGINAL ARTICLES

THE CARE OF THE BURNED PATIENT*

By Royal A. Schaaf, M.D., F.A.C.S., Newark, N. J.

Modern war, with its greatly increased tempo and violence resulting from the use of the airplane as a military weapon, has brought with it many new and engrossing problems for the military surgeon. For practical purposes, aerial warfare may be regarded as a highly mobile heavy artillery barrage laid down upon its target with speed, concentration, and, in the case of the dive bomber, deadly accuracy. With the change in character of the assault, there is, of necessity, a corresponding change in the type and severity of the resulting casualties to troops and civilian population alike. In combat areas, the number of bullet and bayonet wounds is greatly exceeded by the number of blast injuries, shell and flying projectile wounds, and burns sustained in ensuing conflagrations. Casualties of these types confront the civilian surgeon as well as the army medical personnel with serious difficulties in evacuation, transportation, and especially treatment.

Solely through the peacetime efforts of civilian surgeons and research workers during the past twenty years, the military surgeon fortunately has at his command resources which were not available to his predecessor in the last war. Particularly noteworthy are: the newer knowledge regarding the pathological physiology and the treatment of shock; the introduction of easy methods of whole blood and plasma transfusions; the drugs of the sulfanilamide group; and especially the greatly improved management and treatment of burns. Seldom in the history of surgery has there occurred in so short a time, so great a change in our surgical philosophy as that in relation to burns. In the past two decades, our conception of this subject has undergone a complete revision—especially in regard to the attendant shock, the secondary infection, and the indications for treatment. Because of the complete alteration of our ideas, a brief review seems appropriate.

DEFINITION

A burn may be defined as an injury to, or destruction of, tissues by a thermal, chemical, electrical, photic, or radioactive agent.

CLASSIFICATION

Burns may be classified according to their etiology as noted above, with subclassifications to indicate the special character of the causative trauma. They may be further classified according to their severity as:

a. First Degree or simple hyperemia;

b. Second Degree or hyperemia and destruction of the epidermis with or without vesication; and

c. Third Degree or injury to or destruction of the dermis with or without damage to the underlying structures.

The old classification of Dupuytren with its seven subdivisions is obsolete, and should be discarded as being confusing and inaccurate. It is unnecessary to subdivide burns in the Third Degree group, inasmuch as no essentially different treatment is required.

PATHOLOGIC ANATOMY AND PHYSIOLOGY

Pathologic changes occurring as the result of burns may be discussed under the heading of local and general; gross and microscopic. The gross local changes range from simple hyperemia of the skin to complete destruction or charring of a limb or part. The primary microscopic findings are those of coagulation, gangrene, and necrosis. The secondary local changes are those characteristic of any acute suppurative inflammatory process produced by pyogenic organisms. It has been demonstrated by microscopic examination that the application of tannic acid results in coagulation of the burned area, throughout not more than

* Read under the title of "The Care and Treatment of Burns in War Time" before the General Session on War Surgery, at the Annual Meeting of The Medical Society of New Jersey in Atlantic City, on April 22, 1942.

one-third of its thickness. This point is important, as it has a bearing on the theory that the toxemia of burns is the result of absorption of split protein substances from the burned surface. The general pathologic changes resulting from toxemia consist of: hyperemia and oedema of the brain; parenchymatous degeneration or "cloudy swelling" of the viscera, particularly the liver, spleen, kidneys, and myocardium; areas of congestion in the lung, with secondary bronchopneumonia; and, often, acute glomerulo-nephritis. The duodenal ulcer, not infrequently associated with the convalescent period of burns, is probably embolic in origin.

The pathologic physiological changes in burns occur chiefly in the vasomotor mechanism and in the blood; and essentially consist of decrease in the vascular tone with increased capillary permeability and elevation of the red blood count, the haemoglobin reading, and the blood nitrogen and sugar values, but a reduction in the amount of blood chlorides. The haematocrit rises rapidly in the first six hours, more gradually in the next twelve hours—a good index of the loss of plasma volume, and an invaluable aid in the estimation of the degree of shock and the amount of plasma required to counteract it. In the first few hours following a burn, a marked leucocytosis appears and will persist if any serious infection of the burned area ensues.

BACTERIOLOGY

Our conception of the origin of the toxemia of burns has changed materially during the past ten years. Several erroneous theories regarding the nature of toxemia were formerly entertained. These theories included: (a) the supposition that the destruction of the skin functions, namely, excretion, heat regulation, and sensation; (b) that absorption of split protein substances from the burned area; and (c) that changes in the viscosity of the blood were responsible for the symptoms. Much animal and other experimentation has been devoted to the proof and refutation of these various theories. It may be stated with little fear of contradiction that on the basis of available evidence these theories are all incorrect and should be discarded. It now seems certain that bacterial infection, usually by specific strains of streptococci, is the sole cause of toxemia in burns. A burn is properly regarded as a large open wound with greatly reduced vitality in the damaged tissues and ready susceptibility to infection. It has been conclusively demonstrated that the burned surface is almost entirely free from bacteria during the first few hours, and that cultures made at later intervals show increasing numbers of colonies of various kinds, especially those of streptococci. In addition, it has been found that the organisms recovered from the burned surface, the fluid of blebs, and, in severe cases, the blood, are usually identical. With the general acceptance of the thought that infection is the sole cause of toxemia, the indications for the local treatment of burns immediately become apparent.

CLINICAL COURSE

The clinical course of nearly all third degree burns involving more than ten per cent of the surface of the body follows a fairly uniform pattern. It consists of the period of shock, the period of toxemia, and the period of recovery with healing or a termination in death. The physiological changes occurring in shock have been so adequately dealt with by Dr. Hill in another paper on this program that its consideration at this point is necessary only to bring out certain of its aspects in relation to burns. Also the clinical signs of shock are too well known to need special description. All grades of shock, ranging from a short period of initial shock immediately following the burn to the most extreme grades, which of themselves end in the death of the patient, are observed. Three types of shock are recognized: initial; secondary; and delayed. Initial shock occurs coincidentally with or immediately after the accident and varies in degree in direct proportion to the severity of the burn. Satisfactory reaction may occur spontaneously or as the result of judicious treatment, the patient regaining a fairly normal state after a few hours.

The blood picture at this stage is occasionally marked by leucocytosis, but usually there is no

appreciable change in the white count in the first hour nor is there, during this time, any great increase in the viscosity of the blood. Frequently after recovery from the initial shock, there is a short period of comparative well-being, after which the symptoms and signs of shock reappear more or less suddenly. These represent cases of secondary shock in which the symptoms are due, undoubtedly, to the escape of plasma from the capillaries into the tissues, particularly around the burned areas where much fluid is lost by serous exudation. In severe burns, the plasma loss may be tremendous, especially in the early phase, in some cases as much as a third of the total plasma volume being lost within fifteen minutes. In general, however, the major loss of plasma is distributed over the first six hours. Delayed shock is seen almost exclusively in extensive superficial burns of the third degree, such as those caused by flash explosions or high pressure steam, where the nerve endings are immediately destroyed, with only an instant of pain. Immediately or shortly after such injury, the patient often does not exhibit the usual picture of shock, but after six to eight hours suddenly suffers shock of a very profound degree. In such cases, there is a great increase in the viscosity of the blood, the capillaries and arterioles becoming packed with red cells which are moving slowly if at all. Delayed shock is the most serious in the entire picture of a burned patient, and is actually a symptom of impending death. Treatment in this stage is extremely unsatisfactory, due to the inability of the heart to propel intravenous fluids or plasma into the highly viscid contents of the smaller blood vessels. If the possibility of the occurrence of this type of shock is not foreseen and adequate measures taken for its prevention, the death of the patient will almost certainly follow.

Having rallied from the initial or secondary shock, the patient may be reasonably comfortable, and his condition may seem to be fairly satisfactory for eighteen to twenty-four hours. Then, if adequate local treatment has not been instituted, or if it has been unsuccessful in the prevention of infection, the symptoms of toxemia supervene. The temperature gradually rises in the so-called "stair-case" curve, reaching a maximum of 103 degrees F. to 105 degrees F. at the end of 72 hours. It then forms a plateau at that level for several hours, and next assumes a markedly remittent or "picket fence" character with one or more sharp febrile excursions in each twenty-four hours. Chills may precede or accompany each rise. The usual symptoms of any severe, acute febrile disease, such as thirst, loss of appetite, mental disorder, etc., are also present. A high polymorphonuclear leucocytosis develops, and frequently blood cultures yield a growth of streptococci. Recovery may occur, but often death is the outcome after seven to fourteen days.

DIAGNOSIS

In the case of the burned patient, an accurate history should establish, if possible, the circumstances surrounding the accident and the character of the traumatic agent, whether thermal, chemical, or other. Diagnosis should include a careful appraisal of his general condition, especially as to the severity of the attendant shock. This may be estimated with fair accuracy by the pulse, temperature, respiration, blood pressure reading, and general appearance, including pallor, cyanosis, and sweating. The local examination of the burned area should be deferred until the patient has reacted from his shock, but it should ascertain the extent and degree of the burn, together with an estimate of the damage to important subcutaneous structures and possibly to viscera. The amount of gross contamination by dirt and other foreign particles should also be noted. Certain clinical laboratory procedures should form part of the routine diagnosis in all severely burned patients. During the first twenty-four hours, or until full recovery from shock has occurred, complete blood counts, haematocrit, and falling drop readings should be carried out at frequent intervals. By consideration of the red cell count, the haemoglobin, the haematocrit, and the falling drop readings, a very accurate picture of the degree of hemo concentration and fluid and protein loss can be obtained. This information furnishes an indispensible guide to the correct therapy

of shock. Later examinations should include a daily urinalysis and a routine blood count, with blood nitrogen and chloride determinations every third day. Falling drop and blood culture studies should be carried out when indicated. In addition to the foregoing, careful daily physical examination should be made to detect the presence of possible complications, especially in the lungs.

PROGNOSIS

The prognosis in burns depends mainly upon four factors: First, the extent and severity of the burn; second, the degree of shock; third, the occurrence of infection; and fourth, the time and adequacy of treatment. When cared for in well-organized and equipped institutions soon after the accident, the prognosis is very much better now than it was a few years ago. A more exact understanding of the mechanism and treatment of shock and the adoption of effective methods to prevent infection have resulted in the saving of a great many lives. But severe burns still remain one of our most dangerous and difficult surgical problems. With the new methods at our command, however, we may confidently expect not only a great improvement in the mortality rate, but also a reduction in the period of disability, the amount of suffering, and in the number of secondary surgical procedures, such as skin grafting.

TREATMENT

The history of the local treatment of burns may be considered briefly in three periods. Prior to 1925, all local treatment was, for practical purposes, directed toward the relief of pain. Such treatment consisted of the application of various emollients in the form of ointments and oils. The remedies used included carron oil, boric acid ointment, and a great variety of other salves and pastes. All of these have been or should be discarded, except as soothing applications in burns of the first degree. At this time, also, the use of picric acid and the super-heated dry air tent were in vogue. Picric acid had the advantage of being mildly antiseptic and slightly analgesic, but was without great value in comparison to the dyes recently made available to us. The dry heat treatment had the single advantage of maintaining body heat, but otherwise its effects were harmful in that it greatly increased the metabolic rate and also favored the development of infection. In 1925, Davidson introduced the tannic acid treatment of burns. This represented a great advance, but not for the reasons advocated by its sponsor. The theory underlying its use was that toxemia of burns was due to the absorption, by the body, of split protein substances generated in the burned area. The use of tannic acid was believed to coagulate these substances, thus preventing their absorption. Actually, however, the beneficial effect of tannic acid treatment resulted from the protection of the burned area from subsequent infection by the formation of an impervious eschar. The tannic acid treatment served a very useful purpose by stimulating intensive study of the local treatment of burns, but having served this purpose it should now be discarded. The disadvantages of the treatment are: (a) that the antiseptic effect of the tannic acid is very slight; (b) that a thick, hard, adherent eschar is formed, the removal of which is very difficult, sometimes requiring anesthesia; (c) that the thickness and opaqueness of the eschar is so great that the location of areas of infection is difficult, and often multiple perforations of the eschar must be made in order to locate purulent areas, should symptoms of toxemia develop; (d) that with its use on the face or hands, especially in conjunction with silver nitrate, marked oedema may occur, and deforming cicatrices may follow. Tannic acid treatment has been completely abandoned by the British Navy because of many unsatisfactory results of this character.

In undertaking the modern treatment of burns, we should train ourselves to think of the care of the burned patient rather than the treatment of the burn itself. Our attention should be devoted primarily to the prevention and treatment of shock, and secondarily, when the shock has been corrected, to the prevention of infection. All cases of extensive second degree burns and all cases of third degree burns involving 10 per cent or more of the body surface should be regarded as wounded

individuals who have sustained or who will sustain severe degrees of shock. Our initial efforts, therefore, should be directed to the treatment of actual or potential shock. The following remarks are predicated upon the assumption that the patient has been admitted to a well-organized and equipped hospital. Having been admitted to the receiving room, the clothing is removed, and the patient is placed upon sterile sheets. An adequate dose of morphine, in quantity often as much as half a grain, is administered at once to relieve pain. Plasma is then administered intravenously in amounts adequate to the needs of the case. It is a good working rule to administer 1,000 cc. of plasma as the initial amount in all cases. This amount may be increased by 500 cc. for each additional 10 per cent of the body surface involved over 20 per cent. Haematocrit readings are made as often as may be indicated in the first twelve to twenty-four hours, and the amount of plasma administered governed accordingly. In general, it is proper to administer 250 cc. of plasma for each rise of one point above forty-five in the haematocrit. The plasma must not be injected too rapidly, or much of it will be lost. In fact, its rapid administration may actually increase the amount of fluid escaping from the capillaries. In addition to plasma, saline and glucose should be administered in amounts not in excess of the amount of plasma given. The excessive administration of saline and glucose may result in marked oedema. When satisfactory reaction from the shock has occurred, the local treatment of the burned areas is undertaken. With the greatest gentleness, loose pieces of epidermis are removed, and blebs are freely opened. No other debridement should be done unless oily or greasy applications have been made prior to admittance. In such cases, the grease and oil may be removed by gently swabbing with pledgets of cotton moistened with ether. The entire burned area is then sprayed repeatedly with either the triple dyes of Aldrich, or the sulfadiazine-triethanolamine solution of Pickrell. Aldrich's triple dye consists of:

Crystal Violet (hexamethyl pararosaniline hydrochloride) 46.1%
Brilliant Green (the sulfate of tetraethyl diamino triphenyl carbinol anhydride) 30.8%
Neutral Acriflavine (the base of 3:6 diamino-10-methyl acridinum chloride monohydrochloride) 23.1%

Pickrell's solution consists of five per cent sulfadiazine and eight per cent triethanolamine in a stearin base.

The triple dye used in 2.6 per cent aqueous solution is efficacious against both gram positive and gram negative organisms, as is also Pickrell's solution. As the first coat dries, subsequent spraying is carried out until a satisfactory eschar is produced. Pickrell's solution is entirely safe for use about the face and eyes, and in all likelihood will prove to be the most satisfactory substance for use in the local treatment of burns. It makes a soft, rather pliable eschar, which can be readily separated at the proper time, and has no disadvantages except that its use must be controlled by proper blood studies to determine the sulfadiazine concentration.

During the succeeding days the eschar must be carefully inspected for areas of softening, and when found they must be removed and the underlying areas must be sponged dry and then resprayed. In patients adequately treated by either the Aldrich or the Pickrell method, toxemia is reduced to a minimum. By prevention of infection, many minute areas of epithelium are preserved undamaged to form nuclei for more rapid subsequent healing, thus reducing materially the number of cases requiring skin grafts, and also those healing with deforming cicatrices. During the period of convalescence, proper attention must be given to the diet to insure an adequate supply of all the vitamins, especially vitamin C, and also sulfur, which is readily provided by the consumption of eggs. The blood should be studied for evidence of secondary anemia, and if this is marked, a transfusion of whole blood should be given. In addition, the attendant must be alert to detect the development of complications in the kidneys, lungs, and other organs.

BURNS IN WAR

Although of necessity a great many details have been omitted, the plan of treatment outlined represents a satisfactory course of procedure in the care of the burned patient in suit-

able surroundings. Under war conditions, however, many almost insurmountable difficulties in the care of these patients are encountered. In the stress and confusion of battle or bombing raids, there is often great delay in the evacuation and transportation of patients, and, in addition, the burned areas are grossly contaminated with dirt of all kinds. Often they reach the hospital many hours or even days after the injuries were received, with infection already well advanced. Such cases may be better treated by the use of saline baths or saline wet dressings with the administration of adequate amounts of sulfanilamide than by the methods described above. Often a limb or part is so badly disorganized or charred that amputation may be the most appropriate treatment.

In conclusion, it should be pointed out that the greatest dangers and the principal causes of death in severe burns are primary shock and secondary infection. The indications for the treatment of shock are: (a) the relief of pain by large doses of morphine; (b) the maintenance of heat by shock cradles or electric blankets; (c) and the correction of fluid imbalance by the initial administration of 1,000 cc. of plasma, with additional amounts when indicated by the patient's condition as determined by physical examination and clinical laboratory procedures, including red cell counts and hemoglobin, haematocrit and falling drop readings. An equal, but not greater, amount of glucose in normal saline solution should be administered along with the plasma, as the water loss is approximately twice that of the protein. Adrenal cortical hormone may prove to be of considerable value, but its use is still in the experimental stage.

Infection is prevented by aseptic handling, gentle and limited debridement and the formation of an antiseptic eschar by repeated spraying with Aldrich's or Pickrell's solution. The development of symptoms of toxemia calls for a thorough search for an area of infection beneath the eschar.

During the convalescence, the dietary requirements must be met: anemia corrected; complications recognized and treated; epithelialization encouraged; and skin grafting carried out as soon as possible when necessary.

It should be remembered that success in the care of the burned patient depends upon good organization, equipment, and teamwork, with meticulous observance of the details of a carefully planned program for the care of such cases.

413 Mt. Prospect Avenue

THE RELIEF OF ITCHING

The antipruritic effect of benzoyl persulfide was tested on a variety of diseases of the skin in which itching was a prominent symptom. The material was prepared as a fine white powder and was rubbed on the affected sites by gentle inunction. The amount used was too small to cause caking. It is concluded that benzoyl persulfide in powder form is of great benefit in the treatment of pruritus due to poison ivy and sand fleas and possibly other insects. In other cases of pruritus as that of neurodermite, pruritus of vulvae and anus, lichen planus, dermatitis herpetiformis or atopic dermatitis it may be useful at times.—S. Amberg and L. A. Brunsting. The Military Surgeon, 88:617. (Clinical Abstracts, 1941.)

SYNTROPAN IN PARKINSONISM

A group of 16 patients having Parkinsonism have been treated by means of syntropan, a synthetic and apparently less toxic atropine preparation. The maximum therapeutic dose has been determined and is considered to be 2500 mg. daily. Of 14 patients who were potentially capable of reaching this dose, in 10 (71 per cent) mild or moderate symptomatic relief was obtained without the development of any toxic manifestations. From these results it would appear that syntropan is definitely useful in many of those cases where atropine cannot be administered because of the frequently associated toxic symptoms.—N. S. Schlezinger and B. J. Alpers. Am. Jour. Med. Sc. (Clinical Abst., 1941.)

FOOD INFECTION BY SALMONELLA PARA-TYPHI

Charles V. Craster, M.D., D.P.H., Health Officer
and
Aaron H. Haskin, M.D., M.P.H., Medical Receiving Officer
Newark, N. J.

Food infections or food poisonings can be caused by a number of bacteria associated with the Salmonella group. These include Paratyphoid A and B, the Salmonella suipestifer or Paratyphoid C, and particularly the Salmonella enteritidis. This latter occurs mostly as a disease in cattle and among some smaller animals.

Food poisonings by the Salmonella group have certain well defined characters. They are explosive in type, and occur among well defined groups of persons who have partaken of some food that has been contaminated by a person who has recently suffered from a Salmonella infection.

In any case the existing cause of the infection may be recovered from the infected food, and from the secretions of the victims. The mortality from these infections is, however, not high. The outbreak herein described occurred in July, 1942, among a group of 437 inmates, following the eating of a noon meal. Eighty-five of these developed the following symptoms:

1. Abdominal pain.
2. Vomiting.
3. Severe diarrhoea.
4. Prostration.
5. High temperatures.

It was realized that we were dealing with a food infection outbreak and steps were immediately taken to determine the causative agent, the mode of transmission and to find a carrier if possible. All those having partaken of the meal were questioned, sick or well, concerning the food eaten at the meal. The symptoms of the majority of the patients developed within five hours after the meal. At the same time due consideration was given to the possibility of the food poisoning having resulted from a previous meal.

Below is a table showing the attack rates of those individuals who had eaten the various articles served at the meal, including the number of persons having taken the article of food and the number of persons developing symptoms and the attack rate, each group having been interviewed by different physicians. The combined group includes both of these.

The attack rate of those taking each kind of food was significant and the figures indicated the highest rate to point to the beets with an attack rate of 64.9 per cent. The lowest rate was that of individuals drinking milk, 29 per cent. We were fortunate in being able to obtain samples of all the food partaken, a lack of which is so frequently a problem in running down the causes of food poisonings. Following this, specimens of all foods were submitted to the City Laboratory for bacteriological and chemical analyses. The table on the following page shows the results of this examination.

	A				B				COMBINED			
	Sick	Not Sick	Total	Attack Rate	Sick	Not Sick	Total	Attack Rate	Sick	Not Sick	Total	Attack Rate
Fish	35	29	64	54.6	19	28	47	40.4	54	57	111	48.6
Potatoes	29	35	64	45.3	24	28	52	46.1	53	63	116	45.6
Beets	38	8	46	82.6	24	26	50	48.0	62	34	96	64.9
Tea	10	10	20	50.0	15	19	44	34.0	25	29	54	46.2
Milk	2	4	6	33.3	7	18	25	28.0	9	22	31	29.0
Bread	15	11	26	57.6	21	30	51	41.1	36	41	77	46.7
Butter	1	7	8	12.5	18	28	46	39.1	19	35	54	35.1

DATE: July 11, 1942

Food	Bacteria per C.C.	Colon Index
Fish	920	320
Beets (cooked)	2,160	40
Beets (cooked)	2,610	500
Beets (cooked)	14,200	40
Vinegar	Sterile plates	0
Oleomargerine	930	0
Potatoes	86,400	500
Beets (raw)	Sterile plates	0
Milk	1,000	0

The evidence of the examination pointed to certain articles as possible sources of infection.

The highest contamination was present in the samples of potatoes served with a bacterial count of 86,400 per c.c. and a colon count of 500. The cooked beets also showed a high degree of contamination, one sample giving a bacterial count of 2,610 per c.c. and a colon count of 500, and another a bacterial count of 14,200 and a colon count of 40. The raw beets had a sterile count.

A further laboratory test showed that the cooked beets were badly infected with para-typhoid A (a member of the Salmonella group). The other foods, although showing high bacterial counts and high colon counts, indicating infection from dirty hands, did not show any infection with the para-typhoid A group. This confirmed the findings of the high attack rate in those that had partaken of the cooked beets.

STOOL TESTS OF PATIENTS

To confirm the laboratory findings in the food, stool examinations were carried out on several of the patients whose symptoms were most severe, as well as all the kitchen help in order to complete the cycle of events.

Among 29 such tests, the para-typhoid bacillus A was recovered in pure culture from four patients, three of these among kitchen help. All the kitchen help with positive stools were then interviewed for further data as to their previous history.

The results showed that kitchen worker P. H. had no symptoms after the meal but had a positive stool culture for para-typhoid A, gave a history of a previous illness three years ago with gastro-intestinal symptoms, and was sent to the hospital. He also had a recurrence of the diarrhoea six months previously to the present food outbreak. At that time no stool examinations were made. The case of P. H. was the only one with positive laboratory cultures that had any record of previous illness suggestive of a carrier condition.

INVESTIGATION OF COOKING UTENSILS

An examination to determine the methods of housekeeping was carried out. Inasmuch as much of the suspected food was available for laboratory analyses, swabs were taken of the kitchen utensils, many of them having already been cleaned and sterilized, to determine just how well such cleaning had been carried out. Results showed sterile swabs for the grinding machine cutter, worm, upright feeder, top, worm holder, pans and containers. The frying pans (fish cookers) gave a bacterial count of 100. Steam kettle sides had a bacterial count of 2,100 and a colon index of 30. The steam kettle sieve and outlet showed a bacterial count of 252,000 and a colon index of 410. Apparently the methods of cleaning and sterilizing the kitchen utensils were not uniformly good or sufficient.

SUMMARY

The conditions found in this food infection would indicate the presence of a para-typhoid A carrier. We cannot however confirm the supposition as no laboratory evidence is available for the previous illness of the kitchen worker, P. H.

The history of previous diarrhoea in this case together with the fact that he did not become ill after partaking of the food is strongly suggestive of the initial focus of infection. Further examination of these positive findings are indicated to verify the suggestion of a carrier with intermittent, explosive type periods of infection. Circumstances that favored the outbreak were:

1. Poor cleansing and sterilizing of dishes and kitchen utensils.
2. Lack of proper toilet hygiene on the part of kitchen help in the preparation and distribution of food.
3. Lack of proper refrigeration in the ice boxes.

4. Allowing prepared foods to remain at room temperature over night before serving.

The prepared beets which showed the highest bacterial and colon count as well as the potatoes were striking instances of this opportunity presented for bacterial growth after infective matter had been introduced. The cooked beets showed a heavy infection with the Para-typhoid A bacteria. The potatoes, although high in bacteria, gave no evidence of Para-typhoid infection. The combined presence of a para-typhoid carrier with careless kitchen hygiene was an ideal set-up for an outbreak such as resulted in this institution.

The recommendations to prevent other outbreaks in this institution included:

1. A new and better method of washing and sterilizing of dishes and kitchen utensils.

2. Strict adherence to proper toilet hygiene on the part of all concerned in preparing foods in the kitchen.

3. All refrigerators to be tested out to determine their efficiency in keeping foods properly refrigerated.

4. No prepared foods to be left out and used after being exposed to room temperature.

LEUKOCYTOSIS DURING VARIOUS EMOTIONAL STATES

Leukocytosis has been noted frequently in patients with affective disorders when no infectious process or structural changes could be found to account for it. The observations on 200 psychiatric patients were as follows: There was no definite correlation between the level of the white cell count and the specific psychiatric disease entity. On the other hand, in certain patients with an elevated white cell count the degree of leukocytosis was often related to the intensity of the psychopathologic emotion. This relation was consistent in the same subject but varied from patient to patient. The emotional reactions associated with leukocytosis were fear and panic reactions, depression with anxiety (agitation), subacute and persistent anxiety states, persistent intense resentment and excitements which were characterized by overactivity with fear and anxiety or with elation and anger. Improvement in the emotional reactions, either spontaneous or induced by sedation, was associated with the return of the leukocyte count to normal levels. The intravenous administration of sodium amytal induced striking reductions in elevated leukocyte counts when there were accompanying favorable changes in the emotional status.—(Author's Abstract.) A. T. Milhorat, M.D., S. M. Small, M.D., and O. Diethelm, M.D., Arch. Neurol. & Psychiat., 47:779-792, May, 1942. (Clinical Abstracts, 1942.)

SULFANILAMIDE IN THE TREATMENT OF ERYSIPELAS

A series of 303 cases of erysipelas treated with sulfanilamide at the Los Angeles County Hospital from April 1, 1937, to August 1, 1939, is reviewed in detail. The average blood level in 121 cases was 5.8 mg. per 100 c.c. The average period of hospitalization was eight days; the average time for the temperature to reach normal was 48 hours; and the average time for the lesion to regress was 50 hours for all patients treated, and this was approximately the average for all age groups. The gross mortality was 1.3 per cent for the series, which is the lowest mortality rate reported in any series to date of writing. It is suggested that the sulfonamide drugs are the treatment of choice in erysipelas.—(Author's Abstract.) Lawrence S. Siegel, M.D.; Lean Rosove, M.D., and Albert G. Bower, M.D., F.A., C.P., Ann. Int. Med., 16:262-268, February, 1942. (Clinical Abstracts, 1942.)

DERMATITIS VENENATA CAUSED BY PHENOL-CAMPHOR MIXTURES

Capt. Emanuel M. Satulsky, M.C.; Lt. William Halpern, M.C.
From the Medical Service, 210th General Hospital, A.P.O. No. 837, Postmaster, New Orleans, La.

Three patients with a dermatitis venenata caused by local applications of a phenol-camphor mixture have recently come under our observation. The Journal of the American Medical Association has commented[1] on the use of phenol-camphor mixtures in the treatment of athlete's foot. The attention of the laity has recently been called to this method of therapy in the May issue of the Reader's Digest.[2] Francis has reported the use of such mixtures[3] and has stressed in his report that 50 per cent phenol would be non-irritating to the skin if mixed with an equal percentage of camphor and triturated thoroughly. He also called attention to the important fact that such a mixture should be applied only to dry skin surfaces, since water would permit a release of the phenol from this combination with resultant caustic effects.

Fantus has stated[4] that "when volatile bodies are mixed they influence each other in such a way that the less volatile lessens the promptness of the effect of the more volatile body as well as the onset of redness, but it also prolongs the action. Solubility, no doubt, also plays an important rôle. This is illustrated by the remarkable effect of camphor on phenol (melting point 39° C.). It is in this mixture that the phenol loses its caustic effect and maintains its analgesic and anti-pruritic action."

Miller, Gunther and Peiser (quoted by Fantus) state that the optimum of this effect may be secured by mixing one gram molecule of phenol with one gram molecule of camphor:[5]

Phenol 62 gm.
Camphor 38 gm.

Fantus states also that V. Chlumsky added alcohol to reduce the consistency of this fluid and employed it for irrigating abscesses. The recipe book gives the formula of Chlumsky's solution as follows:

Camphor 60 gms.
Phenol 30 gms.
Alcohol 10 gms.

Fantus states also, "The remarkable harmlessness of this solution in contrast with the caustic effect of phenol, which asserts itself in solution as dilute as 2 per cent, is due chiefly to solubility relations."[6] The Dispensatory of the United States[7] lists Phenol-Camphoratum N. F. This is made by mixing together one part of liquid petrolatum, three parts of phenol, and six parts of camphor, and warming until it becomes liquid. "Combinations of phenol, camphor and liquid petrolatum have been used as local applications among dentists for many years. It is generally believed that the camphor is more than merely a diluent, that it has the property of antagonizing the caustic effect of the phenol. It is used as a local anesthetic and germicidal application for ulcers and especially for cavities left by tooth extraction." Phenol (carbolic acid) is used in dermatology as a reliable and efficient antipruritic. It should never be applied in ointment form beneath bandages. It may be employed in strengths of from 0.5 to 2 per cent, in lotions or in salves, or, if combined with equal parts of liquor potassii, in oil, solutions of 15 per cent or even stronger may be safely applied to small areas.[8]

Pure phenol is locally irritant, antiseptic, anesthetic, and mildly caustic. When applied undiluted to the skin or mucous membrane it causes a sharp pain, followed by numbness, and accompanied by a whiteness and corrugation of the surface due to precipitation of albumen.

As a result of the article in the Reader's

1. Phenol-Camphor for Athlete's Foot. Current Comments, J.A.M.A., 119, No. 2 (May 9, 1942).
2. De Kruif, Paul: A Working Cure for Athlete's Foot. Reader's Digest, Vol. 40, No. 241, May 1942, pp.46-48.
3. Francis, Edward: Phenol-Comphor for Athlete's Foot. J. A. M. A., 117:1973, Dec. 6, 1941.
4. Fantus, Bernard: General Technic of Medication. 3rd Ed., A. M. A., Chicago, 1938, pp. 106-7.
5. Miller, Franz; Gunther, Paul, and Peiser, Margot: Arch. f. exper. Path. u. Pharmakol, 124:41, 1927.
6. Fantus, Bernard: General Technic of Medication. 3rd Ed., A. M. A., Chicago, 1938, pp. 106-7.
7. The Dispensatory of the United States. 22nd Ed., J. B. Lippincott Co., Philadelphia, 1940, p. 831.
8. Bronson in Sutton and Sutton: Diseases of the Skin. 10th Ed., C. V. Mosby Co., St. Louis, Mo., 1939, p. 114.

Digest, numerous inquiries have been received from officer and enlisted personnel as to the efficacy of this method of therapy. Fungus infections of the feet and glabrous skin are common in the tropics, and it was felt that sooner or later cases of dermatitis due to phenol-camphor mixtures would be seen, due to their injudicious use. Because of the constant sweating and moisture of the skin, it was felt that such mixtures would not be well tolerated in this climate.

Three cases of dermatitis venenata due to local applications of phenol-camphor mixtures are reported:

CASE NO. 1

E. G. W., a white soldier, aged 28 years, was admitted to this service because of severe burning of the "crotch" and the abdominal wall. Several days prior to admission he made a self-diagnosis of "crabs" and attempted to treat himself. He purchased a phenol-camphor mixture at a pharmacy, took a shower with warm water and soap, and applied this mixture to the groin, pubic area, lower abdomen, penis and scrotal sac. According to the history, burning and pain began about two hours after this was applied. These symptoms increased in severity, and on admission, the patient was in marked distress. The bottle containing the offending mixture was examined. It was one ounce in capacity, labeled "Campho-phenique", and contained a clear fluid which poured easily and was oily to the touch. It had the pungent odor of phenol and camphor.

Physical examination revealed a well-developed white soldier with a severe dermatitis of the lower abdominal wall, pubic area, groin, upper thighs, penis and scrotal sac. There was a lurid erythema of these parts with marked edema of the penis and scrotum. Innumerable pin-point sized, tense, clear vesicles were scattered throughout the affected areas. About the umbilicus there was desquamation of the skin. In the loins, where the medication had dripped from the anterior portion of the abdominal wall, there were pseudopods of severe erythema, vesiculation and scaliness. The edges of the eruption were sharply demarcated and coincided exactly with the areas which had come into contact with the medication. There was a marked increase in local temperature, profuse serous exudation, maceration, and a tendency toward bullous formation. These were all evidences of the epithelial necrosis which had occurred.

The remainder of his physical examination was negative. His chief complaints were severe burning and stinging of the affected areas. Examination of the urine on several occasions was negative. Examination of the blood revealed: R.B.C. 4,800,000; W.B.C. 7,300; Hgb. 90 per cent Sahli; differential count showed, polymorphonuclear leucocytes 80 per cent, lymphocytes 20 per cent. Temperature, pulse and respirations remained normal. Continuous wet dressings of warm magnesium sulphate were applied and a scrotal bridge was fixed to relieve the tension. The burning and pain were severe enough to require analgesia and sedation. Saline dressings were substituted for the magnesium sulphate due to increased complaints of burning. After the acuteness had subsided, and scaliness developed, unguentum acidi borici U.S.P. was applied. The lesions on the abdomen and in the groin healed in approximately seven days. Secondary infection developed on the penis and scrotum, particularly in the areas which were in close apposition. He developed deep ulcerations which were recalcitrant to all forms of local therapy. The lesions were entirely healed and the soldier returned to duty thirty-five days following admission.

A patch test was performed with the mixture which had been applied to the affected parts. Tap water was used as a control. The patch had to be removed in 30 minutes because of severe burning. The site of contact with the skin was extremely red and showed beginning vesiculation. Some of the material was then painted on the skin of the back and left uncovered. In about 30 minutes there was burning and a stinging sensation, the skin became red and very pruritic. Some of the same material was then painted on the upper arms of a nurse and ourselves (E. M. S. and W. H.). In a very short time there was burning, itching of the skin, some blanching followed by erythema, and in 24 hours by crusting. One of us, W. H., had vesiculation which lasted 24 hours. In all cases there was scaliness and peeling in 48 hours. This severe reaction on the skin of the back in the patient and on the upper arms of two officers and a nurse, made the patient's history of two hours elapsing between application and symptoms unreliable.

CASE NO. 2

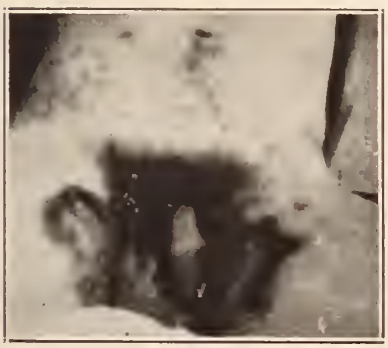
T. J. S., a white soldier, aged 26 years, was admitted to this service because of severe burning of his groin and anterior abdominal wall. He had been seen in consultation for another service on a previous admission to this hospital. At that time a diagnosis of dermatophytosis corporis severe was made. Therapy was outlined, and he responded very well during his stay in the hospital. After returning to duty there was a slight exacerbation. A mixture of phenol and camphor was painted on the affected parts, i.e., groin, lower abdominal wall, and upper thighs. Within an hour he began to complain of severe burning, stinging, and pruritus in these areas. During the night the symptoms became so severe that he was hospitalized.

Examination revealed a well-developed white soldier presenting a severe dermatitis of the groin, upper thighs, lower abdominal wall, and the genitalia. The groin and upper thighs showed large, palm-sized patches of severe erythema and oozing. The edges of these patches were irregular in outline, sharply demarcated and slightly elevated. There were vesiculation, beginning of bullae formation, and the oozing of a fairly thick, whitish serum. At the edges was the beginning of crust

formation which could be easily wiped off (see illustrations). There was an increase of local heat and extreme maceration of the skin. All these were evidences of epithelial necrosis as in Case No. 1. The scrotum and the penis were slightly edematous, the skin was moist, fissured, and extremely tender on palpation. The erythema of these organs was red-purple in color. The surface of the penis in contact with the scrotal sac was erythematous, moist, and crusted. The chief symptoms were pain, burning, and stinging. There was a marked odor of camphor in the intertrigenous areas.

The remainder of the physical examination was negative. Examination of the urine on several occasions was negative. Blood count showed the following: R.B.C. 4,320,000; W.B.C. 6,250; Hgb. 80 per cent Sahli; differential: polymorphonuclear leucocytes 52 per cent; lymphocytes 48 per cent.





Treatment consisted of warm saline compresses, followed in several days by a soothing drying lotion. The lesions responded well to the local therapy. There were no sequelae.

CASE NO. 3

P. O. M., a white soldier, aged 24 years, was admitted to this service because of an eruption of the left fourth and fifth fingers. He had been previously treated for a persistent pyoderma and cellulitis of these parts. On discharge this process was cured. Two weeks later, he developed a paronychia of the fourth finger with several open lesions at the interdigital web. At that time also, he noticed some scaliness between the toes of both feet.

The lesions on the fourth finger and the interdigital web were painted with a phenol-camphor mixture, which was also applied to the interdigital aspects of the toes. The painting was repeated daily for seven days. Burning and pain were present for three-quarters to one hour after application, and persisted for four to five hours. The areas between the toes burned and stung for approximately one hour after application. A new lesion developed on the upper inner aspect of the fifth finger where the medication had come into contact with the skin.

Examination revealed redness, vesiculation, crusting, fissuring, and oozing of the areas on the fingers. The interdigital spaces of the toes showed extreme maceration, debris and fissuring. The chief symptoms were burning and stinging.

Examinations of the urine and blood were negative. The remainder of the physical examination was also negative and non-contributory.

Secondary infection developed on the hand lesions, which responded well to local wet dressings with KMn04 1-5000 solution followed by an ointment containing 5 per cent sulfathiazole. The toes responded well to wet dressings of KMn04 1-5000 solution.

SUMMARY AND COMMENTS

1. Three cases of dermatitis venenata due to the local applications of phenol-camphor mixtures are reported.

2. The American Medical Association has called attention to the dangers of the injudicious use of such mixtures.

3. The potential dangers of applying phenol-camphor mixtures to the skin makes them unsuitable for routine use, and they should be applied only under the constant careful supervision of a physician.

4. In the tropics, where constant moisture of the skin exists, this combination of chemicals should not be used.

Since this writing, five additional cases have been admitted to this service and treated for dermatitis due to this mixture.

A REPORT OF NINE CASES OF SUBACUTE BACTERIAL ENDOCARDITIS *

LIEUTENANT COMMANDER HARRY HALPRIN, MC-V(S), USNR, Caldwell, N. J.

The literature on the subject of subacute endocarditis is extensive and comprehensive. The studies of Osler, Horder, Libman, Blumer, Levine, Gross, Fried, and of many others have contributed greatly to the knowledge of this condition.

The study of the therapy of subacute endocarditis has been continually and energetically pursued both in the clinic and in the experimental animal, but we are still chasing the rainbow in our search for satisfactory management of this disease.[1]

The use of all the modern chemotherapeutic methods and the attendant fanfare appeals to the representatives of the family. They view the doctor as a modern Galahad fighting the microbe with strange and intricate weapons, and, as a result, they have much to tell abroad. The morale of everyone connected with the case enjoys a temporary elevation which is reflected at once in the patient's attitude.[2]

Of late, since the discovery of the sulfonamide group of drugs, we frequently see in the medical literature reports of remarkable cures in definite, proven cases of subacute endocarditis.

It is human to be reluctant to report failures, especially when these failures involve a whole series of cases, without a single success or even an approach to a success, but many valuable lessons will be lost if these failures are neglected without a complete discussion. We have followed the prescribed methods of therapy in the most minute detail, and still were not fortunate in duplicating a single cure. We therefore feel justified in emphasizing a failure.

In this paper it is proposed to present a group of cases for the purpose of perhaps preventing further misunderstanding or to stimulate further evaluation of certain therapeutic efforts, as well as to suggest possible prophylactic guides in combating this dreaded and fatal disease.

We have treated nine cases of definitely proven subacute endocarditis according to methods discussed in recent literature on the subject, the details of treatment in each case being summarized in the accompanying chart. In two of these cases, in addition to the use of heparin and sulfapyridine, we have even gone a step further and used a bacteriophage, one of the streptococcus viridans prepared from the patient's own strain of organism; and the other, in a case of staphylococcus aureus, a stock bacteriophage. Another patient of this group was given, in addition to the heparin-sulfapyridine therapy, typhoid intravenously even before this type of therapy was suggested in a series of cases reported from the service of Dr. G. Baehr at Mount Sinai Hospital.

There was uniformly one result in these cases—they all died. Seven died in the manner which all our authorities describe. Two of them died of cerebral "accidents" during the heparin therapy. The cause of these deaths must be left to conjecture and argument, as we had no autopsies on either of these cases. Because of the fact that both of these patients were of the age-group where arteriosclerosis may already be present, one could assume that hemorrhage into the intima near an arteriosclerotic plaque, with secondary thrombosis within the lumen of the vessel as a result of injury or actual dissolution of the overlying endothelium, or that hemorrhage into an atheromatous abscess (hematoma) had closed the lumen of the vessel with actual thrombosis. Another event which may take place is the breaking loose of a small portion of the endocardial verrucae into the blood stream causing a cerebral embolus, with rapid softening of the cerebral area supplied by that vessel giving rise to all the symptoms and signs of a cerebral hemorrhage.

* Read before the Clinical Staff Conference, Mountainside Hospital, Montclair, N. J., June 16, 1942.

1. Strand.
2. Leaman—197.

ACUTE AND SUBACUTE BACTERIAL ENDOCARDITIS

Acute and subacute bacterial endocarditis are alike in that they are both serious, usually fatal, diseases attended by invasion of the endocardium by virulent organisms, almost wholly of the coccus family. There may be a similar invasion of the wall of the great arteries (bacterial endoarteritis).[3]

Actually the distinction between acute and subacute endocarditis is almost as vague as the therapy. The duration and virulence of the disease are the only points in which they differ clinically. An arbitrary border line of two months has been set between them. Generally the subacute is caused by one organism, the streptococcus viridans, while the acute is caused by any one of a large number of organisms.

One theory which may yet be definitely proven provides a further differential point in distinguishing the acute from the subacute endocarditis is based on the fact that a minute study of pathological specimens of endocardial lesions reveals in the acute cases the invading organisms on the *surface* of the vegetations or verrucae. while in the subacute cases they are invariably *imbedded* in the thrombus and *underneath* it.

ACUTE BACTERIAL ENDOCARDITIS

Acute bacterial endocarditis consists of an acute non-rheumatic bacterial invasion of the endocardium (or arterial endothelium) either uncomplicated or as a part of other acute illness; it is attended by the symptoms and signs of a severe infection and ends in death or recovery in the course of two months.

It is uncommon. Cases in which it occurs number well under one per cent of all types of endocarditis, if we exclude the *terminal* endocarditis that has no clinical significance.

SUBACUTE BACTERIAL ENDOCARDITIS

Subacute bacterial endocarditis consists of an invasion of the heart, chiefly of the valves, by the streptococcus viridans, rarely by the gonococcus or influenza bacillus. It almost always results fatally after a lingering illness. I might add that about twenty varieties of microbes have been isolated from lesions of the endocardium, but various types of streptococcus viridans dominate in the bacteriology of this disease because they occur in about two-thirds of the clinical cases.

THE DETERMINATIVE BACKGROUND OF SUBACUTE BACTERIAL ENDOCARDITIS

If in any disease, development takes place with frequency and on a certain background of preëxisting conditions, and, if this background is recognized, the probability of the existence of the disease in question is enhanced very greatly. Such conditions can be spoken of as the determinative background of a disease.

In Christian's series of 150 cases he found:

a. Rheumatic heart disease in 89 (33 1/3 per cent) of 150 consecutive adult cases of subacute bacterial endocarditis caused by streptococcus viridans.

b. The absence of auricular fibrillation is a definite feature of subacute bacterial endocarditis, only 4 of 150 (2.6 per cent) developed auricular fibrillation.

c. Absence of prior cardiac decompensation of more than slight degree also is quite characteristic of the background of subacute bacterial endocarditis. Of the 150 cases studied only 22 (14.6 per cent) had noted shortness of breath before onset of symptoms of the endocarditis. Only an occasional patient had suffered prior congestive failure to a degree needing prolonged rest. It would seem that after marked congestive failure develops in the patient with rheumatic heart disease there is little probability of the appearance of subacute bacterial endocarditis.

d. Age seems to be a slight determinative factor among background influences. The streptococcus viridans type of subacute endocarditis occurred most frequently among the consecutive 150 adult cases in the age group 20-29 years. Sex analysis shows a preponderance of males, 92 to 58 females.[4]

The chief predisposing factor is chronic heart disease (particularly old rheumatic valvular disease and congenital cardiac defects). Focal infections, as in diseased tonsils, teeth, or gums may be predisposing factors.[3]

The mechanism of involvement has been

3. P. White—252.
4. Christian: American Journal of Medical Sciences, January, 1941; 35.

variously considered. Direct blood stream infection of the endocardium, damaged of old and with small thrombi or ulcerations serving as footholds for the streptococci that happen to be circulating in the blood, is probably the usual mode of involvement. The introduction of these organisms through the blood vessels in the valves in to the endocardium is far less likely. Incidentally, may I add here that *normally* there are no vessels in the valve leaflets. We find these vessels only in cases which have had rheumatic endocarditis. If they are found, without a past history of rheumatic endocarditis, one may presuppose the presence of the condition without its having been diagnosed.

PATHOLOGY

The pathology is primarily that of involvement of the endocardium of valves by the deposition of irregular masses of fibrin, leukocytes, erythrocytes, and platelets, enclosing bacteria and products of bacterial degeneration, called vegetations. These vegetations are larger than the thrombi found in rheumatic endocarditis but they may not be so large as those seen in acute bacterial endocarditis.

The chorda tendineae and the endocardium of the left auricle and left ventricle are also frequently involved by spreading of the infection from the valve cusps, or by direct contact with the cusps, i. e., where the heart wall touches these vegetations during the heart cycle.

The intima of the aorta may also be infected, either at the points where aortic valve vegetations are in contact with it, or elsewhere.

In older patients atheromatous changes in the aorta and aortic valve, as well as nonrheumatic forms of chronic endocarditis may constitute the preceding damage.[5]

An arteriovenous aneurysm may become infected by the streptococcus veridans. Finally congenital defects, such as patent ductus arteriosus, coarctation of aorta, intraventricular septum defect, and especially a bicuspid aortic valve (according to Gross the latter are not congenital but of rheumatic involvement as proved by vascularization and Aschoff bodies) may be the site of invasion by the streptococcus viridans.

5. Cecil—1192—Page 328 Bacterial Infections.

There may result from this inflammation of the endocardium an extension of the process into underlying tissues with deep ulceration, or perforation, or aneurysm formation in the valve cusps, or with local ulcerations and aneurysm of the aorta (mycotic aneurysm).

In rare cases this process may cause an aneurysm in, or perforation through, the ventricular septum, or from left auricle into right auricle or even a rupture of auricular wall. Also an invasion of the upper ventricular septal region may damage the auricular-ventricular bundle of His and cause heart block (or other variations from normal rhythm, extrasystoles of all types and either tachy- or brady cardia).

The vegetations may become unduly elongated, and if this occurs on the aortic valve the vegetations may partially block the mouths of the coronary arteries.

The valves of the left side of the heart are much more frequently involved than those on the right side, and the mitral valves oftener than the aortic.

SYMPTOMS

The cardinal symptoms are:

1. Fever (of varying grades and degree).
2. Anorexia.
3. Malaise.
4. Prostration.
5. Loss of strength and weight.

There may, however, for days or weeks be no symptoms.

SIGNS

Signs are:

1. Fever (thermometer reading).
2. Pallor (cafe au lait) due to secondary anemia.
3. Petechial hemorrhages into skin or mucous membranes and conjunctiva.
4. Splenomegaly.
5. Clubbing of fingers.
6. Evidence of valvular or congenital heart disease.

Rarely are all of these signs pronounced in any given case. The diagnosis is eventually supported by finding the streptococcus viridans in the blood stream.

Another sign often of value, caused most

commonly by small emboli or hemorrhage from a small vessel in a fingertip or toe, consists of "tender fingers or toes".[3]

Osler's node is a raised red nodule (never hemorrhagic) in the skin of finger or toe or beneath it, ½ to 1½ cm. in diameter, with a whitish point in the center, lasting a day or two.

The following skin manifestations with accompanying complications, observed in one of the cases here reported, seem worthy of description, as I have failed to find a similar description in any case in the literature:

Case No. II.—Mr. P. K. had been ill with what was diagnosed, and confirmed by laboratory methods, as a subacute bacterial endocarditis since May 2, 1940. The organism was the alpha streptococcus with green pigmentation. On June 17th he complained of a sudden sharp pain over the anterior surface of the lower third of the left tibia. The pain was cramp-like in character and accompanied by a rather severe shock reaction in that the patient broke out into a cold, clammy perspiration, developed numerous cardiac extra-systoles, and became cyanosed. The pain and shock were relieved by an immediate injection of morphine, grain 1/6. Within six to twelve hours following the attack of pain, there appeared over the painful area three bright red spots which measured ½ cm. in diameter. They were within the skin, not raised, did not disappear on pressure, and lasted about twenty-four hours. He had five such episodes, two on the left leg, one on the right leg, and one each on the left wrist and hand. He had altogether eleven spots and the last attack was on June 19, 1940.

TREATMENT

As far as we are concerned, there is at present no specific treatment for this disease either by drugs or by serum.[3]

Instances of spontaneous recovery have been reported. In many reports, however, the question arises whether the disease from which the patient recovered was not rheumatic endocarditis, associated with bacteremia from some focus *outside* the heart.

Salicylates, gentian violet, mercurochrome, arsenic (sodium cacodylate) and all kinds of antiseptic preparations have been given by mouth, subcutaneously, intravenously, and intramuscularly without avail. Now and then a particular remedy seems to have helped in a particular case, but when it is tried in other cases or again in the same case it fails.

Serum treatment has failed even in the form of transfusion from carefully immunized donors of blood in small amounts repeatedly, or in large amounts. The reason for the failure of transfusions of such immunized blood doubtless lies in the fact that the blood of the patient actually contains a higher titre of immune bodies than does that of the donor who has been prepared by vaccination; the donor's artificial vaccination has been less intense and has occupied less time than has the spontaneous vaccination of the patient.

Of late slight success has been reported from the use of bacteriophage but this work is still in the experimental stage.

The attempts to stimulate antibody formation by the production of a sterile abscess (through injection of irritating substance or cauterization) has proved futile.

Transfusion in general has availed little. Nevertheless, since spontaneous recovery sometimes does occur in this disease, and since often a temporary improvement in blood or general condition follows transfusion, it is fair to offer it as of some use.

Splenectomy has been tried without avail, as have baths, violet ray, diathermy, infra-red ray, and hyperthermia.[3]

CURES FOLLOWING USE OF SODIUM CACODYLATE (6)

Capps has studied 139 cases. Eleven were living eight to twenty-six years following an attack of endocarditis. These patients with one exception were not very ill and none was suspected of having endocarditis until the appearance of heart murmurs, embolic signs, enlargement of the spleen and positive blood cultures. He is of the opinion that the large number of cases observed in the early twenties represented an epidemic in which a milder type of infection was encountered. Or, again, that streptococcus viridans may go through the cycles of changing virulence. He mentally speculates that sodium cacodylate therapy played a minor rôle and that it is the patients with a mild degree of infection who recover.

6. Capps: Annals of Internal Medicine, 1939. 13:280.

NON-SPECIFIC THERAPY (5)

It has been found that the parenteral introduction of a great variety of substances can call forth on the part of the organism a variety of reactions or responses, some of which apparently may exert a beneficial influence on the course of an infection.

Among such non-specific agents may be mentioned:

Various bacterins;
Proteins (normal serum, egg, albumin, milk, gelatin);
Protein split products (proteoses, peptones, enzymes, and cell products);
Extracts of leukocytes, auto lysates of tissues;
Colloidal metals (gold, silver, platinum, mercury, zinc);
Hypertonic or hypotonic salt solutions;
Sugar solutions;
Distilled water.

The reaction following the injection of such substances include: fever, chill, increase in pulse rate and in the circulatory leucocytes, and an increased flow of lymph.

For the most part the most encouraging results have been seen in acute conditions rather than in those of long duration.

Non-specific therapy should in no way replace specific treatment. Specific measures should always be employed first, with non-specific therapy as an available but adjuvant measure.

SULFONAMIDE DRUGS AND HEPARIN

Recent studies have provided hope for success in the treatment of bacterial endocarditis. This notable achievement has been made possible through the remarkable curative properties of the sulfonamide group of drugs and the action of heparin in the preventing of thrombus formation.

In bacterial endocarditis the organisms are protected from the natural immune bodies by the accumulating platelet thrombi and debris which form the vegetations on the cardiac valves.

The introduction of highly purified heparin, which may be given intravenously, has made it possible to prevent the formation of platelet thrombi in dogs and, it is reasonable to assume, to prevent additional accumulation of platelets in vegetations already formed. This would allow greater opportunity for the chemotherapeutic agents to come into contact with the invading organisms.

There is another important factor and that is the natural immunity of the host.

The difficulty with chemotherapy in the treatment of these patients lies primarily in the nature of the focus of infection, the proliferating mass of bacteria beneath the vegetations is too well protected from the action of drugs and anti-bodies.[7] We may with the sulfonamide drugs rid the blood of the immediate bacteraemia but the focus always being present in the endocardial thrombus will again and again cause an invasion of the blood stream and perhaps, not in spite of the heparin, but because of it, due to the fact that it is constantly dissolving the thrombus and freeing more organisms.

In 1940 Kelson and White reported their experience with seven patients who were treated for streptococcus viridans endocarditis with sulfanilamide and heparin.[8]

From 4 to 6 gms. of sulfanilamide was given daily before and during the use of heparin and for one week afterward. Heparin (10,000 units in 500 c.c. of saline) was administered by continuous intravenous drip (15-25 drops per minute) over a period of two weeks.

Two patients had reactions to the heparin and treatment was discontinued. Two patients died within a few days. Three were able to take heparin for more than a week, showed striking improvement and were free of all evidence of the disease, nineteen, eighteen, and four weeks, respectively, after treatment was discontinued. One of these three, a young man, died of active rheumatic endocarditis several months after treatment for subacute bacterial endocarditis, and, at autopsy the lesions of bacterial endocarditis were found to be healed.

The authors stress the fact that this proce-

7. Friedman, Hamburger and Katz: Journal of the American Medical Association, Nov. 4, 1939; 113:1702. "Report of a case of subacute bacterial endocarditis who was treated with heparin and who died during treatment as a result of cerebral hemorrhage."
8. Kelson and White: Journal of the American Medical Association, Nov. 4, 1939; 113:1700.

dure is still in the experimental stage and it is not to be recommended except under close and careful observation.

Recent communications from these authors indicate a high percentage of failures in the further trial of this treatment, but with a few patients observed in whom the condition has apparently been controlled by continued administration of sulfanilamide and sulfathiazole. To date we can recognize cures in only *one* of the first series of patients, who is now well, one year after treatment. The other one of this series suffered a relapse two months after stopping treatment.

There is some question as to the practical value of heparin. Certainly the chemotherapy is apparently the most important part of the treatment, though there is evidently a great difference in the reaction of different strains of streptococcus viridans to the drugs.

In order to understand the action of heparin, it is necessary to discuss some of the theories of blood coagulation. Two early observations of great importance in this field were those of Alexander Schmidt that (a) clotting is essentially a process which derives its elements from the blood plasma; and (b) conversion of fibrinogen to fibrin, essential to the clot, is accomplished through the agency of a substance which is not present in active form in the circulating blood, but is formed when blood passes over injured tissues. Many theories of coagulation exist, the more important being those of Morawitz, Bordet, and Howell. Since the latter theory, with modifications, is the most widely accepted, it will be briefly described here and the reader may refer to texts on the subject for a discussion of other theories.

In general, this theory postulates that there are at all times in circulating blood plasma the following factors for coagulation: (a) fibrinogen; (b) prothrombin; (c) anti-prothrombin (Heparin); (d) platelets; (e) calcium salts. Such blood is incoagulable while circulating within the vascular system, because of the anti-prothrombin (Heparin). When blood is removed from the vascular system, however, even without coming in contact with the tissues, the blood platelets, after a lapse of time, will disintegrate and liberate a protein—a cephalin compound which neutralizes antiprothrombin (heparin) and permits the calcium salts to transform the prothrombin to thrombin. The latter then acts upon fibrinogen so that it becomes fibrin and forms the intricate lace-like network which enmeshes the cellular constituents of the blood and forms what we recognize grossly as a clot. If blood escapes from the vasculature by flowing over injured tissues, then thromboplastic substances, similar to the protein-cephalin of the platelets, are furnished more rapidly; and, accordingly, the process of coagulation, previously outlined, occurs quite rapidly.

There are two well-known biological substances which inhibit coagulation of mammalian blood. One of these is known as hirudin, a protein substance secreted by the salivary glands of the leech. It appears to be a true antithrombin. Apparently, there exist in normal mammalian blood small quantities of just such an antithrombin which are present as a protection against accidental appearance of small amounts of thrombin, which might be formed in the circulatory tissues.

Another anticoagulant is formed in mammalian liver and is known as heparin. It is water-soluble, thermo-stable, and of carbohydrate nature, being present in normal blood in small amounts. This substance, ordinarily, bars the union of calcium and prothrombin to form thrombin. Horwitt and Ferguson and Glazko have shown that heparin and trypsin are mutually antagonistic and that clotting will not occur unless the amount of trypsin added to the blood is more than enough to neutralize the effect of heparin. The latter authors have postulated that heparin first slows the rate of prothrombin activation, this being an antithromboplastic effect, an inhibition of the tryptase thromboplastic enzyme; and secondly, acts as a true antiprothrombin. Howell and Holt first prepared this substance and Howell intensively studied it.

PHARMACOLOGY

One of the earliest comprehensive publications on the subject of heparin was by Armand J. Quick, who showed that thromboplastic substances do not directly neutralize heparin, but

CASE NO.	I. Mrs. C. L.	II. Mr. P. K.	III. Mr. T. M.	IV. Mr. J. P.	V. Mr. J. M.	VI. Mrs. A. R.	VII. Miss M. P.	VIII. Mr. G. W.	IX. Mr. J. G.
ADMITTED	5/1/40	5/2/40	9/28/39	2/6/40	12/1/39	11/9/39*	2/9/39	10/7/40**	8/3/40
EXPIRED	5/11/40	9/10/40 (at home)	6/40 (at home)	5/21/40	3/8/40	1/10/40	2/17/39	11/1/40	11/40 (at home)
AGE	64	41	32	26	44	30	16	57	58
TEMPERATURE RANGE	98.6 to 101.0	98.0 to 105.8	98.8 to 104.0	98.4 to 102.2	98.2 to 102.0	98.4 to 104.4	100.4 to 104.2	98.6 to 101.4	98.2 to 101.2
PULSE RANGE	84 to 102	68 to 136	78 to 132	80 to 100	72 to 132	84 to 120	100 to 130	88 to 100	72 to 96
TOTAL SULFA. GIVEN	32 Gms.*	145 Gms.	11 Gms.	39 Gms.	86 Gms.	272 Gms. +151.5 " intraven-		67 Gms.	126 Gms.
TOTAL HEPARIN GIVEN	120 c.c.	46 amps.		140 c.c.	100 c.c.	59 amps.			260 c.c.
BLOOD SULFA. LEVEL	6 Mg.% to 16 Mg.%	7 Mg.% to 16 Mg.%		8 Mg.% to 11.2Mg.%	2 Mg.% to 13.74 Mg.%	1.25 Mg.% to 50 Mg.%		5.5 Mg.%	3.6 Mg.% to 10 Mg.%
BLOOD CULTURES	Positive 4/21/40 4/24/40 5/2/40 5/6/40 5/10/40	Positive 10 times between 5/6/40 and 6/14/40	Positive 8 times between 9/28/39 and 3/30/40	Sterile 2/6/40 Positive 5/6/40 5/9/40 5/12/40	Positive 20 times between 12/1/39 and 2/20/40	Positive 12 times between 11/9/39 and 1/2/40	Positive 2/16/39	Positive 7/10/40	Positive 18 times between 8/10/40 and 10/21/40
TOXIC SYMPTOMS	Body pains. Fever. Malaise. Fatigue. Nausea. Vomiting. Numbness. Paralysis	Pains. Fever. Osler's node tce. Nausea. hiccoughs Bleeding gums.	Dyspnea. Cyanosis.	Night sweats. Fever. Weakness. Nausee. Vomiting. Slight shock.	Headache. Insomnie. Dizziness. Nausea. Vomiting. Paralysis left arm.	Pain in abdomen. Weakness. Nausea. Vomiting. Edema. Urticerial rash.	Fever. Dyspnea. Cyanosis. Paresis of rt. arm Paralysis of left facial mus.	Weak. Listless. Cough.	Dizziness. Anorexia. Diaphoresis Nausea. Vomiting.
HEART EXAM.	Enlarged to left. Systolic murmur at apex and at base.	Systolic murmur. Diastolic murmur to left of sternum	Systolic murmur at apex. Thrill at apex. Not enlg.	EKG evidence of myocardial damage. Systolic at apex.	Enlarged to left. Systolic and diastolic murmurs.	Enlarged. Mitral murmur at apex. Thrill at apex. Feguler.	Enlarged to left & downward. Double mitral mur.	Double mitrel & double aortic murmurs. Systolic.	Enlarged.
PETECHIE	Base of tongue. Lower lt. eyelid.	Gums. Both eye lids.	Finger tips of left hand	Under finger-nails.	One on buccal membrane.	Two on lower left chest.	On rt. conjuncti-va.	On right lerge toe.	None.
SPLEEN	Not palpable.	Slightly enlarged	Not palpable.	Not palpable.	Just palpable.	Easily felt.	Not palpable.	Not palpable.	Not palpable.
HEMOGLOBIN	72% to 58%	90% to 46%	85% to 56%	80% to 64%	83% to 65%	66% to 30%	50%	62% to 52%	86% to 56%
R. B. C. COUNT	4,290,000 to 3,120,000	4,920,000 to 2,040,000	4,900,000 to 3,900,000	4,720,000 to 3,560,000	4,870,000 to 3,220,000	3,960,000 to 1,310,000	2,350,000	3,990,000 to 3,180,000	3,890,000 to 2,860,000
W. B. C. COUNT	9,100 to 15,500	2,300 to 17,500	7,000 to 14,000	7,500 to 12,500	4,900 to 11,700	6,100 to 36,900	14,000	9,700 to 16,900	5,100 to 13,400
COAGULATION TIME	35.min. to 1 hr.40min	10 min. to 5hr. 20min		7 min. to 3hr.35min.	4 min. to 3½ hrs.	4 min. to 3½ hrs.			3½ min. to 50 min.

NOTES:

* Plus 18½ Gms. sodium sulphopyridine monohydrate intravenously.

** This patient was admitted 9/29/39-10/28/39 at which time the patient was 4 mos. pregnant. A hysterectomy was done at that time, and the patient was discovered to heve subacute bacterial (streptococcus viridans) endocarditis.

*** Patient first admitted 7/10/40, when a positive blood culture for streptococcus viridans was found. Patient was given two transfusions and a course of Neo-Prontosil without improvement. Admitted again 9/24/40, given a direct transfusion and small amounts of Dagenan without improvement.

that thrombin is the "true antagonist of the inhibitory substance heparin produces in plasma". Later Murray et al. reported that heparin, injected intravenously in dogs, effectively prevented the vascular occlusion which followed administration of such drugs as sodium ricinoleate; that the coagulation time was increased; and that there was no evidence of a decreased coagulation time after the heparin effects had worn off. Reinert and Winterstein studied the toxicology of heparin and found it relatively non-toxic; that it slightly increases body temperature in rabbits; that its action on blood pressure is slight; that it has no action on the isolated intestine or blood picture in small animals; and that it is excreted to the extent of about 35 per cent of an intravenous dose within twenty-four hours. Best has found that the reaction of heparin with proteins may result in inactivation of the heparin. The reaction of heparin with protamine neutralizes heparin *in vivo* and *in vitro*.[9]

PROPHYLAXIS

One lesson we might learn from this paper from the point of view of prophylaxis is that minor surgical procedures (such as tonsillectomies or extraction of teeth) should not be too freely undertaken in patients with potential foci of infection; in those with known endocardial pathology; or in those with congenital cardiac conditions.

All patients who are known to have heart lesions should be referred by the dentist first to their physician before any operative work is begun, in order that responsibility may be shared and all the protective measures employed. A local anesthetic when injected may force infected material, lurking about the margins and roots of the teeth, deep into the capillaries and start it on its way to the heart valves.

In all patients who have damaged hearts, and particularly the younger ones, in whom rheumatic (especially mitral stenosis) and congenital types predominate, dental extractions and adeno-tonsillectomies should not be freely advised or be carelessly undertaken. A complete physical examination should first be carried out, and any anemia or dietary deficiencies thus brought to light first explained and then corrected (by iron, vitamins, and a proper diet). This may help to increase those forces of resistance to which we so often refer in our daily practice. When a patient is ready to have his teeth removed, the surgeon should first thoroughly cleanse the teeth to remove contamination. Extractions should then be carried out at sensible intervals. After each extraction a thorough cleansing of the socket is advisable, and packing should be avoided if possible.

For prophylaxsis it would be wise in suspected cases to give a course of the sulfonamide group of drugs for several days prior to operation and to concentrate the blood to 4-5 mg. per cent in order to sterilize the blood stream, and thus reduce the possibility of depositing a small infected thrombus, or an organism circulating in the blood, on a valve or other endocardial surface already damaged but giving no symptom or clinical sign.

We know full well that the streptococcus viridans is an occasional invader of the blood stream even in normal persons, but it causes no disease unless it enters in sufficiently large numbers (as through foci of infection) or unless conditions favor its lodgment and growth, as in individuals with chronic heart disease.

Incidentally during the past eighteen months we have carried out the suggested procedure in one of our Medical Wards, as well as in our Cardiac Clinic. We can make no claim regarding these cases, because we can not prove that which has *not* happened, but we do know that we have had no difficulties following such surgical procedures in definitely known rheumatic heart cases. We feel that this is a method worthy of trial to combat transient bacteremia that often occurs.

9. Bulletin of Lederle Laboratories, November, 1941. "The Clinical Use of Heparin."

8 Washburn Place

POST PARTUM HEMORRHAGE

MATERNAL WELFARE ARTICLE NUMBER EIGHTY

By ARTHUR W. BINGHAM, M.D., F.A.C.S., East Orange, N. J.
Chairman, Committee on Maternal Welfare of The Medical Society of New Jersey; and
Chief Advisory Obstetrician, Bureau of Maternal and Child Health,
State Department of Health.

Referring to the maternal mortality statistics for 1941 (October 1942, The Journal of The Medical Society of New Jersey), we see from figure 14 that the maternal death rate from puerperal hemorrhage did not improve in 1941. Statistics just completed for 1942 show that there is still no improvement.

According to figure 13, 60 per cent of the maternal deaths from this cause were due to post partum hemorrhage and the remainder, 40 per cent, were divided equally between placenta previa and premature separation of placenta. A great deal has been written on placenta previa and premature separation of placenta, and, as they are serious complications, we expect a certain number of deaths from these conditions. However, the number of deaths from preseparation of placenta can be reduced further through improved prenatal care, thus reducing toxemia, a frequent cause of premature separation of placenta. But, is not the mortality rate from post partum hemorrhage too high? This complication can often be prevented as is shown by the fact that nine counties had no death from puerperal hemorrhage in 1941 with 13,826 live births and one county has had no death from this cause in nine years with 3,000 live births. Another county has had no death from hemorrhage in seven years with 6,000 live births.

There are some cases of post partum hemorrhage which can be anticipated and preparation should be made for treatment if necessary. This may seem like a strange statement, but, is it not true? It is foolish to allow a case to run into trouble when danger signals are out, without preparation for treatment should it be needed.

Here are some of the conditions in which post partum hemorrhage may be anticipated:

1. Following prolonged labor. The patient is tired, her muscles are relaxed, and uterus does not contract or does not remain contracted long. Result, post partum hemorrhage, immediate or delayed.

2. Following very short labor, cervix torn or paralyzed. Post partum hemorrhage frequently follows immediately.

3. Following twin labors or cases of hydramnios. Uterus is so distended that the muscles are weak and unable to contract or remain contracted.

4. Retained placenta. If a small piece of placenta remains following either a normal delivery of placenta or a manual extraction, there is apt to be hemorrhage, generally intermittent.

5. Following prolonged or excessive analgesia, or deep anesthesia. The patient sometimes becomes so relaxed that none of her muscles contract properly. Watch out for such a case.

6. Cases of placenta previa or premature separation of placenta. These cases frequently bleed post partum and require special treatment. This can happen when a cesarean has been done.

7. Following difficult delivery for some of the reasons given already.

8. Following version. Cervix is often torn.

9. Following normal labor and delivery. Post partum hemorrhage sometimes occurs, especially if the patient has had many children.

10. Uterine inertia. Any condition causing uterine inertia may be followed by post partum hemorrhage.

If a patient is anemic at the time of labor, it may take very little hemorrhage to be serious. For this reason the blood must be in good condition and the hemoglobin should be known at the time of labor and delivery. If very anemic, transfusion should be considered, as an anemic patient is a poor risk. This is especially true in cases of cesareans, or difficult deliveries. More patients should be typed for transfusion so that if needed it can be given promptly.

Recent studies have shown that the Rh factor must be taken into account in transfusing cases of pregnancy in order to reduce the number of reactions and danger of death. Special tests are used for this purpose. Some physicians believe that all patients should be typed before delivery but at least the rule should be applied to all cases of placenta previa, premature separation of placenta, and marked anemia.

Regarding treatment, there is a little difference of opinion. The question is whether to pack the uterus or not. There are some who believe it is rarely necessary to pack a uterus, while others think it should be done frequently. The writer has never seen any harm follow the packing of the uterus but believes it has been a life saver in many cases. It is a procedure which must be done properly, but with the use of a metal packer the uterus can be safely and easily packed. It is necessary to make sure the tip of the packer is inside the cervix or only the cervix will be packed. A sponge forceps may be used on the anterior lip of the cervix to make it easier to hold the packer in the uterus. Iodoform gauze should be used, three inches wide.

The first thing to do for a post partum hemorrhage is to find the fundus and then push down on it until all clots are expelled. Then with one hand holding down the fundus the other hand is held tightly against the vulva pad. Pituitary extract and ergotrate or similar preparation should be given if it has not already been done. However, if pituitary extract has been given, it should not be repeated, as it may cause a condition of shock. Some other preparation of ergot should be used if it seems necessary. Foot of bed or table is elevated and hot water bottles placed about patient (not too close to patient). All this time the pressure is continued on fundus and vulva. This will be all that is necessary in the majority of cases unless there is a severe laceration. Every nurse should know this procedure. If hemorrhage does not stop, the uterus should quickly be packed by the physician and then held again.

The case which deceives us is the one which oozes a little more than usual. The usual medications are given and the bleeding seems to decrease but is still more than normal. We put the patient to bed hoping bleeding will stop. A pupil nurse is left to hold the fundus. In half an hour the nurse, thinking all is well, puts on a binder and leaves the patient. She returns in half an hour and is surprised to find patient very pale with symptoms of air hunger. She feels for the fundus and can not find it. Doctor is notified. When he arrives he finds uterus ballooned up and full of blood. He expresses the clots and holds the fundus and gives saline or glucose intravenously. Patient is typed and when ready for the transfusion patient dies. The physician might have packed the uterus at once before giving the intravenous, for if the hemorrhage is not controlled other treatment will give only temporary improvement. A case of this kind should not be left with an inexperienced nurse and if that is unavoidable her work should be checked every 10 or 15 minutes to see if patient is all right. Why not pack the uterus in this doubtful case and play safe? It eliminates the worry.

Cases of manual extraction of the placenta, placenta previa, and premature separation of placenta should have the uterus packed as a precaution after the delivery of the placenta whether there is bleeding or not. They all have a tendency to bleed. The gauze packing is often removed too soon and a hemorrhage occurs. A part of the gauze may be removed in 24 hours and the remainder in 48 hours or in severe cases the whole amount may be left in 48 hours.

Regarding retained placenta, no patient should be put to bed with a retained placenta. After a reasonable length of time, one or two hours, depending on amount of bleeding, it should be removed manually and uterus packed. If patient is delivered in bed at home, she must not be left until placenta is delivered. If left in situ, it is apt to loosen up when no one is around and a severe hemorrhage may occur. Sometimes while waiting for the placenta there is more bleeding than is realized. This must be watched or patient may suddenly go into shock.

When a cesarean section is done for placenta previa a good precaution is to pack the vagina with iodoform gauze before the operation is begun and then after removal of the placenta the lower segment of the uterus is packed with iodoform or plain sterile gauze. Some say that this is not necessary but every year at least one case is reported which died

of sudden hemorrhage after being placed in bed. This will not occur if packing is used as described. When a cesarean is done for premature separation of placenta, packing is also advisable but in these cases the vagina need not be packed.

The points brought out in this brief paper have been obtained from records of patients who have died in New Jersey from post partum hemorrhage. It is a most dangerous complication and every effort should be made to avoid it.

144 Harrison Street

A LESSON FROM A DEATH CERTIFICATE

NUMBER FIFTY-ONE

Patient, 35 years old. Para vi. Weight 204 pounds. Very pendulous abdomen. Extremities showed tremendous varicosities. Blood pressure 148/100. Urine showed sugar 3+. Seven months pregnant.

Pregnancy proceeded and when full term entered hospital in slight labor. Pains seemed ineffective and membranes had ruptured on examination. She was given Pituitrin m. v. every hour for two or three doses. No result, so patent returned to bed and was given Nembutal gr. ivss and Scopolomin gr. 1/150. Not much progress. About 12 hours later consultant was called and delivered the head without much difficulty but it took 20 minutes of great effort to deliver shoulders. Stillbirth. A few hours later patient went into shock and died.

This case brings out several points. Patient, of course, was a very poor risk because:

1. Para vi. Extra precautions should be used with multipara patients.
2. Patient was overweight.
3. Patient had diabetes.
4. Varicosities very marked.
5. High blood pressure.

Would an induction at eight months have helped?

It is a question whether any analgesic should be given to these patients as the weak relaxed muscles will become more relaxed, causing inertia.

At time of delivery almost no anesthetic should be given, for if this type of patient is sound asleep at the time of birth of head, the shoulders, which are usually large, will stick and a stillbirth will result. Many babies are lost because of this, although not many mothers.

A. W. Bingham, M.D.

TWO CASES OF DIGITALIS POISONING

Two cases of digitalis poisoning in patients with sinus rhythm are recorded. Marked slowing of the pulse rate and coupling as a result of the appearance of ventricular extrasystoles are the first two cardiac signs of digitalis intoxication. In the two cases here reported there was also complete auriculo-ventricular dissociation and marked abnormalities in the QRS-T complexes. Recovery was slow and some degree of heart block persisted for 12 days after the digitalis was discontinued. One case showed bundle branch block as well as auriculo-ventricular block.—K. Douglas Wilkinson, Brit. Heart J., 4:1-6, January and April, 1942. (Clinical Abstracts, 1942.)

ANTHRAX IN SHAVING BRUSHES

Breaking open the handles of bristle or hair brushes, removal of the handle binder from the hairs, and subjection of this portion of the hair to cultural and animal procedures for the demonstration of anthrax, yielded a positive result in one of nine used shaving brushes of Japanese manufacture.—R. V. Stone, Journ. Lab. & Clin. Med., 1941 (Clin. Abstracts).

STATE ACTIVITIES

EPIDEMIC KERATO-CONJUNCTIVITIS

Special Warning Bulletin

It is recognized that relatively few cases of epidemic kerato-conjunctivitis may be reported in some areas which are not so essentially industrial as others, but the condition has appeared in so many states throughout the country that your Committees on Industrial Ophthalmology and Industrial Health hope that every physician will be prepared to meet the situation.

Incubation Period: Five to ten days.

Clinical Manifestations: The onset may be preceded by a low fever and mild generalized malaise. The local ocular symptoms are similar to those caused by a foreign body or conjunctival irritation. One eye is usually affected first, and in a large percentage of cases the second eye becomes affected within five to eight days. Preauricular and submaxillary glandular involvement with tenderness is common in a high percentage of cases.

Edema of the lids and the conjunctiva, especially the transitional fold, is very frequent. The conjunctiva presents the appearance of a simple purulent conjunctivitis but with little or no formation of pus. Small areas of pseudomembrane are not infrequent and when removed leave either small white dotted points or some bleeding points. The bulbar conjunctiva becomes edematous early. At this stage, there is some lacrimation and photophobia, but real pain and blepharo-spasm do not appear until the cornea becomes involved.

The percentage of cases in which corneal involvement occurs varies from 50 per cent to 90 per cent. In six to twelve days after the conjunctivitis appears, the cornea becomes involved as shown by the appearance of discrete gray infiltrates that lie in and immediately under the epithelial layer of the cornea. They may be confined to the periphery of the cornea but in a large percentage of cases also involve the pupillary area of the cornea. These infiltrates are discrete and seldom result in erosion of the corneal epithelium detectable by staining with fluorescein. The extent of visual impairment depends upon the number of infiltrates, their size and location.

Clinical Course: The disease is self-limited. In the majority of instances, the conjunctivitis disappears spontaneously in 14 to 18 days. The corneal complication may disappear in seven days or may last for many months. The longer the corneal lesions persist, the greater is the danger of permanent visual impairment.

Laboratory Findings: Scrapings of the conjunctiva show a preponderance of monocytes. Cultures and smears are either negative or show the usual contaminations.

Treatment: There is no specific treatment that has shown a definite influence upon the course of the disease. During the acute stage the eyes should be kept clean with irrigations of boric acid, normal saline, or one to five thousand oxycyanide of mercury. If there is much photophobia, one per cent holocaine may be instilled at frequent intervals. Five per cent sulfathiazole ointment has been used, as has five per cent solution of sodium sulfathiazole sesquihydrate. For persistent corneal infiltrates, x-ray has seemingly yielded some favorable results.

Period of Infectivity: It is not yet known how long the danger of transmission to others exists. At present, for practical purposes, a sufferer from epidemic kerato-conjunctivitis may be allowed to return to work when the active conjunctivitis has disappeared.

Preventive Measures: At present the only preventive measure known is complete isolation of infected persons. Inasmuch as the disease has been transmitted through medical personnel, the most meticulous asepsis must be insisted upon. Not only must physicians and nurses wash their hands thoroughly with soap and water after examining or treating each patient, but also eye-droppers, solutions, instruments, etc., must be sterilized to prevent infection of non-contaminated persons. The infected individual must be told of the danger of transmission of this disease to others, not only in the plant, but also in the home surroundings. It is suggested that in industrial plants where epidemic kerato-conjunctivitis has made its appearance the following procedure be adopted:

1. In small plants with a limited personnel, every individual with a red eye should be stopped at the entrance of the plant and sent directly to the plant physician to determine whether or not epidemic kerato-conjunctivitis is present.

In large plants where such a procedure is not possible, supervisors and foremen should be in-

structed to make rounds immediately when a fresh shift starts, and send any individual with a red eye to the medical office.

2. If the cases are to be treated at the medical department of the plant, a separate room should be set aside for such cases and in that room there must be exercised the most scrupulous asepsis even to washing off the arms of the chairs, the doorknobs, or any other objects which the patient may possibly touch. Aside from the aseptic and separate care of the recognized cases of the disease, special cleanliness of the instruments, as well as the hands of the persons treating eye cases in the general clinic should be maintained, with the use of an effective disinfectant between cases, lest the infection be spread by means of undiagnosed cases, especially those at first suspected of having foreign bodies in the eye.

3. Every case of epidemic kerato-conjunctivitis should be excluded from the communal facilities of the plant until the inflammation has subsided to the point where the plant physician considers it no longer transmissible.

4. Explicit instructions should be given to every individual regarding the danger of transmission, and emphasizing the decrease in the war effort as a result of the time lost from epidemic kerato-conjunctivitis.

5. Make such provision of eye protective equipment, goggles, face shields, helmets, gas masks, and respirators so that no single article can be used by more than one person without sterilization.

6. Make provision for frequent periodic cleansing and sterilization of such equipment.

7. In cases of suspected kerato-conjunctivitis, make certain that the patient consults a specialist to establish early diagnosis, and isolate the infected patient.

8. The local health authorities should be notified immediately of the existence of individual cases.

It is to be hoped that preventive measures can be taken early enough and with sufficient completeness to prevent any further spread of the disease with its consequent suffering and loss of war production time.

J. Mallory Carlisle, Chairman,
Industrial Health Committee.
Elbert S. Sherman, Chairman,
Conservation of Vision Committee.

WITH NEW JERSEY MEDICAL AUTHORS

It is requested that any New Jersey physician who publishes an article outside the state, notify the Editoral Office in Trenton, giving the title of the paper and the name of the periodical, as well as the month, date, volume and page number. It would also be helpful to this office if members would notify us of articles published by their colleagues.

Brakeley, Elizabeth (Montclair)
Late rickets. Am. J. Dis. Child. 65: 314-319, Feb. 1943.

Haseltine, Sherwin Livingston (Elizabeth)
Later report on suprarenal gland in the treatment of glaucoma, progressive myopia, and some allergic conditions. J. Am. Inst. Homeop. 36: 85-87, Mar. 1943.

Levine, Philip (Newark), with Peter Vogel and Nathan Rosenthal, New York
Hemolytic reactions as a result of isoimmunization following repeated transfusions of homologous blood. Am. J. Clin. Path. 13: 1-11, Jan. 1943.

Mount, Walter B. (Montclair)
Alexander Anderson, M.D., 1775-1870; the First Wood Engraver in America. New York State J. Med. 43: 440-446, Mar. 1, 1943.

Ogden, M. A. (Passaic)
Sickle cell anemia in the white race, with report of cases in two families. Arch. Int. Med. 71: 164-182, Feb. 1943.

Sherman, A. Russel (Newark)
Teratoid tumor of conjunctiva and other developmental anomalies associated with naevus verrucosus of scalp: report of a case. Am. J. Ophthal. 29: 441-445, Mar. 1943.

Waksman, Selman A. (Rutgers)
Microbe as a biological system. J. Bacteriology 45: 1-10, Jan. 1943.

DECEASED PHYSICIANS—NEW JERSEY

Name	Age	Date of Death	Place of Death	Residence	Cause of Death
Robert I. Bull	62	Feb. 17, 1943	Newark	Same	Penetrating ulcer of duodenum.
John C. Farr	73	Jan. 24, 1943	Hoboken	Same	Cerebral hemorrhage.
William L. James	46	Jan. 10, 1943	Newark	Same	Adeno carcinoma of pancreas.
Henry M. Norris	44	Jan. 29, 1943	South Orange	Same	Pernicious anemia.
Paul E. Rauschenbach	70	Feb. 23, 1943	Paterson	Same	Coronary thrombosis. Broncho pneumonia.

• THE BULLETIN BOARD •

COMING MEETINGS

The Gloucester County Medical Socety will hold its April meeting at the Woodbury Country Club on *April 15,* at 9:00 p. m. Dr. Thaddeus L. Montgomery of Philadelphia will speak on "Obstetric Problems of Interest to the General Practitioner".

• • •

INTERNATIONAL COLLEGE OF SURGEONS

The Fourth International Assembly of the International College of Surgeons will be held on *June 14, 15 and 16* at the Waldorf Astoria Hotel in New York City, it is announced by Dr. Fred H. Albee, International President. The program will be devoted to war surgery and rehabilitation.

Delegations made up of prominent surgeons from the United Nations in addition to those from other countries are expected to attend. The United Nations representatives will give outstanding examples of the progress being made in war surgery and rehabilitation under battle conditions by their respective countries.

Eminent surgeons in Government military and civilian executive offices have voiced approval of the Assembly, which also has the cooperation of the Latin American Chapters of the International College of Surgeons.

• • •

AMERICAN BOARD OF OPHTHALMOLOGY EXAMINATIONS

The American Board of Ophthalmology will hold its 1943 examinations in New York on June 4th and 5th, and in Chicago on October 8th and 9th. Application blanks may be obtained from the Secretary of the Board, Dr. John Green, 6830 Waterman Avenue, St. Louis, Mo.

• • •

VACANCY IN V. D. BUREAU

There is a vacancy in the position of Medical Assistant to the Bureau of Venereal Disease Control. The salary is $3,000 a year plus traveling expenses and requires the full-time services of the incumbent. Application should be made to the Chief of the Venereal Disease Bureau, Dr. Glenn S. Usher, 1 West State Street, Trenton, N. J.

• • •

CHRONIC PULMONARY DISEASES

The 32nd clinical session on Chronic Pulmonary Diseases, under auspices of the Tuberculosis Sanatorium Conference of Metropolitan New York, will be held in the Amphitheatre at Cornell University Medical College, 1300 York Avenue, New York City (between 69th and 70th Streets), at 8:30 p. m. on Wednesday evening, *April 14.* There will be an informal presentation of x-rays from 7:45 to 8:30 p. m. Physicians are invited to present any interesting x-ray films.

• • •

AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY EXAMINATIONS

The general oral and pathological examinations (Part II) for all candidates will be conducted at Pittsburgh, Pennsylvania, by the entire Board from Wednesday, May 19, through Tuesday, May 25, 1943. The Hotel Schenley in Pittsburgh will be the headquarters for the Board, and formal notice of the exact time of each candidate's examination will be sent him several weeks in advance of the examination dates. Hotel reservations may be made by writing direct to the Hotel.

Candidates for reëxamination in Part II must make written application to the Secretary's Office not later than April 15, 1943.

The Pittsburgh Obstetrical and Gynecological Society will hold a subscription dinner meeting at the Hotel Schenley on Saturday evening, May 22, 1943, at 7:00 p. m. Visitors, here for the examinations, are cordially invited to make arrangements to attend. Reservations may be made by writing to Dr. Joseph A. Hepp, Secretary of the Society, at 121 University Place, Pittsburgh, Penna. An interesting program is being provided.

The Office of the Surgeon-General (U. S. Army) has issued instructions that men in Service, eligible for Board examinations, be encouraged to apply and that they may request orders to Detached Duty for the purpose of taking these examinations whenever possible.

Candidates in Military or Naval Service are requested to keep the Secretary's Office informed of any change in address.

Deferment without time penalty under a waiver of our published regulations applying to civilian candidates, will be granted if a candidate in Service finds it impossible to proceed with the examinations of the Board. Applications are now being received for the 1944 examinations. For further information and application blanks, address Dr. Paul Titus, Secretary, 1015 Highland Building, Pittsburgh (6), Pennsylvania.

COUNTY SOCIETY REPORTS

BERGEN COUNTY

H. E. Reinhold, M.D., Reporter

The regular meeting of the *Bergen County Medical Society* was held at the Holy Name Hospital, Teaneck, on February 9th, 1943.

The meeting was called to order at 9:30 p. m. by the President, DR. HENRY D'AGOSTIN.

DR. JOSEPH S. CONSENTINO of Teaneck was elected to junior membership.

Dr. Henry D'Agostin presented Dr. H. B. Wilson with a past president's emblem, which was accepted by Dr. Wilson with a few remarks, thanking the members of the committees and the society for their excellent coöperation during his time of office.

Dr. D'Agostin presented the representatives of the Petrogalar Laboratories, who showed a moving picture on post partum hemorrhage and its treatment. This picture was the last creative work of the late Dr. DeLee, who died in 1942.

It showed very dramatically the various problems met with in post partum hemorrhage and presented methods of combating them. This very fine film was discussed by DRS. WILSON, PRATHER, D'AGOSTIN, SCHRETZMANN and REINHOLD.

A vote of thanks was accorded the representatives of the Petrogalar Laboratories for this splendid presentation.

CUMBERLAND COUNTY

H. S. Branin, M.D., Reporter

At a recent meeting the Executive Board of the *Cumberland County Medical Society* endorsed DR. MILLARD F. SEWALL of Bridgeton for Second Vice-President of The Medical Society of New Jersey at the next annual election of State Officers.

Several years ago in the early days of the State Society, Cumberland County supplied seven Presidents for the State Society, namely:

JONATHAN ELMER (1787), Bridgeton
WILLIAM B. EWING (1824), Greenwich
CHARLES HANNAH (1846), Deerfield
WILLIAM ELMER (1860), Bridgeton
BENJAMIN BATEMAN (1866), Bridgeton
THOMAS J. SMITH (1896), Bridgeton
HENRY W. ELMER (1905), Bridgeton

Cumberland County has had no representative in the past thirty-seven years, making, we believe, Cumberland eligible to be again considered.

Dr. Sewall is qualified in many ways and has for many years shown unlimited interest in medical affairs.

He has been a member of the State Welfare Committee for the past several years and has served the county very creditably.

He is a man who, we believe, would fill the office for which he has been endorsed in a very capable manner.

GLOUCESTER COUNTY

C. A. Bowersox, M.D., Reporter

The regular monthly meeting of the *Gloucester County Medical Society* was held at the Woodbury Country Club on March 18, 1943.

The speaker of the evening, DR. WILLIAM HARVEY PERKINS, newly appointed Dean of Jefferson Medical College, presented a most interesting topic, "Medicine as an Applied Science". Dr. Perkins stated that Medicine cannot be scientific but must be an applied science. Few people understand the principle of scientific method.

There are three reasons why Medicine cannot be called scientific. First, medical science in itself is very young. There have been many new advances and many new facts presented, but actually few general laws or principles have been discovered. Examples of the general laws already presented are the Antigen-Anti-body relation, laws governing growth and development and new principles of nutrition.

Second, we, as physicians, are seldom scientific. Our thought processes fall far short of being a science. The real explanations of our body processes are not as yet fully explained. The scientific method today occurs only to those who are doing nothing but purely scientific research.

Third, we, as physicians, should be more scientific in our thought because we are not scientifically bent in our application. Ninety per cent of all doctors must be considered prejudiced.

In our social sciences we are dealing with an uncontrollable element—the human factor. There, medical progress depends upon the art of medical practice. In this way we have become quite skillful. The bedside manner is full of the art of medicine, as it is directed to the patient himself. The individual can never be made to respond to the physician unless that individual reacts under his control. The patient's emotional reaction can never be controlled especially during illness. We, as physicians, must improve our skill and technic, and must practice the art of thinking more clearly.

We do not embrace any social school for medical care and security as long as it refers to the availability of medical care.

No social scheme will ever be worked out which will control the treatment the doctor prescribes, or which will ever improve the doctor-patient relationship.

HUDSON COUNTY

Harry J. Perlberg, M.D., Reporter

The regular meeting of the *Hudson County Medical Society* was held on March 2, 1943, at the Masonic Club, Jersey City, N. J. The meeting was called to order by the President, DR. T. MCG. BRENNOCK, at 9:50 p. m.

Dr. J. L. Evans read the following nominations for 1944:

President M. SHAPIRO
Vice-President W. WEBER
Treasurer A. J. CONTY
Secretary V. P. BUTLER
Reporter H. J. PERLBERG

Board of Trustees, 3 years to 1946: T. J. SCHUCK, H. SPENCE
Board of Censors, 3 years to 1946: A. E. JAFFIN
Audit Committee, 3 years to 1946: M. J. WEISS
Publication Committee, 3 years to 1946: D. I. NALITT, J. J. O'SHEA, S. A. COSGROVE, W. J. SNYDER
Delegate to State Nominating Committee, to serve in 1944: J. F. NORTON
Alternate to State Nominating Committee, to serve in 1944: J. L. EVANS
Committee on Constitution and By-Laws, 3 years to 1946: M. T. LONG
Legislative Committee, 3 years to 1946: V. P. BUTLER, J. SCHAPIRO, R. S. DRISCOLL
Election Committee, to serve in 1944: S. G. SCOTT, L. A. SCHNEIDER, D. D. DOUGHERTY, W. M. DOODY, J. J. DANIELSON, M. SHAPIRO, S. S. SCHEPT
Maternal Welfare Committee, 3 years to 1946: A. A. MUTTER, J. H. JENTZ, P. D'ACIERNO
Delegates to State Convention, 3 years to 1946: A. P. HASKING, E. A. CANNON, A. E. JAFFIN, H. J. PERLBERG, J. C. TALTY, J. F. NORTON, G. S. KERDASHA, F. J. MCLOUGHLIN
Alternates to State Convention, 3 years to 1946: L. L. PERKEL, T. W. CONNOLLY, V. J. SHEERAN, S. B. BARISHAW, N. L. SHULMAN, P. A. SIMEONE, E. J. HALLIGAN

DR. ELMER F. TOTH of Jersey City was elected a regular member of the Society.

Dr. Brennock introduced DR. HERBERT C. MAIER, Instructor in Surgery, Columbia University, New York, who spoke on "Pulmonary Suppuration and Its Surgical Treatment". Dr. Maier's talk was illustrated by lantern slides.

DRS. BORSHAW, HERRADORA and PERLBERG discussed the paper.

DR. H. J. PERLBERG, as Chairman of the Physicians Committee of the American Red Cross, appealed to the members of the Society to respond generously to the Red Cross Drive.

MIDDLESEX COUNTY

Alex M. Carr, M.D., Reporter

The February meeting of the *Middlesex County Medical Society* was held at the Roosevelt Hospital, Metuchen, on February 17, 1943. The meeting was called to order by the President, DR. JOSEPH H. KLER. The minutes of the previous meeting were read and approved.

DR. HOWARD ADLER of New Brunswick, N. J., formerly a member of the New York County Medical Society, was elected to full membership.

On motion moved and carried, the present style of monthly Bulletin is to be discontinued for the duration; and a new four-page vest-pocket size Bulletin is to be issued. The style and arrangement is to be set up by the Editor, DR. W. E. SHERMAN.

All other business was suspended because the guest speaker of the evening, DR. JOSEPH T. BEARDWOOD, Assistant Professor of the Graduate School of Medicine, University of Pennsylvania, was unavoidably late. When he arrived he was introduced by his old hospital colleague, Dr. F. M. Clarke.

Dr. Beardwood based his dissertation, "Emergencies of Diabetes", on an experience review of over 1,000 deaths and discussion of modern treatment and management of diabetes as carried out at the Presbyterian Hospital of Philadelphia. He stressed treatment of acidosis, watchfulness for complications and treatment of the "whole" patient. His lecture brought diabetes, its prevalence, prevention of emergencies and treatment up to date to all medical groups and specialists.

Discussions were by DRS. W. E. SHERMAN, J. H. KLER, F. L. BROWN and J. J. MANN.

MORRIS COUNTY

Wilbur M. Judd, M.D., Reporter

The members of the Society were privileged on March 15th, at 9:00 p.m., at the New Jersey State Hospital, Greystone Park, to see colored moving picture films with sound on "Peptic Ulcer" which were prepared by Everett D. Kiefer, M.D., of the Lahey Clinic in Boston and shown by courtesy of John Wyeth & Brother. In the opinion of those who saw it, it was an excellent presentation without the usual commercial ballyhoo.

DR. HAROLD HATCH, Director of Shonghum Mountain Sanatorium, was the host at our regular March meeting on Thursday, the 18th, at 8:30 p.m. President Bowers reported there was no urgent business and introduced Dr. Hatch, who in turn presented MAJOR E. W. PROBST, M.C., Chief of the Medical Department, Picatinny Arsenal, whose topic was "Industrial Medicine". There are many members who will be disappointed that they were unable to hear Major Probst, but he was fully cognizant of the shortage of physicians and the drain on the time and health of those remaining in civilian practice in this area.

SUMMIT MEDICAL SOCIETY

Carroll S. Thomson, M.D., Secretary

The fourth meeting of *The Summit Medical Society* was held at the Canfield Tea Room on February 23 at 9 p.m.

DR. J. K. DEVRIES spoke on "Bladder Tumors" and illustrated the subject with slides.

There were 23 members and one guest present.

WOMAN'S AUXILIARY

16th ANNUAL MEETING

The 16th Annual Meeting of the Woman's Auxiliary to The Medical Society of New Jersey will be held n the Jade Room of the Essex House in Newark on the evening of Tuesday, May 25th, and all day Wednesday, May 26th.

Activities will consist of Business Meetings on Tuesday evening and Wednesday, Social Tea on Wednesday afternoon and a Buffet Luncheon on Wednesday at which the Auxiliary will be hostesses to the Society.

Let's plan an "all-out" successful meeting.

EXECUTIVE BOARD MEETING

Mrs. James M. Murphy, Chairman of Press and Publicity

The Executive Board meeting of the Woman's Auxiliary to The Medical Society of New Jersey was held on March 8th, 1943, at 10:30 a. m. at the Walt Whitman Hotel in Camden. Mrs. J. Howard Hornberger of Roebling presided. Mrs. James M. Murphy of Hudson County was appointed temporary chairman of Press and Publicity.

Delegates to the National Convention to be held June 7-9 at the Drake Hotel in Chicago were named as follows: Mrs. J. Nathan, Atlantic County; Mrs. C. P. Segard, Bergen; Mrs. A. Haines Lippincott and Mrs. A. J. Casselman, Camden; Mrs. Asher Yaguda, Essex; Mrs. C. I. Ulmer, Gloucester; Mrs. B. M. Hawley, Middlesex. Alternates: Mrs. H. M. Meyer, Bergen; Mrs. G. E. McDonnell and Mrs. W. E. Bray, Burlington; Mrs. Banks Baker, Mrs. T. P. McConaghy, Mrs. L. L. Glover, Mrs. H. R. Tatem, Camden; Mrs. Don Epler, Essex; Mrs. A. C. Ruoff and Mrs. A. E. Jaffin, Hudson.

Mrs. Esther Coles spoke on "War-Time Fashions". A basic style for the duration is the accepted dictum. Let us wait for the marvelous things that will be available in the future, was the advice given.

At the State Annual Meeting, Mrs. John Nevin of Hudson County is to take charge of a Memorial Service for Mrs. James Hunter, who was a former President of the Auxiliary and at the time of her passing was Co-chairman of the Historical Committee.

Camden County

Mrs. Gordon F. West, Publicity Chairman

The regular meeting of the *Woman's Auxiliary to the Camden County Medical Society* was held March 2, with Mrs. Henry R. Tatem, President, presiding. There were 29 members present.

The Finance Chairman, Mrs. Harold Eynon, reported on a very successful card party for charities, held at the Camden Woman's Club on February 20th.

The Nominating Committee Chairman, Mrs. Joseph Roberts, submitted the following ballot and the nominees were unanimously elected:

President, Mrs. Lester R. Wilson
President-Elect, Mrs. Kenneth B. MacAlpine
First Vice-President, Mrs. Reuben L. Sharp
Second Vice-President, Mrs. Arthur L. Stone
Third Vice-President, Mrs. A. Girton Kinney
Treasurer, Mrs. Henry B. Decker
Recording Secretary, Mrs. A. Gommersall Pratt
Corresponding Secretary, Mrs. Gerald Husted
Directors: Mrs. Max Weimann, Mrs. Henry R. Tatem

Following the business meeting, Mrs. A. Lincoln Sherk entertained with musical selections and Mrs. A. Haines Lippincott gave reviews of the current New York plays.

Tea was served by the Hospitality Committee, of which Mrs. Henry B. Decker is Chairman.

Hudson County

Mrs. James M. Murphy, Chairman, Press and Publicity

The March meeting was held at the Young Women's Christian Association, Jersey City. Mrs. Andrew C. Ruoff presided, and nineteen members attended.

Mr. George Clark, Director of the Red Cross, Jersey City, outlined the work of his organization. He stressed, first, the Home Service Division, to which 75 per cent of this year's collection is allocated; second, the Disaster Preparedness, Relief and Rehabilitation Division. Ninety-five per cent of the surgical dressings used by our services are made by the Red Cross. The two great needs at this time are nurses for the armed services and 3,000,000 pints of blood by July 1st.

Mrs. Arthur Largay, Co-chairman of the Bond and Stamp Card Party held January 30th at the Y. W. C. A., reported receipts of $54.75.

Civil Defense was the topic of the Reciprocity Meeting held on February 1st. Mrs. Peter Maras, Chairman of Program, was in charge. Capt. Gerald Sinnott spoke on the hospital arrangements; Mr. William F. Turner, of the Red Cross, on the school and civil defense coöperation set up in Jersey City; and Ex-Governor A. Harry Moore on the individual's place in these preparations.

BOOKS RECEIVED FOR REVIEW

Burns, Shock, Wound Healing and Vascular Injuries. Prepared under the auspices of the Committee on Surgery of the Division of Medical Sciences of the National Research Council. Military Surgical Manual No. 5. Pp. 272. 82 illustrations. Philadelphia, W. B. Saunders Company. 1943. $2.50.

Clinical Diagnosis by Laboratory Methods; a working manual of clinical pathology. By James Campbell Todd, Ph.B., M.D., and Arthur Hawley Sanford, A.M., M.D. 10th ed. Pp. 911 with 380 illustrations. Philadelphia, W. B. Saunders Company. 1943. $6.00.

Principles and Practice of Obstetrics. By Joseph B. DeLee, A.M., M.D., and J. P. Greenhill, B.S., M.D. 8th ed. with 1074 illustrations. Philadelphia, W. B. Saunders Company. 1943. $10.00.

Essentials of Proctology. By Harry E. Bacon, B.S., M.D., F.A.C.S., F.A.P.S. Introduction by Curtice Rosser, B.A., M.D., F.A.C.S., F.A.P.S., Pp. 345. Philadelphia, J. B. Lippincott Company. 1943. $3.50.

Chemotherapy of Gonococcic Infections. By Russell D. Herrold, B.S., M.D. Pp. 137. St. Louis, C. V. Mosby Company. 1943. $3.00.

Operative Oral Surgery. By Leo Winter, D.D.S., M.D., F.A.C.D., F.A.C.S., Sc. D. (Hon.), LL.D. 2d ed. Pp. 1074 with 1211 illustrations. St. Louis, C. V. Mosby Company. 1943. $12.50.

Principles and Practice of War Surgery, with reference to the Biological Method of the Treatment of War Wounds and Fractures. By J. Trueta, M.D., with introduction by Owen H. Wangensteen, M.D. Pp. 441 with 144 illustrations. St. Louis, C. V. Mosby Company. 1943. $6.50.

The 1942 Year Book of General Therapeutics. Ed. by Oscar W. Bethea, Ph.M., M.D., F.A.C.P. Pp. 512. Chicago, Year Book Publishing Company, Inc. 1942. $3.00.

BOOK REVIEWS

Essentials of Proctology. By Harry E. Bacon, B.S., M.D., F.A.C.S., F.A.P.S., with an introduction by Curtice Rosser, B.A., M.D., F.A.C.S., F.A.P.S. Pp. 345. Philadelphia, J. B. Lippincott Company. 1943. $3.50.

There is no question that the general practitioner and even the internist needs to know more about rectal diseases. He ought at least to know how to examine a rectum with finger and sigmoidoscope. He ought to be able to recognize some of the common lesions, and he certainly ought more often to examine the rectum. It is a disgrace to medicine today that a man with carcinoma of the rectum can go from physician to physician for six months without having the easily palpated tumor found. This is a good book to help remedy this defect. All the common and some of the uncommon colorectal conditions are covered. The arrangement of the material is excellent. Each disease entity has a separate chapter for quick reference. The material in each chapter is concise and instructive. Some of the chapter headings may be mentioned, namely, fissure in ano, cryptitis, ano-rectal abscess and fistula, pruritis ani, hemorrhoids, benign and malignant tumors and strictures, proctologic nursing care. There are many helpful hints to both the practitioner and the general surgeon. Repeated reference to it will familiarize one with the common ano-rectal conditions and their treatment.

It is an attractive, well-illustrated and excellent monograph admirably suited to the purpose for which it was designed, and it is highly recommended.

J. Gerendasy, M.D.

The Electrocardiogram and X-Ray Configuration of the Heart. By Arthur M. Master, B.S., M.D., F.A.C.P. 2d ed. Pp. 404. Philadelphia, Lea & Febiger. 1942. $7.50.

A novel method of correlating the roentgen and roentgenoscopic cardiac findings with the electrocardiogram is represented in this book. The author begins with a discussion of the findings in a normal heart and the effect of body build and position on the electrocardiogram. The various cardiographic findings are then listed according to the roentgen configurations wrought by disease.

The pros and cons of each question are listed and the author then gives his opinion based on a large experience. Many of the conclusions given are not according to conventional thinking at the present time. The T wave changes in hypertension, for example, the author attributes to myocardial hypertrophy rather than to left ventricular strain, and perhaps the author reads into his x-ray and cardiograph changes more than is clinically justified.

The text is clear and lucid; the discussions are enlarged over the previous edition. On the whole, this reviewer believes this book to be a well conceived atlas worthy of any internist's bookshelf. The section on contrast visualization of the cardiac chambers is especially good.

Emanuel Klosk, M.D.

The Medical Applications of the Short Wave Current. By William Bierman, M.D.; with a chapter on Physical and Technical Aspects by Myron M. Schwarzschild, M.A. 2d ed. Pp. 344. Baltimore, Williams and Wilkins Company. 1942. $5.00.

The first half of the book is devoted to an extensive review of the literature on the physics and effects of the short wave. The consensus of opinions can be followed throughout the text, intermingled with many diverse opinions.

The second half is devoted to the treatment of many conditions from cirrhosis of the liver to bunions. Apparently there have been reports claiming good results in almost every condition, but Dr. Bierman's presentation makes it clear that he does not subscribe to them all.

The book is a very good one, well written and

well illustrated, and is recommended to all using short wave currents. It will make interesting and informative reading for those not using short wave, but who are often asked as to the advisability of its use.

C. Abbott Beling, M.D.

Management of Fractures, Dislocations, and Sprains. By John Albert Key, B.S., M.D., and H. Earle Conwell, M.D., F.A.C.S. 3d ed. Pp. 1303. St. Louis, The C. V. Mosby Company. 1942. $12.50.

As the authors state in the preface to the first edition, this third edition is written for the student, general practitioner and the surgeon. It has been brought up to date to meet the rapid advances in the treatment of fractures and dislocations. The chapter on compound fractures and war wounds makes it most useful for men in our military services. The introduction of the sulfanilamides in the treatment of injuries is discussed practically.

It is impossible for any single person to review so extensive a book, chapter by chapter. The 1,254 illustrations contribute to ready and agreeable reading.

As an orthopedic surgeon I am very much pleased to recommend this excellent reference book on fractures, dislocations and sprains to any student, general practitioner, surgeon and military man.

Toufick Nicola, M.D.

Function of the Orgasm: Sex Economic Problems of Biological Energy. By Wilhelm Reich, translated from the German manuscript by Theodore P. Wolfe. Pp. 368. New York, Orgone Institute Press. 1942.

However strongly one may differ with the author as to moralistic concepts, one has to admit that he is intrinsically honest in his endeavor to find a competent remedy for the neurotic manifestations which hamper humanity today. He has taken one of the two most powerful instinctive processes for study and he has done his work honestly and fearlessly. We may not agree with him—because he is wrong, or because we are full of certain inhibitions—but nevertheless, he has presented dynamic facts of biological importance which cannot easily be repressed without creating a neurotic tensional state in the reader.

Taking all things into consideration, this is a book for the doctor who is anxious to get two sides of a story—the moralistic conception and the biological.

It is a challenging book.

C. C. Beling, M.D.

Treatment in General Practice. By Harry Beckman, M.D. 4th ed. Pp. 1015. Philadelphia, W. B. Saunders Company. 1942. $10.00.

The general practicability and excellence of this book for the busy practitioner is universally recognized. The volume covers and discusses the following: the systemic diseases, the infectious diseases, the disturbances caused by excessive heat, the allergic, endocrine, and blood disturbances, as well as worm infestation, obesity and malnutrition, eclampsia and hyperemesis gravidarum, burns, acute poisonings, geriatrics, and sulfonamide toxicity. The thoroughly revised fourth edition includes over fifty maladies not discussed in the previous editions.

The author presents a brief outline of each disease entity and then discusses the therapy. The efficacy of each variety of drug and of each therapeutic method is fairly analyzed and well presented. The style is not too formal, and the reading matter is made entertaining by the author's method of writing in the first person. Much of the discussion is pleasantly colored in this way by the author's personal opinions and experiences.

The only criticism is that general one directed against all one-volume works, namely that it is not possible to present the entire subject matter adequately in a limited number of pages. However, no one realizes this better than Dr. Beckman, who in his preface to this edition states: "A great wealth of contributions; and since many of these are of undoubted value, the task of trying to weave them all in the tapestry of the whole has become very difficult indeed."

The chapter on sulfonamide toxicity is a very able presentation and should be carefully read by every practitioner.

Harold Grubin, M.D.

Textbook of Fractures and Dislocations. By Kellogg Speed, B.S., M.D., F.A.C.S. 4th ed. Philadelphia, Lea and Febiger. 1942. $12.50.

The new fourth edition of Dr. Speed's well-known text on fractures and dislocations is a welcome addition to the list of new books. Revision of various portions with some new illustrations has brought it up to date. As previously, the book is exceptionally valuable to the student and practitioner by virtue of the emphasis on applied anatomy and the causative mechanisms of the different fractures, a thorough understanding of which is essential to intelligent management of any dislocation or fracture. The wealth of information as well as the simple, lucid line drawings makes this a "must" text book.

C. Abbott Beling, M.D.

Fundamentals of Psychiatry. By Edward A. Strecker, M.D., Sc.D., F.A.C.P. Pp. 201. Philadelphia, J. B. Lippincott Company. 1942. $3.00.

The author has done a great deal to present psychiatry in its true light in relation to the practice of medicine. This book is up-to-date, broad in its presentation and from the psychiatric angle leaves very little to be described. The reviewer recommends the book to all those who wish to get the implications of modern psychiatry. We note the word "Psychiatry" as printed in the binder's title, misleadingly hyphenated, but it is an error easily corrected in the next printing which should soon follow.

We agree with the author that one cannot be a *good* (italics by reviewer) doctor without being a psychiatrist nor a psychiatrist without being a *good* doctor. This book should be very helpful both to the general practitioner and to the psychiatrist.

C. C. Beling, M.D.

TUBERCULOSIS ABSTRACTS

A Review for Physicians

ISSUED MONTHLY BY THE NATIONAL TUBERCULOSIS ASSOCIATION

Vol. XVI **April, 1943** **No. 4**

FIRE is fire, no matter what the fuel, but when gasoline is thrown on a flame a dangerous explosion results. Tuberculosis is the same disease now as in peacetime, but war invariably favors a flare-up of tuberculosis and creates new difficulties for those who must combat the blaze. The hard-pressed general practitioner is a seasoned fire-fighter whose aid must be enlisted and whose effort must be supported if smoldering tuberculosis, lately coming under control, is to be prevented from spreading into a serious conflagration. Even veteran firemen, however, periodically examine their equipment and drill themselves to increase their efficiency.

WAR CHALLENGES THE GENERAL PRACTITIONER

Under the stress of war it has been observed that conditions favor the spread of pulmonary tuberculosis. Probably an increase in the disease has not occurred to date in this country as a whole, but a rise has occurred among other belligerent nations and in some of our own industrial centers.

Increase in prevalence and mortality can be traced to inadequate diet, insufficient institutional facilities and medical care, lowering of resistance from apprehension and disturbed rest, and overcrowding and poor housing in areas of concentrated war industry.

Since the disease appears on the increase in countries at war longer than ours, it must be assumed a similar trend is to be anticipated here. This calls for early diagnosis, hospitalization of active cases and discovery of infective contacts. Greatest hope for success lies in the interest and cooperation of the general practitioner. He sees the patient early and through his intelligent effort will come early diagnosis, prompt isolation and the investigation of contacts. Toward this goal we shall indicate a path for the practitioner, who, deprived of many a colleague, finds his problems multiplied and his strength and time in no wise reinforced.

Usually it is easy for a tuberculosis specialist to make a diagnosis once the suspect has been singled out by the practitioner. More difficult is it for the latter to give due consideration to tuberculosis—only one of many conditions that may assail his patient.

For example, cough is the most common symptom of the disease. In one with a history of previous acute pleurisy, chronic cough is very suspicious. Nevertheless, the disease may be present without it, and most agree that cough or any other *symptom* is a relatively later, not an encouragingly earlier manifestation of pulmonary tuberculosis. If we persist in describing tuberculosis in terms of symptoms, we might as well omit further discussion of *early* diagnosis, even though we admit that knowledge of classical symptoms is essential if we are to have tuberculosis in mind when we encounter those less fortunate cases long past the stage when early discovery was possible. These symptoms include fatigue, particularly in the late afternoon, loss of weight, low-grade fever, chest pain and hemoptysis.

If tuberculosis is to be found preclinically or at onset of its earliest symptoms a thorough, practical and economical plan of attack is necessary. Weapons at hand include history, physical examination, tuberculin test, sputum examination, X-ray and fluoroscopy.

Tuberculosis specialists generally feel that the greatest deterrent to early diagnosis by the practitioner is the expense of X-ray examination. If it were as easy to X-ray the lungs as to do a physical examination many more early cases would be found. Where X-ray facilities are handy it is simpler to take a picture and study it than to do a physical examination, which, though thorough, may fail to disclose the trouble. Most practitioners lack office X-ray facilities, but the truth remains

there is no substitute for a good X-ray picture. Today, in all but the most rural communities, arrangements can be made for X-ray of the chest in the indigent as well as in others.

Physical examination may uncover rales, breath sound changes, etc., but their absence does not mean absence of tuberculosis. In every sanatorium are patients with far advanced disease who have been told by their family doctors that no signs of tuberculosis were present. Similar oversight may occur in some early cases when symptoms are present as well as positive X-ray findings. This is no reflection upon the skill of the physician but proves that symptoms and X-ray evidence are often present before definite physical signs of tuberculosis develop.

Fluoroscopy, even in the hands of experts, is not as accurate as film methods in diagnosing tuberculosis. Serial pictures, too, give better clues as to the progress of lesions than mere observation of the clinical record.

The tuberculin test, variously conducted, is of value in the process of screening groups or studying individuals. A positive test shows that the skin has been sensitized by previous or present tuberculous infection. It does not prove that active pulmonary disease is present, but does call for an immediate chest X-ray. A negative test, conversely, is almost conclusive that active tuberculosis does not exist. There are exceptions to this statement, but they are rare.

Sputum examination is vital. A positive sputum leaves no doubt that active disease is present, but a negative sputum is no guarantee of its absence. There may be relatively few bacilli in a sputum sample; improper collection may provide saliva instead of thick material truly expelled from the lung by a spell of coughing; or too few samples may be examined. Reinforcing the simple smear are concentration methods, culture or guinea pig inoculations, and examination of the fasting gastric sediment in those swallowing their sputum.

Tuberculosis cases should be reported promptly to the public health authorities who assist in determining their disposition.

Many practitioners are not interested in treating tuberculous patients. Others feel they see cases so rarely that they would welcome assistance by experts. Sanatorium care, if available, promises conditions ideal for treatment and training of the patient and protection of his family and friends.

People who contract pulmonary tuberculosis usually do so because of intimate exposure to someone with a positive sputum. Thorough search is made in the patient's household and among his other associates, each being tuberculin tested and the positive reactors X-rayed. Obviously the X-ray, if showing nothing at first, should be repeated at four-month intervals for several years, as break-down may be slow to appear.

Many counties have well organized tuberculosis associations whose nurses serve as field workers. Granted this aid, the social side of the problem can be handled with personal home interviews, transportation of the patient to the sanatorium or clinic and of the contacts for testing and X-ray. Tuberculosis workers are well trained and function to give the practitioner able service and advice about the disposition of the case, the adjustment of the family and in follow-up of the patient once he leaves the sanatorium.

The family doctor should coöperate with those who have directed the treatment when he receives back the discharged case. Rehabilitation in these people is complex and important. Many sanatoria have personnel specially trained to instruct patients in occupations they will be fitted to carry on after their cure, or to prepare them for the special problems facing them upon their return to society. The family doctor must continue his interest through both treatment and rehabilitation periods, with periodic check-up, assurance and advice.

The greatest contribution the general practitioner can make in the field of tuberculosis in wartime is the intensification of his peacetime effort, keeping the disease constantly in mind and remembering that the ultimate ideal in controlling tuberculosis would be to have every adult X-rayed annually.

General Practitioner's Role, Paul Geary, M.D., Bulletin of the National Tuberculosis Association, March, 1943.

SUPPLIED BY

New Jersey Tuberculosis League

15 East Kinney Street, Newark, New Jersey

"Man is an animal of habit"

Proverb

...and Petrogalar makes it easy to establish "habit-time" for bowel movement

Physicians agree, "Habit Time" is the best corrective measure in treating constipation.

As an aid in establishing "Habit Time" . . . Petrogalar has long been favorably known.

An *aqueous* suspension of mineral oil, Petrogalar adds unabsorbable fluid in the colon. Brings about comfortable elimination with no straining . . . no discomfort.

Unlike plain mineral oil, Petrogalar supplies moisture . . . retains moisture . . . counteracts excessive dehydration.

Miscibility and even dissemination are assured by the fine division of suspended oil globules.

Petrogalar is pleasant to take. It may be thinned with water, milk or fruit juices.

Five types offer latitude of choice in treating a wide range of conditions.

Try Petrogalar on your next group of patients.

*Reg. U. S. Pat. Off. Petrogalar is an aqueous suspension of pure mineral oil. Each 100 cc. of which contains 65 cc. pure mineral oil suspended in a flavored aqueous gel.



Supplied in 5 Types

Petrogalar Laboratories, Inc.
Chicago, Illinois

Petrogalar*

Promotes "Habit-Time" of Bowel Movement



The importance of keeping all skilled hands in condition to work at full capacity, particularly during our war time emergency, cannot be over-emphasized. Every pair of hands plays a major role in the victory effort.

Acidolate* skin cleanser is offered to the physician as an aid in the management of those dermatoses which may be irritated by soap. By a process of emulsification, Acidolate destroys the adherent nature of cutaneous soil, and facilitates its removal with water. This same property makes it useful in removing residual ointments, grease, or oils from the hair or skin.

Acidolate is supplied in 8 ounce dispenser bottles and in gallons. It is available through better drug stores everywhere.

Literature and samples will be sent to physicians on request.

*Acidolate is the Registered Trademark of National Oil Products Company

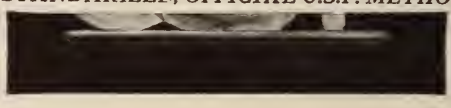
ACIDOLATE
TRADE MARK REG. U.S. PAT. OFF.
Skin Cleanser
ACIDOLATE DIVISION
NATIONAL OIL PRODUCTS COMPANY
90 ESSEX ST. HARRISON, N. J.
NOPCO



Copyright, 1943, National Oil Products Company



E. F. C. HORMONES
STANDARIZED, OFFICIAL U.S.P. METHOD



for female disorders

ESTROGENIC HORMONES
injection

TRI-ESTRIN
(*Estrogenic Hormone Tablets*)
orally

ENDESTROL
(STILBESTROL)
injection and orally

PROGESTERONE
(CORPUS LUTEUM HORMONE)
injection

●

WRITE FOR LITERATURE
and QUANTITY PRICES

ENDOCRINE
Food Company
UNION CITY, N.J.

The NEW YORK POLYCLINIC
MEDICAL SCHOOL AND HOSPITAL

(ORGANIZED 1881)
THE PIONEER POST-GRADUATE MEDICAL
INSTITUTION IN AMERICA

ROENTGENOLOGY

A comprehensive review of the physics and higher mathematics involved, film interpretation, all standard general roentgen diagnostic procedures, methods of application and doses of radiation therapy, both x-ray and radium, standard and special fluoroscopic procedures. A review of dermatological lesions and tumors susceptible to roentgen therapy is given, together with methods and dosage calculation of treatments. Special attention is given to the newer diagnostic methods associated with the employment of contrast media, such as bronchography with Lipiodol, uterosalpingography, visualization of cardiac chambers, peri-renal insufflation and myelography. Discussions covering roentgen departmental management are also included.

PLASTIC REPARATIVE SURGERY

The course comprises examination of patients; tests, models and photographs; diagnosis and selection of method of correction; the properties of various orders of skin grafts and variance in their application; bone, cartilage and nerve wound treatment; pre-operative care; anesthesia; operative procedures; wound closing and minimum scar; follow-up and infection problems; keloids. The course covers the field of correction of disfigurements and replacement of traumatic loss and congenital deficiency. Exposition of cases, lectures and cadaver demonstrations.

For Information Address

MEDICAL EXECUTIVE OFFICER

345 West 50th Street **New York City**

EIGHTH ANNUAL

POSTGRADUATE INSTITUTE

PHILADELPHIA COUNTY MEDICAL SOCIETY

"MANAGEMENT OF EMERGENCIES"

SURGERY
GASTRO-INTESTINAL
UROLOGY
X-RAY

OBSTETRICS
PEDIATRICS
BURNS
SULFONAMIDES

May 11, 12, 13, 14, 1943

BENJAMIN FRANKLIN HOTEL, Philadelphia

Registration, $5.00 for entire course

All physicians in the Armed Forces are cordially invited to attend the course free.

RUFUS S. REEVES, M.D., Director

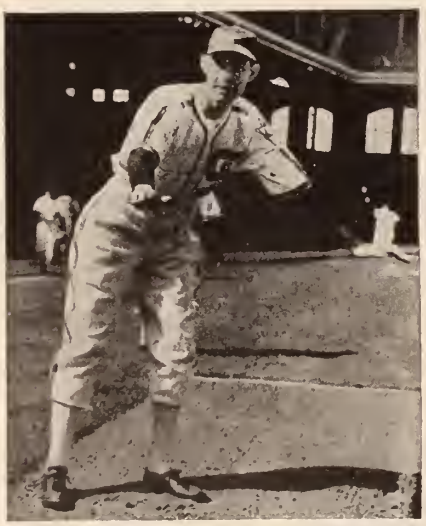
301 South 21st Street **Philadelphia, Penna.**

PRESCRIPTION PHARMACISTS

TO THE MEMBERS OF THE

MEDICAL SOCIETY OF NEW JERSEY

Place	Name and Address	Telephone
AUDUBON	W. H. Tegeler, 315 Atlantic Ave.	Audubon 1037
CRANFORD	J. Walter Seager, 103 Union Ave. N.	CRanford 6-0700
ELIZABETH	Kerner's Prescription Pharmacy, 504 Court St.	ELizabeth 3-9497
HARRISON	Squier's Pharmacy, 234 Harrison Ave.	HArrison 6-2127
JERSEY CITY	Smith & Williams Prescription Phar., 343 Jackson Ave.	BErgen 3-2616
MONTCLAIR	Wm. J. McNulty, So. Fullerton Ave. & The Crescent	MOntclair 2-2014
MORRISTOWN	Carrell's Pharmacy, Inc., 31 South St.	MOrristown 4-0143
NEWARK	Marquier's Pharmacy, Sanford & So. Orange Aves.	ESsex 3-7721
NEW BRUNSWICK	Hoagland's Drug Store, 365 George St.	New Brunswick 49
SOUTH ORANGE	Taft's Pharmacy, 2 So. Orange Ave.	SOuth Orange 2-0068
WEST NEW YORK	The Owl Pharmacy, 6611 Bergenline Ave.	UNion 5-0384



Monty Stratton says: "I am getting along fine on my Hanger Leg. I have never worn any other make."

Monty Stratton

Famous White Sox Pitcher

WEARS A HANGER LIMB

For 80 years we have been making, wearing, fitting and improving artificial limbs. The knowledge and skill we have gained during this time enables us to give every advantage of construction, fit, and comfort.

The Hanger name guarantees complete satisfaction.

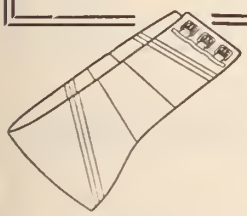
J. E. HANGER, INC.

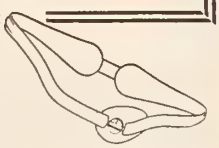
104 FIFTH AVENUE New York, N. Y. — **Established 80 years** *Inventors and Manufacturers* — **334 NO. 13th ST.** Philadelphia, Pa.

ENGLISH WILLOW AND DURAL LIGHT METAL ARTIFICIAL LIMBS



POMEROY surgical appliances are sold on prescription and are obtainable only at POMEROY shops. This guarantees correct fit, comfort, and lasting satisfaction to both physician and patient.





SURGICAL APPLIANCES

In the matter of surgical appliances the patient must trust his physician and the physician must have confidence in the dealer. • For more than seventy-five years POMEROY has been designing and making surgical appliances to conform to the physician's specifications and fitting them to meet the particular requirements of the individual patient.

In specifying POMEROY the physician assures his patient correct design, fit and lasting comfort.





Pomeroy

901 BROAD STREET NEWARK, N. J.

NEW YORK — BROOKLYN — BOSTON — SPRINGFIELD — DETROIT — WILKES-BARRE

REPRESENTATIVE FUNERAL DIRECTORS

OF THE STATE OF NEW JERSEY

Special and Dependable Service Day and Night. Special Attention Given to Hospital Calls, Train and Express Shipments.

Place	Name and Address	Telephone
ATLANTIC CITY	Jeffries & Keates, 1713 Atlantic Ave.	ATlantic City 5-0611
BLOOMFIELD	Peter J. Quinn Funeral Service, 320 Belleville Ave.	BLoomfield 2-1260
ELIZABETH	Aug. F. Schmidt & Son, 139 Westfield Ave.	ELizabeth 2-2268
IRVINGTON	W. Clifton / C. Hoyt } Terrill, 660 Stuyvesant Ave.	ESsex 2-2203
MORRISTOWN	Raymond A. Lanterman & Son, 126 South St.	MOrristown 4-2880
NEWARK	Peoples Burial Co., 84 Broad St.	HUmboldt 2-0707
PATERSON	Robert C. Moore & Sons, 384 Totowa Ave.	SHerwood 2-3914
RED BANK	The Wordens—Albert, Harry & James, 60 E. Front St.	Red Bank 557
RIVERDALE	George E. Richards, Newark Turnpike	Pompton Lakes 164

THE ORANGE PUBLISHING CO.

PRINTERS

12 SOUTH DAY STREET **ORANGE, N. J.**

Telephone ORange 3-0048

CHANGE OF ADDRESS COUPON

In the event of a change of address or failure to receive the Journal regularly fill out this coupon and mail it at once to

The Medical Society of New Jersey, 222 West State St., Trenton, N. J.

Change my address on mailing list

From

To

Journal is not being received

My correct address is

Date..... *Signed*....., *M.D.*

The Purity of Abbotts Ice Cream Begins at the Farm

We pay our farmers a bonus for their extra sanitary care in producing our cream supply. Our own bacteriological laboratories maintain constant control of its purity.



This fine, delicious ice cream is highly nourishing—rich in vitamins and minerals.

Abbotts ICE CREAM

ENERGY FOOD IN A MOST DELICIOUS FORM

ABBOTTS DAIRIES, Inc.—Philadelphia, Newark, Trenton, South Jersey, Seashore, Elkton, Allentown, Reading

COOK COUNTY
Graduate School of Medicine

(In affiliation with COOK COUNTY HOSPITAL)
Incorporated not for profit

Announces Continuous Courses

SURGERY—Two Weeks' Intensive Course in Surgical Technique starting April 19, May 3, 17, and 31, and every two weeks throughout the year.

MEDICINE—Two Weeks Intensive Course starting June 7. One Month Course in Electrocardiography and Heart Disease starting the first of every month, except August.

FRACTURES AND TRAUMATIC SURGERY—Two Weeks Intensive Course starting June 14.

GYNECOLOGY—Two Weeks' Intensive Course starting June 28th; Clinical and Diagnostic Courses.

OBSTETRICS—Two Weeks' Intensive Course starting April 19.

OPHTHALMOLOGY—Two Weeks' Intensive Course starting September 13. Course in Refraction Methods starting May 3.

OTOLARYNGOLOGY—Two Weeks' Intensive Course starting September 27.

ROENTGENOLOGY—Courses in X-ray Interpretation, Fluoroscopy, Deep X-ray Therapy every week.

UROLOGY—Two Weeks' Course and One Month Course available every two weeks.

CYSTOSCOPY—Ten Day Practical Course every two weeks.

GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES.

TEACHING FACULTY
Attending Staff of Cook County Hospital

Address: Registrar, 427 South Honore St., Chicago, Ill.

IN VARICOSE ULCERS IT'S
CRURICAST
READY-TO-USE
UNNA'S BOOT BANDAGE
EFFECTIVE and ECONOMICAL

AMERICAN MEDICAL ASSN. ACCEPTED COUNCIL ON PHYSICAL THERAPY

Now you can use Unna's Paste in ready-to-use bandage form — *no heating, no painting, no messiness in your office.* As simply and quickly applied as a gauze roller bandage.

CRURICAST combines support and local dressing in varicose ulcers and eczema, lymphedema, phlebitis, chronic thrombophletic induration. Excellent for partial immobilization.



10 yards long, 3" or 4" wide.

Introductory Offer
2 CRURICAST Bandages $1.00
(regular retail value $1.50)

Made by
E. K. DEMMEL COMPANY
59-11 67th Avenue, Brooklyn, N. Y.

"INTERPINES"
GOSHEN, N. Y. Phone 117
ETHICAL — RELIABLE — SCIENTIFIC
Disorders of the Nervous System
BEAUTIFUL QUIET HOMELIKE WRITE FOR BOOKLET
FREDERICK W. SEWARD, M.D., Director
FREDERICK T. SEWARD, M.D., Res. Physician CLARENCE A. POTTER, M.D., Res. Physician

Zemmer

PRESCRIBE or DISPENSE ZEMMER PHARMACEUTICALS
Tablets, Lozenges, Ampoules, Capsules, Ointments, etc. Guaranteed reliable potency. Our products are laboratory controlled. Write for catalogue.
Chemists to the Medical Profession
THE ZEMMER COMPANY, Oakland Station, Pittsburgh, Pa.

NJ-4-43

Belle Mead Sanatorium

BELLE MEAD :: NEW JERSEY

Under State License Since 1910

Sanatorium Phone BELLE MEAD, N. J. 21

● **For the individual care and modern treatment of nervous, mental, alcoholic, drug patients and general invalidism.**

FULL COOPERATION WITH REFERRING PHYSICIANS
RATES VERY REASONABLE FOR ATTRACTIVE ACCOMMODATIONS

●

J. C. Kindred, M.D., *Consultant*
L. R. Harrison, M.D., *Consultant*
Mason Pitman, M.D. Russel N. Carrier, M.D.*
Medical Directors Military Service



WHIPPANY REST

(Formerly Whippany River Health Farm)
Licensed by State Department of Institutions and Agencies
Ideal for Chronic and Elderly Patients
Phone Whippany 8-0311
Theresa Cuddy Scola, R.N.
Directress
Whippany Road, Whippany, N. J.
Next Door to Seeing Eye

CHARLES B. TOWNS HOSPITAL

Serving the Medical Profession for Over 40 Years

For Alcoholism and Drug Addiction Exclusively

Definite Treatment • *Fixed Charges* • *Minimum Hospitalization*

293 CENTRAL PARK WEST, NEW YORK, N. Y. — Tel. SChuyler 4-0770
(*Hospital Literature*)



AURORA

Founded by Robert Schulman, M.D.
(Since 1920)

A RESORT FOR HEALTH

For cardiovascular, metabolic, endocrinological and neurological disturbances.
Resident physicians. Complete physiotherapy department.

May we send you literature?

BENJAMIN SHERMAN, M.D., Medical Director
Morr. 4-3260 — On Route 24 **MORRISTOWN, NEW JERSEY**

Mountain View Rest, Inc.

Established
1 9 2 7

Roseland, New Jersey
P. O. Box 158

A HOMELIKE NEUROPSYCHIATRIC SANITARIUM, where reliable and individual care and treatment are available.

Descriptive Booklet on Request

Phones: Caldwell 6-1651
6-1652

MRS. DONALD ST. CLAIR, Directress

FAIR OAKS

SUMMIT **NEW JERSEY**

DR. THOMAS P. PROUT, Medical Director

DR. CAMELLA A. LOSADA
DR. CARROLL S. THOMSON

A sanatorium equipped with many of the facilities of the hospital, minus the hospital atmosphere, for the modern treatment and management of problems in neuropsychiatry. We have finished our fortieth year.

PSYCHO-THERAPY
PHYSIO-THERAPY
CLINICAL LABORATORY
BASAL METABOLISM
DIETETICS
HYDRO-THERAPY
OCCUPATIONAL THERAPY
ELECTRIC SHOCK THERAPY

Telephone: Summit 6-0143

WAR WORKERS

put back on jobs quickly when you prescribe a SPENCER SUPPORT

as aid to treatment of



Spencer Sacroiliac Support designed for this woman.

HERNIA

FATIGUE
Due to Overwork

ENTEROPTOSIS
With Symptoms

LOW VITALITY

BACK INJURY

POSTOPERATIVE
Convalescence

WRONG POSTURE
and Symptoms

Since each Spencer Support is individually designed of non-stretchable material to meet the specific needs of the patient, it can be—and IS—*guaranteed* never to lose its shape. Why prescribe a support that soon stretches out of shape and becomes useless?

Spencers are light, comfortable, easily laundered. Every Spencer is designed to improve posture and provide the required degree of abdominal and back support.

Spencer Supports are never sold in stores. For a Spencer Specialist, look in telephone book under "Spencer Corsetiere" or write direct to us.



Spencer Sacroiliac Support designed for this man.

SPENCER *INDIVIDUALLY DESIGNED*

Abdominal, Back and Breast Supports

SPENCER INCORPORATED,
137 Derby Ave., New Haven, Conn.
In Canada: Rock Island, Quebec.
In England: Spencer (Bonbury) Ltd., Bonbury, Oxon.

Please send me booklet, "How Spencer Supports Aid the Doctor's Treatment."

May We Send You Booklet?

.....M. D.

Address D-4

86c out of each $1.00 gross income used for members benefit

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION

Hospital, Accident, Sickness

INSURANCE

For ethical practitioners exclusively
(57,000 Policies in Force)

LIBERAL HOSPITAL EXPENSE COVERAGE	For $10.00 per year
$5,000.00 ACCIDENTAL DEATH $25.00 weekly indemnity, accident and sickness	For $32.00 per year
$10,000.00 ACCIDENTAL DEATH $50.00 weekly indemnity, accident and sickness	For $64.00 per year
$15,000.00 ACCIDENTAL DEATH $75.00 weekly indemnity, accident and sickness	For $96.00 per year

41 years under the same management

$2,418,000.00 INVESTED ASSETS
$11,350,000.00 PAID FOR CLAIMS

$200,000 deposited with State of Nebraska for protection of our members.

Disability need not be incurred in line of duty—benefits from the beginning day of disability.

Send for applications, Doctor, to

400 First National Bank Building Omaha, Nebraska

"The Glenwood" Sanitarium

Licensed for the care and treatment of

Nervous and mental disorders, alcoholism and drug addiction

Homelike surroundings, good nursing, psychiatric treatment and excellent food.

R. GRANT BARRY, M.D.
2301 NOTTINGHAM WAY
TRENTON, N. J.
Tel. 2-8053

Are You Entering the

ARMY or NAVY?

In addition to our regular services, we specialize in the collection of accounts for physicians who have temporarily given up practice to serve with the U. S. Armed Forces.

National Discount & Audit Co.
Herald Tribune Bldg., New York



Wyeth's Phosphaljel is supplied in 12-fluidounce bottles*

PHOSPHALJEL WYETH'S ALUMINUM PHOSPHATE GEL

Effective in the treatment of gastrojejunal ulcer and other cases of peptic ulcer associated with a relative or an absolute deficiency of pancreatic juice, diarrhea, or a low phosphorus diet.

*Reg. U. S. Pat. Off.

Phosphaljel contains 4% aluminum phosphate.

JOHN WYETH & BROTHER • INCORPORATED • PHILADELPHIA

He Likes PABLUM

He will like Pabena too...

PABENA is Mead Johnson & Company's new cooked oatmeal cereal. Pabena has essentially the same nutritional qualities of Pablum and all of its advantages of convenience and economy. 8-ounce packages. Samples on request.



Like Pablum, Pabena is advertised only to the medical profession.

MEAD JOHNSON & CO., EVANSVILLE, INDIANA, U.S.A.

177TH ANNUAL MEETING — MAY 25 AND 26, 1943
ESSEX HOUSE, 1050 BROAD ST., NEWARK

THE JOURNAL

OF THE MEDICAL SOCIETY OF NEW JERSEY

MAY 12 1943
LIBRARY

Place of Publication, Printing and Mailing:
12 SOUTH DAY STREET, ORANGE, NEW JERSEY

Entered as second-class matter, September 5, 1906, at the post office at Orange, New Jersey, under Act of March 3, 1879.

VOL. 40, NO. 5 MAY, 1943 Subscriptions, $3.00 per Year
Single Copies, 30 Cents

CONTENTS—Pages 161-212

EDITORIAL—
Our War Meeting 161

PROGRAM OF THE ANNUAL MEETING 162

WOMAN'S AUXILIARY PROGRAM 163

HOTEL RESERVATIONS 163

INDEX TO ANNUAL REPORTS 164

ANNUAL REPORTS OF OFFICERS AND COMMITTEES 165

WAR—
Policy to Be Followed in Placing Present Interns and Residents Who Will Be Assigned to the Army Air Forces 209
Commissioning of Women Physicians 210

SUPPLEMENTARY LIST OF MEMBERS 210

TUBERCULOSIS ABSTRACTS 211

Roster of Officers, Advertising Page 3A

Editorial and Executive Offices
of the Society
222 WEST STATE STREET
TRENTON, N. J.
Tel. 5776



Acceptance for mailing at special rate of postage provided for in Sec. 1103, Act of Oct. 3, 1917, authorized July 29, 1918.

Copyright 1943 by
The Medical Society of New Jersey

PHYSICIAN'S INCOME PROTECTION

Our Physicians Special Policy—endorsed by the State Medical Society—will appeal to you also, if you investigate. Elimination of excessive acquisition costs and economy of operation makes possible our rate which is far below that of equally broad and dependable insurance.

Brief Outline of Coverage

Accident Benefits—from 1st day for 60 months for total disability.
Half benefits for partial disability, limit 6 months.
Dismemberment benefits up to $10,000.

Sickness benefits—from 8th day for 12 months, full benefits, *house confinement not required.*

Rate for $100 Monthly Benefit, up to age 50, $7.40 quarterly.

Slightly higher rates to age limit of 65. Policies available from $100 to $300 monthly. Additional provisions for accidental death benefit and hospital expense insurance.

Your State Medical Society Insurance Committee are sole arbiters for handling any claim requiring arbitration.

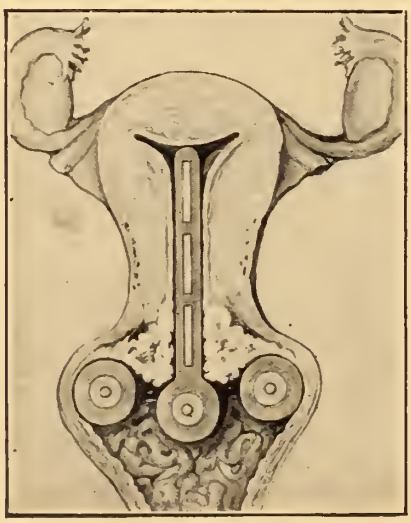
E. and W. BLANKSTEEN, Mgrs.

Authorized Representatives of The Medical Society of New Jersey

76 MONTGOMERY STREET JERSEY CITY, N. J

Tel. Bergen 4-6051

IMPROVE YOUR RESULTS IN CANCER OF THE CERVIX



CONSISTENTLY high percentages of 5-year cures in Carcinoma of the Cervix are reported by institutions employing the French technique illustrated here. Ametal rubber applicators encase the heavy primary screens and provide ideal secondary filtration to protect the vaginal mucosa. Radium or Radon applicators for the treatment of Carcinoma of the Cervix and provided with Ametal filtration are available exclusively through us. Inquire and order by mail, or preferably by telegraph or telephone reversing charges. Deliveries are made to your office or hospital for use at the hour you may specify.

THE RADIUM EMANATION CORPORATION

GRAYBAR BUILDING Tel. MUrray Hill 3-8636 NEW YORK, N. Y.

THE MEDICAL SOCIETY OF NEW JERSEY

Founded July 23, 1766

PLACE OF PUBLICATION, PRINTING AND MAILING, 12 SO. DAY ST., ORANGE, N. J.

EXECUTIVE AND EDITORIAL OFFICES, 222 WEST STATE ST., TRENTON, N. J. TEL. 5776

EDITH L. MADDEN, *Acting Executive Officer* Trenton
HENRY A. DAVIDSON, *Editor, in Service A. U. S.* Trenton

MEDICAL SERVICE ADMINISTRATION OF NEW JERSEY
MEDICAL-SURGICAL PLAN OF NEW JERSEY
31 CLINTON ST., NEWARK, N. J.
Tel. MItchell 2-0675

NORMAN M. SCOTT, *Medical Director*
Executive Assistant, The Medical Society of New Jersey

OFFICERS

President, ELIAS J. MARSH Paterson
President-Elect, RALPH K. HOLLINSHEO Westville
First Vice-President, JOSEPH F. LONDRIGAN Hoboken
Second Vice-President, SAMUEL ALEXANDER Park Ridge
Secretary, ALFRED STAHL Newark
Treasurer, GEORGE J. YOUNG Morristown

TRUSTEES

THOMAS B. LEE, *Chairman* (1945) Camden
ALDRICH C. CROWE, *Secretary* (1944) Ocean City
ELIAS J. MARSH Paterson
RALPH K. HOLLINSHED Westville
JOSEPH F. LONDRIGAN Hoboken
SAMUEL ALEXANDER Park Ridge
ALFRED STAHL Newark
GEORGE J. YOUNG Morristown
E. ZEH HAWKES (1943) Newark
J. HOWARD HORNBERGER (1943) Roebling
ANDREW F. MCBRIDE (1943) Paterson
JESSE MCCALL (1943) Newton
WILLIAM F. COSTELLO (1944) Dover
GEORGE W. FITHIAN (1944) Perth Amboy
DAVID W. GREEN (1945) Salem
HARRY R. NORTH (1945) Trenton
JAMES F. NORTON (1945) Jersey City

COUNCILORS

First District (Union, Warren, Morris and Essex Counties) CHRISTOPHER C. BELING, Newark (1945)
Second District (Sussex, Bergen, Hudson and Passaic Counties) VINCENT P. BUTLER, Jersey City (1944)
Third District (Mercer, Middlesex, Somerset and Hunterdon Counties) BARCLAY S. FUHRMANN, Flemington (1943)
Fourth District (Camden, Burlington, Ocean and Monmouth Counties) S. EMLEN STOKES, Moorestown (1945)
Fifth District (Cape May, Cumberland, Atlantic, Gloucester and Salem Counties) CHESTER I. ULMER, Gibbstown (1944)

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

Delegates	Alternate Delegates
WELLS P. EAGLETON (1944) Newark	ELMER P. WEIGEL (1944) Plainfield
HILTON S. READ (1944) Ventnor	LANCELOT ELY (1944) Somerville
THOMAS K. LEWIS (1944) Camden	CLARENCE W. WAY (1944) Fort Monmouth
ANDREW F. MCBRIDE (1943) Paterson	SPENCER T. SNEDECOR (1943) Hackensack
LUCIUS F. DONOHOE (1943) Bayonne	RALPH K. HOLLINSHEO (1943) Westville

You're working Extra Hours these days

FEWER doctors and dentists to serve civilian America means more work for you. You recommend milk to your patients because you know it helps build buoyant health and vitality. A pint contains all the nutrients listed below.*

How about yourself, doctor? Keep up your own health. You'll like the tastier flavor of Supplee Homogenized Vitamin D Milk.

*One pint of milk supplies an adult's daily requirements of the following food elements in approximately the proportions shown: Calcium, 7/10 of all required; Vitamin A, 1/5; Vitamin B_1, 1/7; Vitamin B_2, 2/5; Protein, 1/4; Niacin, 1/7; Iron, 1/12; Calories, 1/9.

SUPPLEE
A Division of National Dairy Products Corporation



TO WIN THIS WAR AND

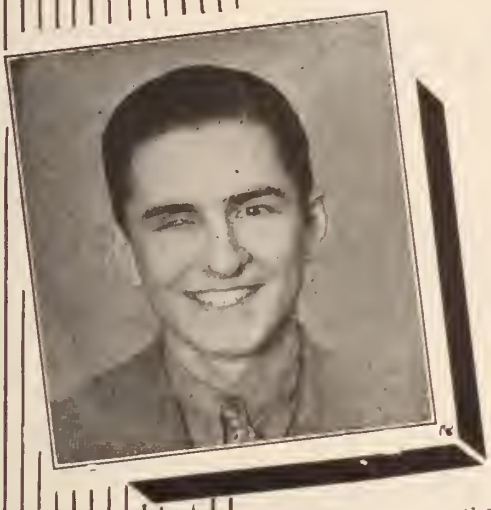


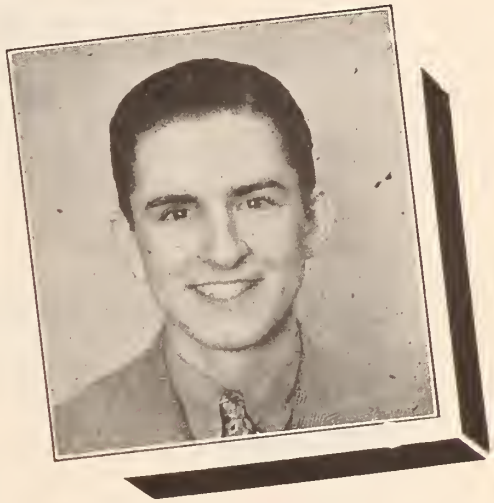
A PERMANENT PEACE!

Buy U.S. War Bonds and Stamps

SCHERING CORPORATION BLOOMFIELD·NEW JERSEY

Full-Motioned, Lifelike
ARTIFICIAL HUMAN EYES





We have the Enviable Reputation of "Really Knowing How" to produce that "Pleasing Cosmetic Effect" so desired by one wearing an Artificial Eye.

REFERRED CASES CAREFULLY ATTENDED

IT IS OF VITAL IMPORTANCE TO THE PATIENT'S FUTURE APPEARANCE THAT THE FIRST ARTIFICIAL EYE BE PROPERLY FITTED. IT IS IN THESE NEW CASES, WHERE UTMOST ATTENTION MUST BE GIVEN—AND OF WHICH WE HAVE MADE A SPECIAL STUDY.

Especially Made to Order Eyes by Skilled Artisans.
Also Eyes Fitted from Stock

SELECTIONS SENT ON MEMORANDUM UPON REQUEST.

FRIED AND KOHLER, INC.

"Specialists in Artificial Human Eyes Exclusively"

665 FIFTH AVENUE near 53rd St. NEW YORK, N. Y.
Tel. Eldorado 5-1970

"Pleasing Particular People for Over Forty Years!"

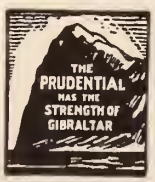
ONE TRUE DIAGNOSIS

Lord Burnham, brilliant man of letters, was so impressed by Life insurance that he called such protection:

"The Earthly Providence"

He went even a step further, however, when he reminded his followers that to be insured was not in itself sufficient.

The goal, he pointed out, is enough life insurance.



The Prudential
Insurance Company of America
Home Office, NEWARK, N. J.

NOT A WAR-BORN IDEA

Personalized Field Service on G-E Equipment Has Prevailed for Many Years

It is important that x-ray and other electromedical equipment be kept in tip-top operating condition during these busy days in hospitals, clinics, and physicians' offices. And to users of G-E equipment the need for expert technical and maintenance service in this wartime period has presented no problem. They continue to get it from the same G-E branch offices and regional service depots that have taken care of them for many years past.

In other words, this idea of G-E field service is not something set up *just for the duration.* It is considered quite as important to G-E customers in peacetime as well.

G-E Periodical Inspection and Adjustment Service, for example, is a low-cost, year-round service that keeps thousands of G-E x-ray and electromedical units at highest operating efficiency at all times. Thus investments in fine equipment are protected, to preclude costly and annoying breakdowns.

Therefore, to present and future users of G-E equipment, this competent field service will always be available—in wartime and peacetime, both.

ARMY E NAVY

GENERAL ELECTRIC X-RAY CORPORATION



In your particular area the following G-E Branches and Regional Service Depots stand ready to serve you:

NEWARK
965 Broad Street

TRENTON
1008 Hamilton Avenue

Today's Best Buy – U. S. War Bonds

ANESTHESIA OF SHORT DURATION



Each Vinethene package is supplied complete with dropper-cap and folder describing technic of administration and precautions in use.

Vinyl Ether for Anesthesia Merck

VINETHENE

Reg. U. S. Pat. Off.

An Inhalation Anesthetic for Short Operative Procedures

COUNCIL ACCEPTED AMERICAN MEDICAL ASSN

ACCEPTED

Rapid induction, prompt, complete recovery, and infrequent nausea or vomiting make Vinethene an admirable anesthetic for home, office, or hospital use. *Literature on request.*

MERCK & CO., Inc. *Manufacturing Chemists* RAHWAY, N. J.

THEY DESERVE THE SMOKE THEY LIKE THE BEST*



YOUR gift of cigarettes to men in service is the most welcome of all remembrances. And the preferred brand, according to actual survey, is Camel.*

Send Camel—the cigarette noted for mellow mildness and appealing flavor. It's one way, and a good way, to express your appreciation of the sacrifices being made by our fighting forces.

Camels in cartons are featured at your local tobacco dealer's. See or telephone him—today—while you have the idea in mind.

*With men in the Army, Navy, Marine Corps, and Coast Guard, the favorite cigarette is Camel. *(Based on actual sales records in Post Exchanges and Canteens.)*

• • •

Remember, you can *still* send Camels to Army personnel in the United States, and to men in the Navy, Marines, or Coast Guard *wherever they are.* The Post Office rule against mailing packages applies only to those sent to men in the overseas Army.

CAMEL COSTLIER TOBACCOS

BUY WAR BONDS AND STAMPS

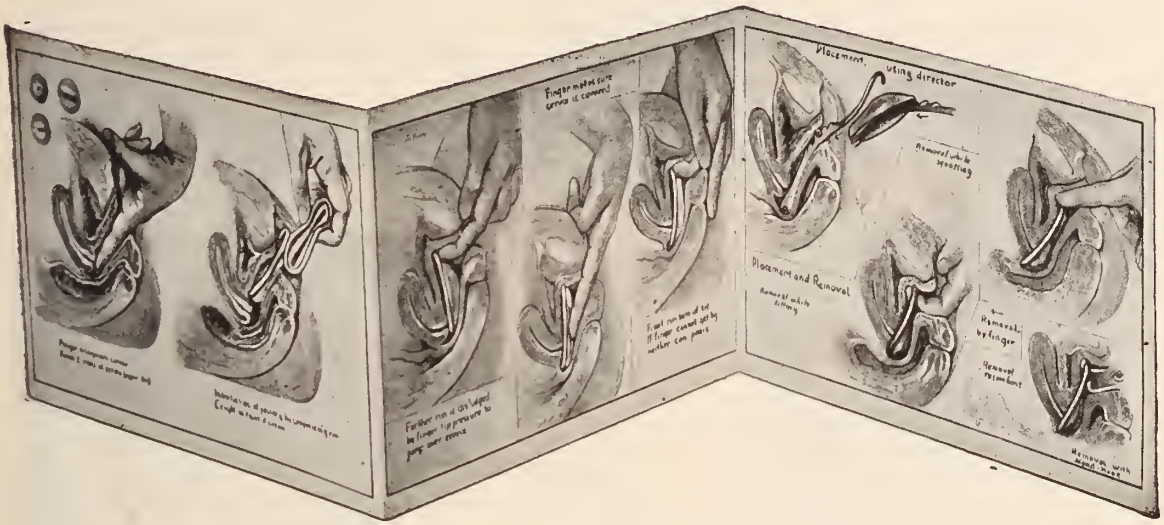


WHEN ACID FLOW IS DIFFICULT TO CONTROL—*and an effective quick-acting antacid is indicated, Syntrogel Tablets, the Roche remedy that adsorbs acid, are an efficient means of restoring order to a distressed stomach. Small in size and pleasantly flavored, Syntrogel Tablets are one of the most acceptable remedies of their kind, affording the patient quick relief with a minimum of inconvenience. Supplied in boxes of 48 and 96.* HOFFMANN-LA ROCHE, INC. • NUTLEY, N. J.

SYNTROGEL TABLETS "Roche"

11th Edition Now Out

Send for Copy



The Technique *of* Fitting Diaphragms

A series of charts in booklet form (6 x 9) clearly illustrating the technique of fitting diaphragms by the physician, now accompanied by the Dickinson-Freret Charts in two colors. For use by the physician in explaining the technique to his patient. These charts are regarded as the most helpful explanatory aid on the subject ever published. Eleventh edition now out. Write, or use coupon, for a copy.

Holland-Rantos
Company, Inc.
551 FIFTH AVENUE, NEW YORK, N.Y.

Holland-Rantos Co., Inc.
551 Fifth Avenue
New York, N. Y.

Without cost, please send your booklet on Fitting Technique to:

Dr.....

Street.....

City.....State.....

TWO IMPORTANT ULTRA-VIOLET LAMPS *for your therapeutic practice*



HANOVIA AERO-KROMAYER LAMP
AIR-COOLED



HANOVIA LUXOR "S" ULTRA-VIOLET LAMP

ULTRA-VIOLET LIGHT ON FOCAL INFECTIONS

Foci of disease in the skin, membranes and tissues exhibit regenerative healing under powerful topical applications of ultra-violet rays. There is often marked acceleration of recovery with wounds, ulcers and other lesions. The action is "almost specific" in impetigo, erysipelas, and similar skin infections.

THE HANOVIA AIR-COOLED AERO-KROMAYER LAMP gives you *greater* Ultra-violet output through appplicators.

Especially designed for local application, this fine ultra-violet generator will prove to be the most used and most dependable apparatus in your office.

THE HANOVIA LUXOR "S" is one of the finest ultra-violet lamps for general irradiation. Its continued use in your office will more than pay its original cost in a short time. It is useful, dependable and efficient.

Get complete details by addressing your inquiries to

HANOVIA CHEMICAL & MFG. CO.

Dept. 332 NEWARK, N. J.

Cheplin's

AMINOPHYLLINE

(Theophylline with Ethylenediamine)



An Effective Diuretic

Aminophylline is a vasodilator of coronary vessels which has often proved useful for relieving the cardiac pain due to coronary sclerosis. Its action is essentially the same as theophylline and theophylline with sodium acetate, over which it has the advantage of greater solubility.

Recently, the therapeutic scope of Aminophylline has been broadened considerably. It has been shown to have a favorable influence upon respiratory dysfunctions, such as Asthma, Paroxysmal Dyspnea and Cheyne-Stokes Respiration.

HOW SUPPLIED

AMPULES—In 2 cc. ampules (for intramuscular use) containing 7½ gr. (0.48 Gm.), in boxes of 12, 25 and 100.
In 10 cc. ampules (for intravenous use) containing 3¾ gr. (0.24 Gm.), in boxes of 6, 25 and 100.
In 20 cc. ampules (for intravenaus use) containing 7½ gr. (0.48 Gm.), in boxes of 6, 25 and 100.

TABLETS—In the accepted standard tablet dosage of 1½ gr. (0.1 Gm.) and 3 gr. (0.2 Gm.), 100 and 1,000 to the battle.

Write for catalog and prices

Cheplin's ampules and other biological products are built up to an "Accepted" standard — not down to a low price—THE HIGHEST OF QUALITY AND PURITY, YET ECONOMICAL IN PRICE.

Cheplin's

QUALITY PURITY INTEGRITY

QUALITY PURITY INTEGRITY

PHARMACEUTICALS and BIOLOGICALS

CHEPLIN BIOLOGICAL LABORATORIES, INC.

SYRACUSE, NEW YORK



In February 1892, Bamberger's was a small 3-story structure fronting on Market Street, Newark, and given over chiefly to selling dry goods. Today it is 16 stories high and covers the square block bound by Market, Washington, Bank and Halsey Streets. Today more than 5000 men and women representing every community in Northern New Jersey work in the store, and the dry goods section is only one of 168 departments of merchandise.

But all this is only the tangible building and constructing that has been done. Far more important is the character and good will which have been built on the original foundations. This, of course, remains invisible, yet it exists as surely as the mortar and concrete, in the minds of hundreds of thousands of New Jersey families.

L. BAMBERGER & CO.

"ONE OF AMERICA'S GREAT STORES"



HORMONAL CRISIS OF THE MALE

PERANDREN provides the physician with the most potent androgenic substance now available to help carry the male climacteric patient through the period of endocrine adjustments. Paper after paper confirms the efficacy of ***PERANDREN**** in alleviating subjective symptoms and making these patients more normal, more cheerful people.

PERANDREN **is also beneficial in selected cases of arrested sexual development such as *Cryptorchidism, Hypogonadism, Dystrophia Adiposogenitalis;* in treating impotency and sterility due to *Androgenic Deficiency.***

PERANDREN Ointlets* (for inunction) and ***METANDREN**** (tablets orally) are useful in conjunction with, or as alternative therapy for ***PERANDREN.***

PERANDREN
POTENT ANDROGENIC HORMONE

*Trade Marks Reg. U. S. Pat. Off.

CIBA *Pharmaceutical Products, Inc.*
SUMMIT, NEW JERSEY



The art of onatomic illustration entered a new epoch upon the publication of the Tabulae Anatamicae of Giulio Casseria (Venice, 1627). This female figure is one of Casseric's most beoutiful copperplates.



THEELIN AQUEOUS SUSPENSION

For patients requiring high potencies, and for those who do not tolerate oil injections.

THEELIN AQUEOUS SUSPENSION provides the same pure, natural crystalline estrogen as Theelin in Oil, and the same effective clinical results may be expected in the treatment of menopausal syndrome and other conditions due to diminishing estrogenic secretion. Theelin Aqueous Suspension is administered intramuscularly. Normal saline solution—no suspending agent—is used in preparing this product and the ampoule need only be shaken gently before the preparation is drawn into the syringe.

The uniform potency of Theelin is certified by the Laboratories of both Parke, Davis & Company and St. Louis University. Kapseals Theelol (Oral) and Theelin Suppositories (Vaginal) are available for maintenance therapy and for use in milder hypogonadal conditions.

•

THEELIN AQUEOUS SUSPENSION

1-cc. ampoules, each cc. containing 2 mg. (20,000 I.U.) of Theelin suspended in normal saline solution.

•

THEELIN IN OIL

1-cc. ampoules in strengths up to 1 mg. (10,000 I.U.) of Theelin per cc.

ARMY E NAVY

PARKE, DAVIS & COMPANY

DETROIT, MICHIGAN

Special Announcement:

NO SHORTAGE OF NEW IMPROVED DRYCO

THERE IS NO SHORTAGE of Dryco, nor is there likely to be a shortage this year.

You can prescribe this scientifically designed infant formula food with the assurance that mothers will find New Improved Dryco immediately available at local drugstores.

★ ★ ★

PRESCRIBE one levelled tablespoon New Improved Dryco per pound body weight daily, plus sufficient carbohydrate to meet calorie needs. (One tablespoon Dryco supplies 31½ calories.)

Supplied in 1 lb. and 2½ lb. tins.

Complete Information on Request



BORDEN'S PRESCRIPTION PRODUCTS DIVISION

350 Madison Avenue • New York, N. Y.

Minimum discomfort and inconvenience to patients from . . .

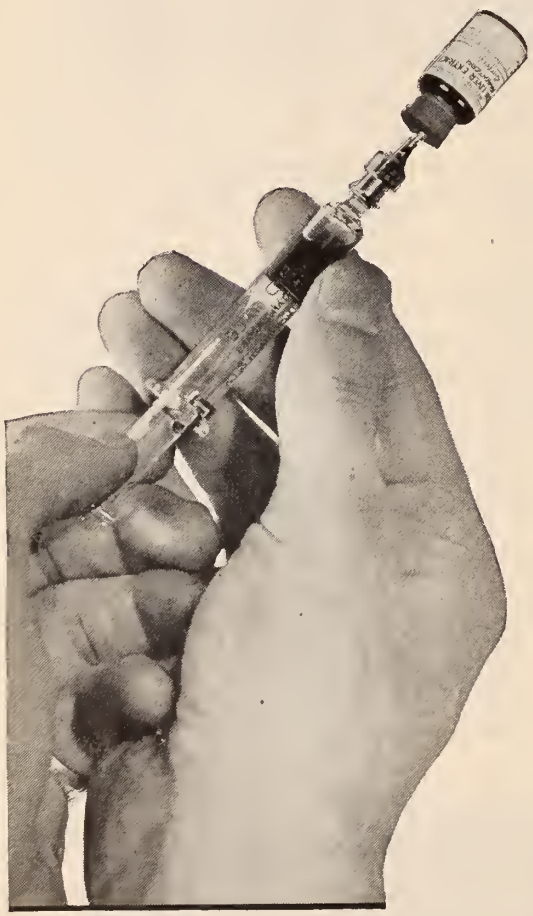
SOLUTION LIVER EXTRACT

[PARENTERAL]

Lederle

BECAUSE OF ITS SMALL VOLUME, low concentration of solids and high concentration of anti-anemic substances, a minimum of discomfort and inconvenience to the patient may be expected from the administration of concentrated "Solution Liver Extract (Parenteral) *Lederle*," (15 U.S.P. Injectable Units per cc.).

For physicians who prefer to give fewer units of active material at more frequent intervals, there is "Refined Solution Liver Extract (Parenteral) *Lederle*," 5 U.S.P. Injectable Units per cc. and 10 U.S.P. Injectable Units per cc. In addition, there is "Solution Liver Extract (Parenteral) *Lederle*," 3.3 U.S.P. Injectable Units per cc. A palatable oral solution containing not less than 1 U.S.P. Oral Unit per 60 cc. is also available.



All Lederle's Liver extracts conform to the United States Pharmacopoeia Twelfth Revision.

In the treatment of Pernicious Anemia with Liver Extract—

Specify **Lederle**

LIVER PRODUCTS *Lederle*

"CONCENTRATED SOLUTION LIVER EXTRACT (PARENTERAL) *Lederle*"
PACKAGES:
3—1 cc. vials (15 U.S.P. Injectable Units each)
1—10 cc. vial (150 U.S.P. Injectable Units each)

"REFINED SOLUTION LIVER EXTRACT (PARENTERAL) *Lederle*"
1—10 cc. vial 5 U.S.P. Injectable Units per cc. (50 units)
1—5 cc. vial 10 U.S.P. Injectable Units per cc. (50 units)
1—10 cc. vial 10 U.S.P. Injectable Units per cc. (100 units)

"SOLUTION LIVER EXTRACT (PARENTERAL) *Lederle*"
3—3 cc. vials (10 U.S.P. Injectable Units per vial)

"SOLUTION LIVER EXTRACT ORAL *Lederle*"
8 fluid ounce bottle (4 U.S.P. oral units)
1 pint (16 fluid ounce) bottle (8 U.S.P. oral units)

LEDERLE LABORATORIES, INC., NEW YORK, N. Y. — A UNIT OF AMERICAN CYANAMID COMPANY

MUST INCREASED IRRITATION FOLLOW INCREASED SMOKING?

PEOPLE are smoking heavily . . . far more than ever before. To *minimize* nose and throat irritation due to smoking, we believe that you will want to recommend to your patients a cigarette *proved** definitely and measurably less irritating.

This proof of PHILIP MORRIS superiority is dependent *not only* upon laboratory evidence, but on clinical observation as well. Research was conducted *not by anonymous chemists, but by recognized authorities* . . . and published in leading medical journals.

The fact is PHILIP MORRIS advantages result directly from a *distinctive method of manufacture* fully described in literature readily available to you on request. Simply address

PHILIP MORRIS

PHILIP MORRIS & CO., LTD., INC.
119 FIFTH AVENUE, N. Y.



*Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154
Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60
Proc. Soc. Exp. Biol. and Med., 1934, 32, 241
N. Y. State Journ. Med., Vol. 35, 6-1-35, No. 11, 590-592.

Only ONE Widely-Used Baby Oil

does all these three things:

—lubricates skin
—gives antiseptic protection
—provides analgesic relief

MENNEN
ANTISEPTIC OIL

Gentlest on infants' skin





An extra reason for giving infants Walker-Gordon milk

FOR YEARS Walker-Gordon Certified Milk has been considered by many physicians to be the finest milk in the world . . . both for babies and adults.

And today, when there are shortages in evaporated and certain other types of milk, more doctors than ever before are prescribing Certified for their infant feeding cases . . . *for there's no wartime shortage of Walker-Gordon!*

Walker-Gordon Certified is an almost sterile milk, and provides extra richness and an extra-high vitamin content. (For example, it has 60% more Vitamin A than most milks.) Also it's delivered *fresher!*

And today your patients can buy WALKER-GORDON CERTIFIED-HOMOGENIZED MILK at the same price as Vitamin D milk! (Homogenized milk, as you know, has a low curd tension—it's easier to digest.)

Walker-Gordon Milks can be purchased in stores or from milkmen.

WALKER-GORDON

"The World's Finest Milk"

PROFESSIONAL LIABILITY PROTECTION

Afforded Members of

THE MEDICAL SOCIETY OF NEW JERSEY

Since 1921

FAULHABER & HEARD, INC.

Authorized broker to negotiate professional liability contracts for The Medical Society of New Jersey

CONSULT US

For Protection and Specialized Service

31 Clinton Street Newark, N. J.

Telephone MItchell 2-1294

FAULHABER & HEARD, Inc.

31 CLINTON STREET NEWARK, N. J.

Kindly send information on limits and costs of Society Professional Policy.

Name

Address

.....

Highly Active

BACTERIOSTATIC AGENT

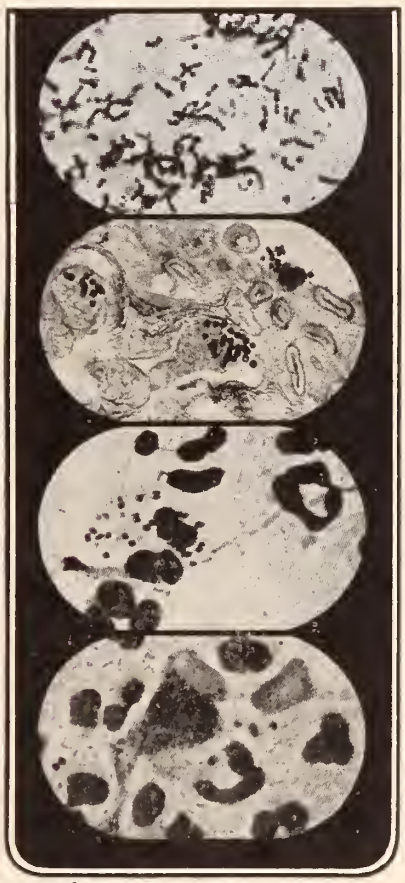
Sulfathiazole exerts a prompt bacteriostatic effect upon a number of pathogenic organisms. A pronounced action is observed on the following:

PNEUMOCOCCUS • STAPHYLOCOCCUS
GONOCOCCUS • MENINGOCOCCUS

Remarkable clinical results have been consistently obtained in infectious conditions caused by these organisms. Complications which are commonly encountered in pneumonia, gonorrhea or meningitis are greatly reduced in frequency and severity.

The dosage should be adjusted to the nature of the disease, as well as to the age and condition of the patient. Write for dosage chart and booklet on Sulfathiazole-Winthrop.

Sulfathiazole-Winthrop is supplied in tablets of 0.5 Gm. (7.72 grains), bottles of 50, 100 and 500; also (primarily for children) in tablets of 0.25 Gm. (3.86 grains), bottles of 50, 100 and 500. Sterile powder is available in bottles of 5 Gm., ¼ lb. and 1 lb.



ACCEPTED
AMERICAN MEDICAL ASSN.
Council on Pharmacy and Chemistry

Specify SULFATHIAZOLE *Winthrop*

WINTHROP

Winthrop CHEMICAL COMPANY, INC.
Pharmaceuticals of merit for the physician
NEW YORK, N. Y. WINDSOR, ONT.

Effective medical management of biliary disorders calls for

HYDROCHOLERESIS

THE maintenance of **free drainage** is imperative to halt the progressive character of biliary tract disease.

Cholagogues are incompetent. They merely clear the gallbladder of its concentrated contents, without improvement in hepatic secretion.

Choleretics are insufficient. In stepping up hepatic flow, they do not reduce biliary viscosity, nor necessarily relieve gallbladder stasis.

DEHYDROCHOLIC ACID FOR HYDROCHOLERESIS

Only *hydrocholeretic* action—as provided in Cholan DH—can provide the freest drainage; because—**First:** it increases hepatic secretion *two to four times over*. **Second:** it does so by increasing the volume of the *liquid menstruum*, without a proportionate increase in solid constituents—producing a really thin, *fluid* bile. **Third:** at the same time, it effectively evacuates the gallbladder. **Fourth:** it is the least toxic of all bile salts, bile acids, or their derivatives.

Cholan DH is chemically pure, oxidized dehydrocholic acid—manufactured under an original process developed by Maltbie research chemists, and free from contamination of natural bile constituents. Whether given by mouth or intravenously, it will induce maximum liquefaction of the biliary flow, without danger of toxic reaction.

Cholan DH is, of course, contraindicated in the presence of occlusive mechanical obstruction of the biliary tract—and should be employed with caution in acute yellow atrophy, acute hepatitis, eclampsia, progressive jaundice, and asthma.

THE MALTBIE CHEMICAL CO., NEWARK, N. J.

CHOLAN · DH

(DEHYDROCHOLIC ACID—MALTBIE)

TABLETS CHOLAN D-H
Tablets 3¾ gr., in bottles of 100, 500, or 1000

STERILE SOLUTION CHOLAN DH SODIUM
A 20% concentration, in 3-cc. ampuls, 6 to a box; or 10-cc. ampuls, 6 to a box.

WHAT

are the reasons for a GUILD???

Answer: The Guild of Prescription Opticians of America maintains a rigid code of ethics and laboratory standards for its members that assures your patients the finest of materials and a precision product.

Next Issue: HOW

Guild of Prescription Opticians of New Jersey, Inc.

ASBURY PARK
ANSPACH BROS.
552 Cookman Ave.

ATLANTIC CITY
ATLANTIC OPTICAL CO.
2146 Atlantic Ave.
FOERSTER OPTICAL CO.
1708 Pacific Ave.
FREUND BROS.
1006 Pacific Ave.

CAMDEN
E. F. BIRBECK CO.
Fifth & Cooper Sts.
HARRY N. LAYER
106 N. 5th St.
J. E. LIMEBURNER CO.
535 Cooper St.
PELOUZE & CAMPBELL
116 N. Broadway

EAST ORANGE
ANSPACH BROS.
533 Main St.
HAROLD C. DEUCHLER
541 Main St.

ELIZABETH
BRUNNER'S
277 N. Broad St.

ENGLEWOOD
FRED G. HOFFRITZ
30 Park Pl.

HACKENSACK
HOFFRITZ & PETZOLD
315 Main St.

JERSEY CITY
WILLIAM H. CLARK
26 Journal Sq.

MONTCLAIR
STANLEY M. CROWELL CO.
26 S. Park St.
RALPH E. MARSHALL
5 Church St., Hinck Bldg.

MORRISTOWN
JOHN L. BROWN
57 South St.

NEWARK
ANSPACH BROS
1212 Raymond Blvd.
JAMES J. KEEGAN
33 Central Ave.
J. C. REISS
10 Hill St.
CHARLES STEIGLER
11 Central Ave.
EDWARD ANSPACH
20 Central Ave.

PATERSON
JOHN E. COLLINS
241 Market St.

PLAINFIELD
GALL & LEMBKE
633 Park Ave.
LOUIS E. SAFT
628 Park Ave.

RIDGEWOOD
RAY GRIGNON, OPTICIAN
17 N. Broad St.

SUMMIT
ANSPACH BROS.
382 Springfield Ave.
Room 212, Bassett Bldg.
HAROLD C. DEUCHLER
344 Springfield Ave.

UNION CITY
ARTHUR VILLAVECCHIA
1017 Summit Ave.

WESTFIELD
BRUNNER'S
206 Broad St.

Belle Mead Sanatorium

Belle Mead **New Jersey**

Under State License Since 1910

Sanatorium Phone
BELLE MEAD, N. J. 21

● **For the individual care and modern treatment of nervous, mental, alcoholic, drug patients and general invalidism.**

●

Full Cooperation With Referring Physicians

●

Rates Very Reasonable for Attractive Accommodations

●

J. C. KINDRED, M.D., *Consultant*

L. R. HARRISON, M.D., *Consultant*

MASON PITMAN, M.D. RUSSELL N. CARRIER, M.D. *

Medical Directors Military Service

Getting the Vitamins



OUR BOYS IN '17 DID NOT HAVE

● Difficult to realize how far we have progressed in nutrition since World War I! For instance, tomato juice! Doctors knew about its anti-scorbutic value and widely recommended the juice of canned tomatoes for infant feeding. But tomato juice as we know it today was not commercially available until ten years after World War I, when Kemp brothers introduced their now famous Kemp's Sun-Rayed. ...Tomato juice is being enjoyed by our "boys" everywhere, and we at home are glad to share with them the whole-tomato goodness of Kemp's Sun-Rayed.

Packed by
THE SUN-RAYED CO.
Frankfort, Indiana
• • •
New York Agent
SEGGERMAN NIXON CORP.
111 8th Ave.





NON-SEPARATING

For the infant deprived of mother's milk



SIMILAC

SIMILAR TO BREAST MILK

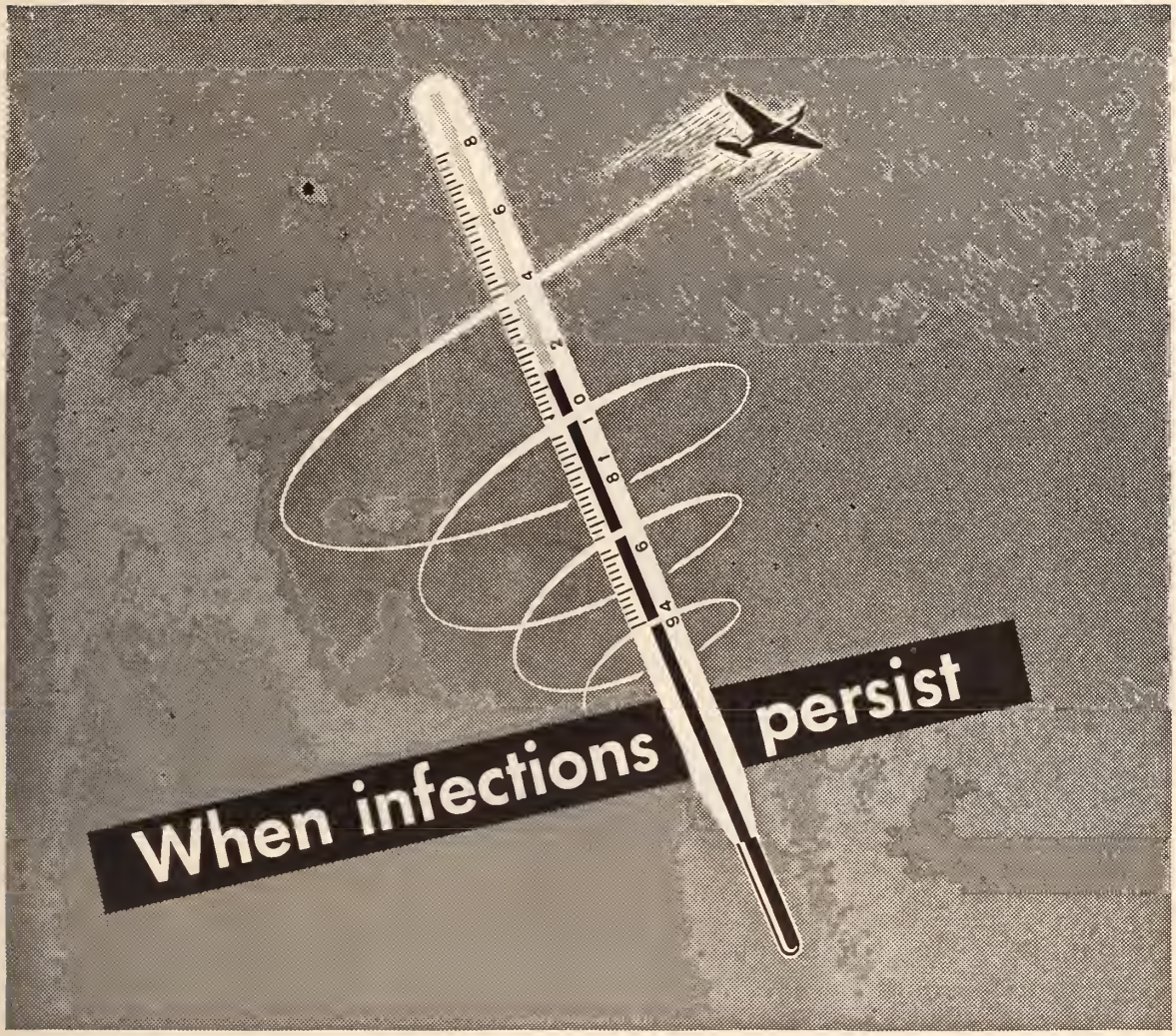
A powdered, modified milk product especially prepared for infant feeding, made from tuberculin tested cow's milk (casein modified) from which part of the butterfat is removed and to which has been added lactose, olive oil, coconut oil, corn oil, and cod liver oil concentrate.

ACCEPTED AMERICAN MEDICAL ASSN. Council on Foods

Similac provides breast milk proportions of fat, protein, carbohydrate and minerals, in forms that are physically and metabolically suited to the infant's requirements. Similac dependably nourishes — *from birth until weaning.*

One level tablespoon of Similac powder added to *two* ounces of water makes *two* fluid ounces of Similac. This is the normal mixture and the caloric value is approximately 20 calories per fluid ounce.

M & R DIETETIC LABORATORIES, INC. • COLUMBUS, OHIO



When infections persist, careful study for symptoms of adrenal cortical insufficiency should be undertaken. The patient may show unusual asthenia and pronounced hypotension, in addition to low resistance to exposure and strain. ADRENAL CORTEX EXTRACT (UPJOHN) is a potent specific therapy now available for increasing resistance, muscle tone and capacity for work in adrenal cortical insufficiency.

Adrenal Cortex Extract (Upjohn)

Sterile solution in 10 cc. rubber-capped vials for subcutaneous, intramuscular and intravenous therapy

Upjohn
KALAMAZOO, MICHIGAN

ANOTHER WAY TO SAVE LIVES . . . BUY WAR BONDS FOR VICTORY

Experience



EXPERIENCE ADDS THE MASTER TOUCH IN THE PREPARATION OF FINE MEDICINAL AGENTS. ONLY WITH EXPERIENCE CAN MANUFACTURING PROCEDURES BE SO PERFECTED THAT THE ULTIMATE IN DRUG AND BIOLOGICAL PURITY IS APPROACHED. THE EXCELLENCE OF LILLY PRODUCTS IS A RESULT OF LONG YEARS OF WELL-DIRECTED EFFORT AND A DESIRE TO MARKET NOTHING BUT THE BEST.

ELI LILLY AND COMPANY, INDIANAPOLIS, INDIANA, U. S. A.

BUY WAR BONDS AND STAMPS

Lilly

THE JOURNAL
OF
THE MEDICAL SOCIETY OF NEW JERSEY

Published Monthly Since September, 1904

Whole Number of Issues, 465

Under the
Direction of the
Committee on Publication

Henry C. Barkhorn, M.D., Chairman

Henry A. Davidson, M.D., Editor
In Active Service A. U. S.

Place of Publication, Printing and Mailing—12 South Day Street, Orange, N. J.
Editorial and Executive Offices of the Society—222 West State Street, Trenton, N. J.; Tel. 5776

Each member of the State Society is entitled to receive a copy of The Journal every month.

Vol. 40, No. 5 May, 1943 Single Copies, 30 Cents
Subscriptions, $3.00 per Year

OUR WAR MEETING

Free men, with the right of free speech, representing a free medical profession which still has the privilege of solving its own problems and guiding its own destiny, will meet in Newark on May 25-26.

In spite of the war they may look back upon the past year with a sense of satisfaction; upon a year of accomplishment in medicine, upon armed forces whose standards of health and medical care have been higher than those of any armed force in history, upon a citizenry whose health has been maintained at a pre-war level and upon a profession which voluntarily fulfilled every obligation placed upon it.

They very well may give careful thought to the problems of an unpredictable future, in which a changing social order may demand alteration in the methods of medical practice, threaten the standards of medical care and jeopardize the welfare of medicine.

This representative group, organized on democratic principles, will, by free discussion and reconciliation of opinions, arrive at a logical conclusion upon which to base honest, sincere policies to guide organized medicine of New Jersey during another year of war, and into the unpredictable future which will follow.

So long as American medicine retains this democratic form of organization, so long as it is guided by leaders with vision and courage, acting under policies based upon sincere opinions of the majority, we need have no fear of its ability to adjust itself to changing conditions in the future to the best advantage of the profession and the people:—to the satisfaction of the sociologist, industrialist, labor leader, politician and all social and political subdivisions of our American life.

OFFICIAL PROGRAM

of the

177th ANNUAL MEETING

Tuesday and Wednesday, May 25 and 26, 1943

HOTEL ESSEX HOUSE
Newark

OFFICIAL EVENTS

ATTENTION: HOUSE OF DELEGATES

1. It is the intention of the President to open all sessions punctually.
2. In order to save time and avoid unnecessary delay, all reports which do not contain pertinent subjects necessitating further discussion will be disposed of upon presentation. Anyone who wishes to discuss any particular subject, however, will be given an opportunity to do so. There is no desire on the part of the Presiding Officer to restrict the members—merely to eliminate unnecessary discussions and expedite the sessions.
3. No new business will be accepted on the second day without the unanimous consent of the House of Delegates.

ELIAS J. MARSH, M.D.,
President.

REGISTRATION—All officers, delegates, members of component County Societies and guests are requested to register at the Registration Desk in the Windsor Room on the second floor, immediately upon arrival.

EXHIBITS—Placard exhibits of the plans and progress of some of the Society's Committees and affiliated groups will be displayed at the rear of the Oxford-Cambridge Room on the second floor.

TUESDAY, MAY 25th, 1943

3:00 p. m.—Board of Trustees' Meeting
Richmond Room, 2nd Floor

7:00 p. m.—Judicial Councilors' Meeting
Richmond Room, 2nd Floor

8:00 p. m.—House of Delegates
Oxford-Cambridge Room, 2nd Floor

Order of Business:
- a. Organization
- b. Minutes of 1942 Annual Meeting
- c. Annual Reports
- d. New Business

9:00 p. m.—Nominating Committee Meeting
Richmond Room, 2nd Floor

WEDNESDAY, MAY 26th, 1943

SCIENTIFIC PROGRAM

Oxford-Cambridge Room, 2nd Floor

9:30 a. m.—PANEL DISCUSSION—BURNS

Royal A. Schaaf M.D., Leader.....Newark
Early Treatment
H. Wesley Jack, M.D. Camden
Newer Compounds in Treatment
Orville Wyss, Ph.D. Belleville
Fluid and Protein Balance
C. Abbott Beling, M.D. Newark
Skin Grafting
Lyndon A. Peer, M.D. Newark

11:00 a. m.—PANEL DISCUSSION—VIRUS PNEUMONIA

Harrison S. Martland, M.D., Leader, Newark
Frederic A. Alling M.D. Newark
Abraham E. Jaffin, M.D. Jersey City
Charles H. Smith, M.D. New Brunswick

12:30 p. m.—Board of Trustees' Meeting
Richmond Room, 2nd Floor

1:00 p. m.—Buffet Luncheon (Fee $1.50)
Starlight Terrace, 1st Floor

2:00 p. m.—Presentation of Service Flag by Woman's Auxiliary
Starlight Terrace, 1st Floor

2:15 p. m.—House of Delegates
Oxford-Cambridge Room, 2nd Floor

Order of Business:
- a. Report of Nominating Committee
- b. Election of Officers
- c. President's Address
- d. Reports of Reference Committees
- e. Unfinished Business
- f. Presentation of Fellow's Key
 To: Elias J. Marsh, M.D., President
 By: Thomas K. Lewis, M.D., Junior Past President
- g. Inauguration of Incoming President
 Ralph K. Hollinshed, M.D.
- h. Adjournment

Following Adjournment of House of Delegates—
Board of Trustees' Reorganization Meeting
Richmond Room, 2nd Floor

EXHIBITS

Oxford-Cambridge Room, 2nd Floor

1. Joint Committee on Professional Relations
2. Committee on Maternal Welfare
3. Procurement and Assignment
4. Medical Service Administration
5. Medical-Surgical Plan
6. Industrial Health and Hygiene

A complete list of the members of the House of Delegates, Nominating Committee and Reference Committees will appear in the printed program.

SIXTEENTH ANNUAL MEETING

WOMAN'S AUXILIARY

OFFICIAL EVENTS

REGISTRATION

All officers, delegates, members of County Auxiliaries and guests are requested to register at the Registration Desk in the Windsor Room on the 2nd Floor, immediately upon arrival.

TUESDAY, MAY 25th, 1943

8:00 p. m.—Executive Board Meeting
Jade Room, 3rd Floor

WEDNESDAY, MAY 26th, 1943

9:30 a. m.—Business Session
Jade Room, 3rd Floor

Order of Business:
- a. Invocation
- b. Organization
- c. Memorial Services for Departed Members
 Mrs. C. Chester Chianese, Trenton
- d. Reports
- e. New Business

1:00 p. m.—Buffet Luncheon (Fee $1.50)
Starlight Terrace, 1st Floor

2:00 p. m.—Presentation of Service Flag to The Medical Society of New Jersey
Starlight Terrace, 1st Floor

2:15 p. m.—Business Session
Jade Room, 3rd Floor

- a. Continuation of Morning Session
- b. Election of Officers
- c. Inauguration of Incoming President—
 Mrs. Asher Yaguda
- d. Presentation of President's Pin
 To: Mrs. J. Howard Hornberger

4:00 p. m.—Social Tea
Lobby, 3rd Floor

4:30 p. m.—Post-Executive Board Meeting
Jade Room, 3rd Floor

HOTEL RESERVATIONS

Members and their wives who are planning to attend the Annual Meeting of the State Society at the Hotel Essex House, 1050 Broad Street, Newark, May 25 and 26, are urged to make reservations early. Should it be impossible for the Essex House to accommodate all who request reservations, the management will be glad to make similar reservations at one of the nearby hotels—either the Riviera or the Douglas, both of which are within walking distance of the Essex House, headquarters for the convention.

Other hotels in Newark and vicinity are: Robert Treat, 50 Park Place, Newark; Newark Athletic Club, 16 Park Place, Newark; and the Suburban, 141 South Harrison Street, East Orange.

Index to Annual Reports

1943

	Page
Adult Health Supervision	182
A. M. A. Delegates	170
Annual Meeting	173
*Auxiliary Medical Services	
*Cancer Control	
Cardio-Vascular	185
Child Health	183
*Conservation of Vision	
Contract Practice	188
*Councilors	
County Societies, Reports of Presidents:	
Atlantic	201
Burlington	202
Essex	203
Hudson	204
Hunterdon	205
Mercer	205
Middlesex	206
Morris	206
Ocean	207
Passaic	207
Somerset	208
Sussex	208
*Crippled Children	
Emergency Medical Service of the New Jersey State Defense Council	197
Executive and Editorial Offices	169
Finance and Budget	170
Health Supervision and Prophylaxis	182
Heart Disease	185
Hospital Relationships	188
Industrial Health and Hygiene	189
*Judicial Council	
Legislation	174
Maternal Welfare	180
*Medical Care of the Indigent and Low-Wage Group	
Medical Examiners, State Board of	199
Medical Practice	179
Medical Service Administration of New Jersey	192
Medical-Surgical Plan of New Jersey	193
Mental Hygiene	181
Nursing and Nursing Education	190
*Pharmaceutical Problems	
Post-Graduate Education	171
President	165
President-Elect	166
Procurement and Assignment Service of New Jersey	194
Publication	171
Public Health	177
Public Relations	176
Rutgers Plan	191
Scientific Work	170
Secretary	168
Traffic Accidents	181
Treasurer	168
Trustees	169
Tuberculosis	186
Venereal Disease Control	181
War Participation	191
Welfare	173
Woman's Auxiliary Advisory	173
Workmen's Compensation	190

*The Committee programs have been limited to those having a direct bearing on the present emergency. Because of this curtailment the committees listed below have been inactive this year and have no report to submit. When called upon, these committees will be ready to resume active participation in the State Society program.

Judicial Council and the five District Councilors
Auxiliary Medical Services
Cancer Control
Conservation of Vision
Crippled Children
Medical Care of the Indigent and Low-Wage Group
Pharmaceutical Problems

THE MEDICAL SOCIETY OF NEW JERSEY
ANNUAL REPORTS TO THE HOUSE OF DELEGATES

May 25-26, 1943

PRESIDENT

Elias J. Marsh, M.D., Paterson

I fear that this report will sound more like an admission of failure—a "confession and avoidance"—than like a record of achievement, but must trust to your knowledge and good will for just appraisal of the effort that has been made and the result obtained. It is no news to you that this has been a difficult year for each of us in his personal affairs, and no less so for your officers in the Society's business: in some respects an almost impossible one. As we meet in strange surroundings for a very abbreviated program, the impression of an unusual time is outwardly reinforced. Many activities that had been hopefully projected for the year now closing have had to be curtailed or abandoned. With nearly a third of our members absent in the service of the nation, and an increased patient load on those remaining; with extra calls for communal service; and with restrictions on travel, manhours and energy have been wanting for many customary functions, to say nothing of beginning new ones. And with all this, the operating machinery of the Society has been sadly crippled by the death of our highly esteemed Executive Officer, Dr. LeRoy A. Wilkes, whose administrative ability, acquaintance with the Society's problems, fertility in suggestion, and ready response, as well as his more personal qualities, have been sorely missed by your officers.

Progress has, nevertheless, been made, as the reports of your officers and committees will show. Of those obligations mentioned by President Lewis in his report a year ago, some are in a fair way of settling themselves, while others are in their nature continuing. Procurement and Assignment is no longer a direct concern of the Society, but is administered under Federal authority by members of the Society, with a sympathetic understanding of its ideals and viewpoint. The American Way of practice has not been greatly affected as yet: although there has been some revival of unfriendly talk, there has also arisen fresh support of individualist economy and personal responsibility. Opinions differ as to whether the proponents of social medicine and social "security" are biding their time for a final successful onslaught, or whether the basic and traditional feeling for the free American idea has at last awakened support sufficient for its successful defense. Each of us may form his own opinion: for the present, the matter is resting, but watch must be maintained.

The Medical-Surgical Plan, under the fostering care of Dr. Lewis, Dr. Scott and their associates, has made appreciable progress, but has also met certain obstacles that will require your consideration if this statesmanlike project, in which the Society and its committees have invested so many hours and dollars, is to fulfill our expectations. Your attention and considered action are urged for this perhaps crucial undertaking.

Of the propositions for new work that I made to you last year, or the hopes that I then entertained, there is comparatively little to report. My plans for the official and the scientific business of the Annual Meeting have perforce been abandoned for this very abbreviated session. The absence of so many members of the county societies, and the absorption of the rest in their personal work, have likewise hampered the plan for their greater participation in the scientific sessions of the county society meetings. The new Committee on Scientific Work has been established, and has made some beginning under the chairmanship of Dr. Maver, but it, too, has been hampered by the same blight—the overruling absorption in war effort. I am glad to be able to say that distinct progress in the directon of post-graduate education in the hospital clinics has been made under the effective leadership of Dr. Decker, who will report directly to you.

The one proposal that might have been expected to benefit by the war spirit, the gift of defense bonds to the scientific endowment fund, has made a beginning only feeble as yet, through lack of organized effort on its behalf, but the idea has been favorably received, and

I hope the actual report will be better by the meeting date. There is no time limit, and if the House of Delegates approves, I shall be glad to give more time and effort to this project next year. I must thank Dr. Londrigan for the initial subscription, and for his enthusiastic support of the plan.

If this seems a meager report of Society accomplishment, I can assure those of you who need it that it has been a year of heroic achievement by the profession in the State and Nation. Self-congratulation has no place in our meeting, but we have the comfort of knowing that we have not failed, but have earned the goodwill of the people and their leaders.

Two new matters have come up during the year that will require the watchful consideration of the Society. The first is the projected medical college in Newark; the other, the reorganization of the State Department of Health. Of the former, little definite information has hitherto been available: it was licensed last summer by the Board of Medical Examiners, and is now under a much more careful scrutiny by the Board of Education, whose approval is also necessary. In this the Society has no further interest than assurance that no school shall be opened in the State below the highest Class A standard, but this assurance we owe to ourselves, to our tradition, and to the people, whose advisers in medical affairs we claim to be. The report of Dr. Williams, of the United States Public Health Service, on the Department of Health has been presented by him to the Governor, who has referred it to the Board of Health for study. Comment on it would be improper before it has been released by the Governor for public discussion, but when this occurs the report and proposals therein should receive careful attention from the officers and the Committee on Public Health.

One more word I must add. The absence on leave of a large part of our membership with remission of dues has put a heavy strain on the finances of the organization. Some months ago the President and the Chairman of the Finance Committee, by a joint communication in *The Journal,* pointed out that the total income of the membership is no less than before—only it is differently distributed. There can be very few members remaining in practice at home who have not taken in a hundred dollars from the practice of absent colleagues. If, then, those at home are asked to pay ten dollars more in dues to make up for those absent, it is no hardship and they have no just complaint. It is hoped that everyone will realize this point.

In conclusion, I wish to recognize the excellent work in a trying time of the Acting Executive Officer, Mrs. Edith L. Madden, and to thank the young ladies of the office staff for the efficient manner in which they have carried on the work of the organization since the death of Dr. Wilkes.

PRESIDENT-ELECT

Ralph K. Hollinshed, M.D., Westville

It has been said that the outstanding Medical Event of 1942 was the withdrawal from civilian services of nearly one-third of all the active physicians of the country.

This fact, together with preëxisting conditions, has brought about many changes in the practice of medicine.

A discussion of some of the problems confronting the incoming administration may be of some value at this time.

For the sake of convenience we will take them up as follows:

GENERAL

One of the great problems of the future confronting the profession is the distribution of medical care. It is obvious that the profession must solve this problem or accept, to an unpredictable degree, the alternative of a system of medicine under government or lay control.

If the profession is to solve the problem it must have the coördinated support of industry, social agencies and government. This demands a very active public relations program.

We must have positive and constructive leadership, positive and aggressive support of the State Society and its component County Societies. We must have confidence in the policies governing our activities; assurance that these policies represent the opinions and recommendations of the profession. With such a background we may expect unity among the profession and the support of each individual physician. We will then have the force and prestige of the Society and the profession behind us. This is necessary for accomplishment.

The Society operates on the basis of decen-

tralization, but we must not let the force and prestige of the Society be dissipated within the committees. However, if a committee studies its problems carefully and brings back, through the Welfare Committee, positive recommendations to guide the Board of Trustees, we will have positive policies upon which we may proceed with confidence.

Accomplishment is possible only if we have logical policies, and assurances that they represent the opinions of the profession.

WAR EFFORT

The general war effort program is quite stabilized. By November we will have reduced our personnel to a ratio of 1-1500 and should be able to maintain that ratio, by replacing vacancies caused by death and disability, with physicians not acceptable for military duty.

We should be able to do this without the assignment of men by the government to any area in the State. There is a relative shortage of physicians, most marked in the southern counties. We have one or two areas where another physician is particularly needed, but the need is not acute or serious. Such areas must be carefully studied before taking action, in order to protect the future welfare of physicians from these areas now in active service.

COUNTY SOCIETY WAR PARTICIPATION

War Participation Committees should take the responsibility of assuring adequate medical care within their respective counties, and call upon Procurement and Assignment Service when additional physicians are needed. With such procedure it will be possible to solve our local problems without assistance from outside the State.

County Societies should meet regularly, even though the attendance is small. Their programs should emphasize current and post-war problems rather than purely scientific matters.

MEDICAL SERVICE ADMINISTRATION

This agency will need the continued moral and financial support of the Society. If further government money becomes available for medical care of individuals, the Society should insist upon this money being distributed through Plans approved by the Society and operated by the Medical Service Administration.

MEDICAL-SURGICAL PLAN

This agency should be self-supporting, but it does need more active support from the State and County Societies. The Profession should be made better acquainted with the problems involved, so that they may more fully understand the reasons for, and the details of, this plan.

POST-GRADUATE EDUCATION

This is an important problem. The past efforts of the Society have lacked the enthusiastic support of the majority of the profession. There are so many new problems now facing us that the results should be better. It would seem that emphasis should be placed upon instruction in the present and post-war socio-economic problems as they affect the profession, in tropical diseases, and in the prevention of post-war epidemics.

The dangers of epidemics of influenza, malaria and other tropical diseases transmitted by returning troops, should arouse the interest of the profession. Interesting courses on these subjects would be possible with the assistance of government agencies.

In addition to this the Medical Society is becoming vitally interested in the Rutgers Plan. A special committee has been appointed by the President to confer with the proper authorities at Rutgers University, and a plan is being formulated which will be revealed to you in a report from that Committee.

This project, if successfully carried out, will mark the beginning of a new era in the history of medicine in New Jersey. It should have the whole-hearted support of the Profession.

POST WAR PLANNING

It is quite within the scope of the Committee on Medical Practice to study and follow this problem. The future of the problem and the solution is unpredictable, but careful study of its evolution should put us in a stronger position to deal with the situation when it occurs. The pre-war, the war-time and the post-war problems are transitional, each blending with the others. Therefore, the Committee on Medical Practice, together with representatives from various groups already acquainted with our present problems, should be of great value in guiding our post-war destiny.

It looks now as though future amendments to the Social Security Act will provide medical care for the medically indigent, but the term "medically indigent" has not been defined. If our program parallels the British Plan it will recommend voluntary insurance plans to supplement the provisions of the Act. The President's message recommended that government and the profession get together to develop methods of paying for medical care on a budget basis. We have already prepared for this in the enabling act and organization of the Medical Service Administration.

If we take steps now to provide means for the payment of medical care by people of modest income, we will increase the volume of professional work and promote assurance of adequate income for physicians returning after the war. This can be done by our Medical Service Administration if we have the support of the profession and the confidence of industry. There are a lot of people who deny themselves adequate medical care because of the inability to pay for it. This is amply demonstrated by reviewing the experience of Medical Service Plans, where the majority of payments are for the care of chronic preëxisting diseases. If we can bring these patients into the group providing income to the profession we will improve medical care distribution and promote adequate income to the profession. The accomplishment of this should be a most important objective of our present program.

RURAL PRACTICE

Younger men hesitate to settle in rural areas because of the limitations on the practice of scientific medicine. It has long been thought by some of us that there should be set up in the various communities, laboratories with facilities for complete chemical, bacteriological, serological and x-ray examination to which physicians might send their patients of the low income group for study, the cost of establishment and maintenance to be borne either by the State Department of Health or the Federal Government. The government has even proposed and emphasized the need for the establishment of rural health centers in such areas.

This would not only attract the younger men to the rural sections but would improve the practice of medicine among the older men as well. These laboratories might well be a gathering point for rural physicians, thus promoting scientific interest and providing an outlet for discussion on the scientific side of medicine previously not available.

In conclusion, I would like to say that the incoming administration will make every effort to administer the affairs of the Society in an earnest, sincere manner as economically as possible, and will at all times invite constructive criticism and advice.

SECRETARY

ALFRED STAHL, M.D., Newark

Statistical report on the Official List of Members of The Medical Society of New Jersey, as of March 15, 1943:

Paid-up Members, 1943	4,149	
Paid-up Members, 1942	3,948	
Increase in Active Members	201	
Associate Members		80
Deaths of Members during year		48
Transfers in from other States		5
Transfers out to other States		4
Transfers within the State		6
New and Reinstated Members		160
Delinquents (Members in 1942, not paid in 1943)		172
Members in the Armed Forces (Active)	1,253	
(Associate)	24	
	1,277	

TREASURER

GEORGE J. YOUNG, M.D., Morristown

The fiscal year of the Society does not close until May 31st. A complete financial report will be presented directly to the House of Delegates.

BOARD OF TRUSTEES

Thomas B. Lee, M.D., Chairman, Camden

The attendance of the various meetings of the Board of Trustees has been excellent. Absenteeism has been the exception and always for good and sufficient reasons.

The unexpected and sudden death of our Executive Officer, Dr. LeRoy A. Wilkes, was a great loss to the Society and to the members of the Board.

At the request of the Governor and on the advice of our Legislative Committee an amendment to the Medical Practice Act was presented to the Assembly. The purpose of this amendment was to relieve the alien physicians seeking citizenship of certain unfairness due to the crowding of the courts. This amendment was enacted into law.

The Board also has under consideration a project for the post-graduate training of physicians in the Out-Patient Departments of certain hospitals in coöperation with Rutgers University.

Last Fall certain portions of the osteopathic profession made through the courts a demand on The Medical Society of New Jersey to exercise its function in granting the M.D. degree to certain osteopathic physicians. This matter was handled most skillfully and tactfully by our President, Dr. Marsh, and the State Society Counsel.

The proposed Essex College of Medicine and Surgery is being studied by a committee of the Board in conjunction with a similar group from the Welfare Committee.

These matters will be presented more in detail to the members at the yearly meeting in May.

EXECUTIVE AND EDITORIAL OFFICES

Edith L. Madden, Acting Executive Officer, Trenton

The Executive Officer and Acting Editor, Dr. LeRoy A. Wilkes, in line with his assigned duties, attended the meeting of the American Medical Association last June in Atlantic City, a brief report of which appears on page 391 of the June *Journal*. He, with Dr. Alfred Stahl, Secretary, attended the Conference of Secretaries and Editors in Chicago in November. The report of the Conference appears on page 639 of the December *Journal*.

With the curtailed program of the State Society and its Committees, the Executive Officer spent the major portion of his time on *Journal* work, writing editorials, reviewing papers, editing scientific articles and collecting items of interest to the members.

This curtailed program also affected the work of the Office Staff. Fewer committee meetings have been held and much less work has been called for in carrying out the stated programs of the Officers and Committees. These facts justified the release of two of the staff who had opportunities for positions in war industries.

In October, with the approval of the Board of Trustees, the Offices were moved from the Broad Street Bank Building to a former Roebling home at 222 West State Street. These new offices, situated on the ground floor, are more compact and better suited for a professional organization.

The untimely death of Dr. Wilkes in November left the State Offices without the direct supervision of a physician. The Board of Trustees, early in December, appointed the Office Manager, Mrs. Edith L. Madden, as Acting Executive Officer until a successor to Dr. Wilkes is named.

Since December the work has been carried on as usual. No request or communication has been left unanswered. Our remaining staff of three has worked faithfully to keep up the good work and fine reputation which we enjoyed under the leadership of Dr. Wilkes.

Routine work of the Offices has included correspondence—an average of 25 incoming letters daily and 35 outgoing letters daily; filing, mimeographing, addressing *Journal* wrappers each month, bookkeeping and billing for *Journal* advertisements, and bookkeeping of receipts and expenditures made through the State Treasurer's Office.

The specialized work of the Editorial Secretary covers miscellaneous editing, proof reading, *Journal* dummy make-up, and handling all phases of advertising and indexing.

The Executive Office Staff, in addition to

routine work, keeps an up-to-date list of the members together with an addressograph plate for each. This year, our records have been supplemented with information pertaining to those members in the armed forces. Special addressing of envelopes and cards to all physicians in the State has been done for the Office of Procurement and Assignment. Also special mimeographing of 3,000 letters has been done for the State Bureau of Industrial Hygiene at the request of our Chairman of Industrial Health and Hygiene. One of the secretaries has been assigned to the Committee on Legislation and spends one day a week in Union City doing secretarial work for the Executive Secretary of that Committee. She also does the secretarial work of the Woman's Auxiliary.

Under the direction and supervision of the Annual Meeting Committee the details of the program and arrangements for the 1943 Annual Meeting have been carried on in the Executive Offices.

The staff covers the meetings of the Board of Trustees and Committees of the State Society, taking minutes, writing them up, and distributing copies to the members.

This is a list of the usual work of the staff which is very often supplemented by special requests from Officers, Committees and members.

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

A report of the 1942 A. M. A. meeting appears on page 391 of the July 1942 *Journal*.

STANDING COMMITTEES

FINANCE AND BUDGET

Harry R. North, M.D., Chairman, Trenton

The Committee on Finance and Budget has held one meeting at which it reviewed the expenditures for the current year, and the requested budget appropriations for 1943-44. A tentative budget for the new year was set up, and with the idea of curtailing expenditures as much as possible, certain recommendations will be presented to the Board of Trustees for its consideration together with the proposed budget.

Another meeting of the Committee will be held after the Trustees have reviewed the recommendations and proposed budget, at which time the final budget for 1943-44 will be prepared for presentation to the House of Delegates in May.

SCIENTIFIC WORK

William W. Maver, M.D., Chairman, Jersey City

The organization meeting of the Scientific Work Committee was held in Newark on November 22, 1942. At this meeting the functions of this Committee were outlined by Dr. Marsh and officers were elected.

The duties and functions of this Committee, as outlined in Chapter VIII, Section 5, of the By-Laws, shall be:

1. To collect information, through the county reporters or otherwise, of members who are prosecuting scientific researches or studies in the State—in hospitals and similar institutions, in schools, in public health departments or other agencies, or in private, or of any who wish to undertake such studies.

2. To give to our members through The *Journal* information and progress reports on such work as is being carried on at specific places by identified individuals.

3. To facilitate the presentation of such

work and its results, either (a) at the Annual Meeting, through the Annual Meeting Committee, or (b) in The *Journal,* through the Publication Committee.

4. To provide contacts between individuals carrying on research projects in various parts of the State.

5. To stimulate the interest of all members in the State Society through calling to their attention the efforts made at various times by the specific individuals engaged in research, and the subjects in which they are currently engaged in study.

The membership of the Committee felt that in the first year it would begin to lay a part of the foundation work of this Committee, and it has contacted county reporters who in turn have been requested to establish a liaison group of workers to cover the scientific work in the various hospitals, schools, health departments or other agencies in the State.

It would appear that an amendment of the By-Laws is required to establish a closer contact between the reporters and the membership of the Committee, such as an amendment to the 1929 By-Laws, Chapter X, Section 7, under Reporters, to read: "Each component society shall elect one of its members a Reporter, whose duty it will be to furnish to the Editor *and to the Secretary of the Committee on Scientific Work* a brief and intelligent report", etc. It is believed that such an amendment would aid in correlating the work of our Committee.

This Committee expects to make progress in ground work in the immediate future and we earnestly hope that with the termination of the war and an assumption of normal medical activities, the accomplishment of the real purposes for which our Committee was instituted will justify its existence.

POST-GRADUATE EDUCATION

C. WRIGHT MACMILLAN, M.D., Chairman, Upper Montclair

After consultation with the President and Executive Officer it was decided that no planned program of post-graduate education for the physicians of New Jersey should be undertaken by The Medical Society of New Jersey this year. The increased work which has fallen on physicians makes attendance at meetings more difficult, and the avoidance of unnecessary travel helps meet the need to save gasoline.

It was felt, moreover, that the opportunities for obtaining up-to-date scientific information in the meetings of our county medical societies exhausted the desires of the profession at this time to travel for extra study. The periodicals always available amply fill the need for current reading matter.

The War Session of the American College of Surgeons, held in Brooklyn on March 17th, provided a means for those interested to keep abreast of progress in war surgery.

The committee will remain alert for any need or desire for its services on the part of the profession, but is not contemplating any activity under present conditions.

PUBLICATION

HENRY C. BARKHORN, M.D., Chairman, Newark

The *Journal* speaks each month for the Publication Committee. It is an informative, useful service to the members; it is a State Society news bulletin; it is a mechanism for messages from the officers and committes; it is the house organ for The Medical Society of New Jersey, and it furnishes an outlet for the scientific papers of those who have something of interest to publish.

Your committee is constantly evaluating the *Journal* and planning just how it can be made more effective. For instance, we have moved the information about Procurement and Assignment Service and the Medical-Surgical Plan of New Jersey to the front of each issue and we print them in editorial size type so as to focus attention on these most important projects during these war times and for present and post-war planning.

With changing conditions the Publication Committee has naturally been burdened with many additional problems. First, Dr. Henry A. Davidson, the Editor, entered the Armed Forces. He has recently been promoted to

Captain. We congratulate him and wish him much happiness in his patriotic work in Australia. Then the sudden death of our beloved Dr. LeRoy A. Wilkes, Executive Officer and Acting Editor, placed much more responsibility and an increased amount of work on the Committee. Were it not for the loyalty of Dr. Norman M. Scott, Mrs. Edith L. Madden and Mrs. Miriam Nilis Armstrong, Editorial Secretary, who have carried on in full measure, the *Journal* could not have been published in a satisfactory form without the immediate appointment of a temporary editor.

The Orange Publishing Company, which has printed the *Journal* since Volume 1 Number 1 has coöperated in every way. We appreciate the continued loyalty of our advertisers and the splendid helpfulness of the Coöperative Medical Advertising Bureau of the American Medical Association. We are particularly proud of our monthly lists of men in service and of the bold-faced type listing of these self-sacrificing patriots in the Official List.

We recommend:

1. The reappointment of Dr. Henry A. Davidson as Editor (without pay) on leave of absence in service A. U. S.

2. The policy of continued economy both for patriotic reasons and because so many of our members are serving our country.

Following is a short financial statement and a table of distribution by pages.

RECEIPTS

From June 1, 1942, to March 31, 1943

Net cash receipts	$10,761.66
Estimated receipts to May 31, 1943	2,500.00
Total	$13,261.66

EXPENSES

From June 1, 1942, to March 31, 1943

Journal	$10,470.33
Reprints	75.50
Estimated expenses to May 31, 1943	2,100.00
Total	$12,645.83

ADVERTISEMENTS

Included among the advertising pages are those devoted to *Society Organization,* as follows:

The index of the reading pages, which appears on the first cover page of each Journal	12 pages
The list of officers and committees	18½ pages
Total	30½ pages

SUPPLEMENTS

May, 1942—Official List of Members	60 pages
August, 1942—Official Transactions	40 pages
Total	100 pages

Following is a table of distribution by pages:

1942	Editorials	War	Original Articles	Executive Officer's Page	Legislative News	Timely Topics	State Activities	County Society Reports	Woman's Auxiliary	Bulletin Board	Personal Items	Letters to The Journal	Book Reviews	Total Reading Pages	Pages of Advertising Including Covers	Total Pages in Monthly Issues
January	3	15	17	..	..	..	7	4	3	1	1	..	3	54	42	96
February	4	7	23	..	..	..	22	5	4	1	..	..	4	70	34	104
March	2	6	17	..	..	..	12	8	3	1	..	1	2	52	36	88
April	1	..	..	..	..	..	64	..	..	..	..	..	..	65	63	128
May	3	9	27	..	..	..	6	6	3	1	..	..	5	60	40	100
June	4	4	21	..	..	..	5	8	3	1	..	..	2	48	36	84
July	4	2	24	..	..	..	12	7	..	1	..	..	2	52	32	84
August	3	1	31	..	..	..	10	..	..	1	..	..	2	48	36	84
September	3	5	32	1	..	..	5	..	..	2	..	..	2	50	38	88
October	4	3	24	1	..	..	8	3	..	2	..	..	3	48	36	84
November	4	4	15	1	4	3	6	3	3	1	..	..	2	46	38	84
December	2	..	13	1	3	4	22	4	8	1	..	..	2	60	36	96
Totals—1942	37	56	244	4	7	7	179	48	27	13	1	1	29	653	467	1120
Totals—1941	42	..	306	..	..	..	208	53	31	7	1	3	23*	674	474	1148
Totals—1940	46	..	241	..	..	..	260	70	11	..	..	..	..	628	484	1112
Totals—1939	50	..	334	..	..	..	270	80	24	..	..	..	..	758	482	1240
Totals—1938	56	..	323	..	..	..	236	92	31	..	..	..	..	788	468	1256

*In previous years the Book Reviews were included in State Activities.

ADVISORY TO WOMAN'S AUXILIARY

William E. Dodd, M.D., Chairman, Beach Haven

A conference was held with Dr. E. J. Marsh, President of The Medical Society of New Jersey; Dr. LeRoy A. Wilkes, Executive Officer of The Medical Society, and the Chairman of this Committee in Trenton last fall, in order to discuss the Committee's policy for the present year. It was felt that because of the difficulties of transportation brought about by the war it would be unwise to advise any extensive program of new activities for the Woman's Auxiliary this year, but rather to advise this body to concentrate upon such unfinished projects that may have been carried forward from preceding years. Mrs. J. Howard Hornberger, President of the Woman's Auxiliary, was consulted and she agreed. Accordingly, Dr. Wilkes and the Chairman of this Committee addressed the ladies present at the Fall Board Meeting of the Woman's Auxiliary, and brought them the following advice:

1. No new state-wide projects should be undertaken unless special occasion should arise.
2. Any unfinished projects which had been carried forward from previous years should be continued, if practical under existing war conditions.
3. Local projects sponsored by County Auxiliaries, such as Local Blood Transfusion Services and others, should be continued if practical.
4. Collectively and individually, the doctors' wives of New Jersey should devote their main effort toward such activities that promise to aid most in the war effort. A doctor's wife is a potential leader in her own community, and as such she can be of great help to her country in its hour of need.

No other matters have been referred to this Committee, and no other subjects have originated in the Committee itself.

ANNUAL MEETING

J. Carlisle Brown, M.D., Chairman, Atlantic City

The war has made necessary many changes in the conduct of the Annual Meeting. The absence of many members in the service and the increased work for those at home has called for drastic curtailment in the usual program.

The scientific exhibit will be limited to the exhibits of the various active committees and agencies.

Panel discussions of the subjects of general interest will make up the scientific section.

The Woman's Auxiliary has arranged a luncheon for all at 1 p. m. on May 26th. This is the only social session of the meeting.

Your Committee believes that the program will be interesting and instructive and urges a large attendance.

WELFARE

Herschel S. Murphy, M.D., Chairman, Roselle

The Welfare Committee held three meetings during the present administration with good attendance. Former Chairman Hilton S. Read presided at the first meeting before leaving for Army duty as a Major, and your present Chairman presided at the other two.

Our set-up for the Welfare Committee included four subcommittees to the Welfare Committee: Medical Practice, Public Health, Public Relations, and Legislation. To each of these may be appointed, for one year, Advisory Committees. The members are appointed by the President. The Subcommittee Chairmen are appointed by the Chairman of the Welfare Committee with the approval of the President. The Advisory Committee Chairmen are chosen by the Subcommittee Chairmen to which they are advisory, and are recommended to the President for appointment. The Welfare Committee is a standing committee and reports directly to the House of Delegates.

At a meeting of the Board of Trustees on June 10th, 1942, in Atlantic City, certain Advisory Committees to the Welfare Committee

were discontinued for the duration. These committees were: Pneumonia Control, Pharmaceutical Problems, Contract Practice, and Adult Health Supervision.

We have tried to cut down as much as possible the variety of subjects considered and to confine our activities to items necessary to the war effort, or necessary to the immediate health of the civilian population including workers in defense factories, families of the men in the service, etc.

The President has addressed the Welfare Committee at each meeting. The committee after discussion has approved subcommittee reports, which in turn contain the approved portions of the advisory committee reports as submitted at each meeting. The committee members have been informed through special progress reports of the Medical Service Administration and the Procurement and Assignment activities.

It might be well to mention a few of the matters of general interest considered during the year. The Welfare Committee went on record as being opposed to The Medical Society of New Jersey or the State Board of Medical Examiners granting M.D. degrees to osteopaths who had a full license to practice medicine, feeling that the degree of Doctor of Medicine should be conferred by a Medical College. The Welfare Committee made a recommendation that the Governor have the Public Health Service make a study of New Jersey's war-time public health needs. This the Governor did and Senior Surgeon Williams made the study. The Welfare Committee recommended that our Board of Trustees and House of Delegates request our delegates to the A. M. A. meeting to introduce a motion to establish a National Bureau for Medical Legislation in Washington to be conducted by the A. M. A. It was felt that the National Physicians' Committee, which represents only the doctors who financially support it, was not the proper organization to influence federal legislation and that a bureau representing the views of organized medicine could be properly conducted only by the A. M. A.

The Medical Society, in coöperation with Rutgers University, has been working on a plan for post-graduate education in general practice. It was felt that if a physician could rotate through the various dispensaries, attending twice a week during a period of three years, he could cover all of the dispensary services. In addition to this, conferences and seminars would be held and at the end of three years the physician would submit and have accepted a thesis and Rutgers University would then confer the degree of Master of Science in Medicine. So far as we know, this is the first time such a plan has been suggested in any of the states. Further details in regard to this plan will be given under the report of the Rutgers Plan Committee.

The Welfare Committee recommended that a special committee be appointed to work with a committee from the Board of Trustees to study the proposed Essex College of Medicine and Surgery to be located in Newark and report to the House of Delegates of The Medical Society in May. It was further recommended that President Marsh request the State Department of Public Instruction to delay their approval of the application of the college to grant the degree of Doctor of Medicine until after the study had been made. Further details of this matter will be found in the report of the Medical Practice Committee.

We have mentioned only a few highlights of important matters considered during the year. The complete details will be found in the reports of the various subcommittees and advisory committees to the Welfare Committee.

SUBCOMMITTEES

LEGISLATION

B. S. Pollak, M.D., Chairman, Jersey City

Meetings of the Subcommittee on Legislation have been held to a minimum since last fall but the Chairman, the Trustee Adviser and the Executive Secretary of the Committee have conferred at least once weekly on various problems. The coöperation of County Legislative Keymen in the main has been excellent.

STATE LEGISLATION

The County Societies, through memoranda and bulletins to County Society Officers and Keymen, have been advised from time to time of bills which were of special public health or medical interest. Of bills of this nature we wish to comment upon a few.

The only two bills that the Society sponsored this year were A-93 and A-94. A-93, which extends the time for alien physicians licensed prior to 1939 to complete their citizenship, has been enacted into law. A-94, strengthening the section of the Medical Practice Act granting temporary permission to practice, which passed the Assembly without opposition, passed the Senate without dissent April 1st and was promptly signed by the Governor. A-93 was subjected to considerable delay; and, after its passage by the Assembly, to a great deal of opposition in the Senate. Apparently this opposition stemmed mainly from the fact that its beneficiaries are aliens. Also, we have been advised by two or three Senators that several physicians in their counties had written or spoken to them in opposition to the passage of the bill.

Senate Bill 20, which would permit nurses, who graduated from approved schools prior to 1925, to be registered as R.N.'s *without examination,* which was disapproved by this Committee, is in the Public Health Committee of the Senate. A hearing upon this bill was held on April 2nd and the Executive Secretary of the Committee, on behalf of the Society, spoke against its passage.

Three bills which provoked a great deal of controversy, all of which were approved by this Committee, were Senate 68, to make vaccination and revaccination of teachers and pupils in public schools *compulsory;* S-72, to make compulsory the immunization against diphtheria as a prerequisite to school attendance (both of these bills were sponsored by the State Department of the American Legion and were introduced by Senator Littell of Sussex); and S-143, sponsored by the Department of Health, to permit state and local boards of health to require persons suspected to be infected with communicable disease or to be carriers of such disease to submit to medical examination. S-68 and S-72 passed the Senate with an amendment exempting Christian Scientists. When these bills reached the Assembly they were referred to the Judiciary Committee instead of the Committee on Public Health. It was the feeling of the Department of Health and this Committee that the bills with the Christian Science amendment were unacceptable, and our opposition to their passage in this form was made known to the Chairman of the Judiciary Committee. As the Legislature will have only one more meeting during its main session we doubt that these bills will be reported. Because of the very strong opposition to S-143, after having been reported out of committee it was recommitted.

While these three bills were sound in principle, we believe that if they are to be reintroduced next year, it is essential that a well-thought-out educational campaign should precede their introduction.

Several bills affecting the Workmen's Compensation Act were introduced, and the Committee took action in respect to two only, approving S-95 and A-227. These bills were almost identical and would have created an elective system of workmen's compensation for silicosis and asbestosis; they also provided a procedure for determination of liability and compensation. Neither of these bills was reported out of committee.

Apropos of bills affecting the Workmen's Compensation Act the state labor leaders have expressed a desire to make a survey of the Workmen's Compensation Act in conjunction with representatives of industry and medicine, with the thought of incorporating desirable and needed changes.

A-148, sponsored by the New Jersey Chiropody Society, rectifying some minor errors in the present chiropody act and strengthening the sections dealing with illegal practice, which was approved by this Committee, passed both Houses after having been amended in the Senate so that corporations may continue to practice chiropody, and was signed by the Governor.

A-41, introduced in behalf of the chiropractors, and identical with bills introduced in the 1941 and 1942 Sessions, by Assemblyman (Dr.) Browne, which would have repealed in toto the Uniform Medical Practice Act of 1939, was first referred to the Committee on Ways and Means, subsequently transferred to the Committee on Public Health, and finally to the Committee on Miscellaneous Business—"the morgue".

It should be noted here that while chiropractors have not made much legislative headway in this State in the last three years, in our neighbor State, New York, which has heretofore been successful in withholding recognition of this group, a bill to legalize chiropractic in that State very nearly passed at the recent session of that Legislature. While the chiropractors were not successful in enacting their bill they were able to have a concurrent Senate Resolution passed providing for the appointment of a Legislative Commission of three Senators and four Assemblymen to investigate chiropractic laws in other states and to report their recommendations at their next legislative session, including in their report such legislation as is necessary for the practice of chiropractic in the State of New York. An appropriation of $10,000 was voted for the expenses of the Commission.

FEDERAL LEGISLATION

The Bureau of Legal Medicine and Legislation of the A. M. A., and especially its Director, Mr. J. W. Holloway, Jr., has been of considerable assistance in the past three years in aiding the Committee on various state problems, upon which the advice of the Bureau was sought. The Bureau has gone to considerable pains and careful research to furnish information desired and has been helpful with some very sound advice.

On our part we have endeavored to coöperate fully and promptly with all suggestions or instructions made regarding federal legislation, particularly as to securing the understanding and coöperation of our Senators and Congressmen on pending bills.

With the increasingly large number of bills introduced in Congress in the past three years affecting public health, we are impressed with the need of improving the set-up of the Bureau of Legal Medicine and Legislation for the adequate handling of bills of this nature. This Committee recommended to the Welfare Committee at its last meeting, March 21st, that the Welfare Committee recommend to the Trustees that consideration be given to this matter, with the thought of having our Delegates to the A. M. A. bring to the attention of the House of Delegates the desirability of establishing a Legislative Bureau in Washington.

Aside from the large number of bills of general public health interest, now being introduced in Congress, several bills have been introduced in the last few years which give improved Federal status to sectarian groups practicing medicine. Four years ago the osteopaths were successful in having the U. S. Employees Compensation Act amended so that osteopaths are entitled to treat beneficiaries of this Act. At the 1941 session of Congress a bill was introduced to permit chiropractors to treat beneficiaries of the U. S. Employees Compensation Act. That year the bill to accomplish this was held in committee. Last year it was reported out but was not acted upon. A similar bill has been introduced this year. At the 1942 sessions the osteopaths were successful in having an amendment passed to the supplementary naval appropriations bill, which would permit the Surgeon General to appoint osteopaths as Medical Officers.

We have just been advised by the Bureau of Legal Medicine and Legislation of the A. M. A. that Senate Bill 400, to effect a reorganization of the United States Public Health Service, has passed the Senate with the following amendment: "For the duration of the present war and for six months thereafter graduates of reputable osteopathic colleges shall be eligible for appointment as reserve officers in the Public Health Service." It is now in the Committee on Interstate and Foreign Commerce of the House, where a companion bill, H. R. 649, is pending. Representations have been made by this committee opposing the amendment. The osteopaths in recent literature record with considerable satisfaction that the increasing recognition on the part of the Federal Government is due to the efforts of the American Osteopathic Association, and particularly to their accredited representative, who is at all times in Washington.

Whether the recommendations of the National Resources Planning Board will receive the early consideration of Congress, it would take a hardy soul indeed to prophesy. To expect that none of the recommendations further extending the benefits of the Social Security Act, including health services, will receive early consideration, in our opinion, is but wishful thinking. We are of the firm belief, based upon our experience in handling state legislation, that a bureau in Washington, functioning in a manner similar to our set-up for handling state legislation, would permit the establishment of contacts with Bureaus and Legislators which would give an early indication of trends and possible legislative action. We strongly urge consideration of this recommendation.

PUBLIC RELATIONS

Royal A. Schaaf, M.D., Acting Chairman, Newark

As in previous years, the objective of the Public Relations Committee has been to secure and retain the good-will of the people of New Jersey toward organized medicine in general and toward The Medical Society of New Jersey in particular. Our activities have been considerably curtailed during the present administration, partly because of the absence of our enthusiastic Chairman, Dr. Charles M. Robbins, and of our energetic and resourceful Secretary, Dr. Henry A. Davidson, both of whom are in military service; and partly due to the absence of so many of our members and the preoccupation of the remainder with the various medical aspects of the war effort. No ambitious projects were undertaken, but we

maintained our cordial relationship with the press of the State, and we are glad to say that, with a few notable exceptions, the newspapers have shown an appreciation of the aims and purposes of our Society and have given excellent publicity to its numerous activities. In this connection, particular mention should be made of the generosity of the owners and editors of the *Newark Evening News* in donating a full column in their paper each Saturday for the past five years. This column is headed "Timely Medical Topics" and carries an announcement indicating that the material published is furnished jointly by members of the Essex County Society and The Medical Society of New Jersey. The column presents discussions of medical subjects of immediate current interest and also has a question and answer section, in which inquiries addressed to us are acknowledged. We believe this type of continued medical instruction is most helpful to the public and is of immense service in creating a favorable opinion of our organizations among the laity.

Much criticism is constantly being leveled against organized medicine by various groups and individuals. A large part of this criticism stems from the fact that the guiding principles and policies of The Medical Society of New Jersey are not well understood. In order to meet this criticism, the Public Relations Committee recommends to the House of Delegates that the Society restate its position clearly and unequivocally in regard to:

1. The type of medical practice which we believe is best for the welfare of the people;
2. Its principle that medical care be made available to everyone at a cost which he can afford to pay;
3. Its purpose to coöperate with all public and private agencies promoting health programs and its willingness and ability to assume leadership in such projects;
4. The distribution of medical care through voluntary health plans and plans for the care of the indigent sick by tax subsidies.

These points are included in the report of the meeting of the Public Relations Committee on March 21, 1943, which was submitted to the Welfare Committee.

It is our understanding that the delegates from the Essex County Medical Society will present a resolution embodying these points to the House of Delegates for their consideration. We recommend that if such a resolution be submitted, the House of Delegates unanimously endorse it. With such an endorsement, the Public Relations Committee will be prepared to cope with its problems, and success in obtaining its objective will be certain.

PUBLIC HEALTH

Stanley Nichols, M.D., Chairman, Long Branch

During the Society year now closing, we have been adhering closely to the one objective of our Committee stated a year ago, namely—"to do our Committee part in the war effort by maintaining the best possible Public Health and Medical Services for all the people of New Jersey in coöperation with all of the Health and Protective Agencies of this State." The opening part of this objective has been a winter-long struggle for all the member physicians of our Society; but on the whole, the medical profession has succeeded in maintaining the essential medical services for the people of this State — with great difficulty, due mainly to the shortage of physicians and numerous other factors.

Our Committee has coöperated in these efforts, and has carried on the concluding part of our objective—"the maintenance of essential Public Health services for our people in cooperation with all of the Health and Protective Agencies in the State." We have developed a United Health Front for these Public Health needs, led by our Medical and Allied Professions. This United Health Front was begun in 1941, when it became apparent that our participation in the war was imminent, and that two essential needs existed which called for Public Health leadership by The Medical Society of New Jersey. The first of these needs was the presence on the State Board of Health of *qualified* representatives of the Medical and Allied Professions, for its wartime guidance; and the second was the need for a clear-cut picture of New Jersey's vital wartime Public Health needs. These objectives were, and are, essential to the leadership of Public Health by our Society, and the Conference of Allied Medical Professions requested that committees from the New Jersey Health and Sanitary Association, The New Jersey Health Officers' Association, and The New Jersey Welfare Council join with our four professions to accomplish these two wartime

needs, by forming a United Health Front which is now known as "The Conference of Public Health Committees of New Jersey's Health and Welfare Professions and Organizations".

Through the united support of these seven organizations, we have succeeded in accomplishing both objectives. Drs. Blaisdell, Carlisle and Baker of this Society were appointed by the Governor on the State Board of Health, and the latter two are serving on the Board at present. The Conference Committees requested the Governor of New Jersey to ask Surgeon General Thomas Parran of the United States Public Health Service to have an impartial study made of New Jersey's wartime Public Health needs. The Governor complied promptly with that request—the study has been made during the year by Dr. Williams, Director of the United States Public Health Service, District No. One. The report and recommendations are now in the hands of a State Board of Health Committee of which Drs. Carlisle and Baker are members. It will presently be made public, for study and support by our Health Professions and Health and Welfare Agencies of the State.

The great importance of this United Wartime Public Health Front and its leadership by our Society and our Allied Professions, lies in the fact that the maintenance of essential Public Health services presents increasing problems, both during the war and in the postwar period, which have a great deal to do with the practice of medicine, both in our services to our *private* patients, and in our Public Health services, such as Pre-Natal Clinics, Infant Welfare Clinics, School Health Services, Tuberculosis and Venereal Disease Clinics, Hospital Services, Industrial Medicine, and many other related fields. Only by the most careful study and subsequent *united* action on the part of our medical profession (working closely with all of the other health professions and public and private Health and Welfare Agencies in this State) can *wartime,* and *postwartime* health problems be wisely solved together in an American, democratic way.

Governmental, political parties and social agencies are all anxious and eager to direct these war and postwar health developments. The considered answer of our health professions to the many present activities must be that we will be most happy to join them in a coöperative study and solution of all health problems, in order that justice shall be done to all concerned.

The present situation of these Public Health and Medical Care developments is of paramount importance to every member of our Society. We strongly recommend that every member study carefully the health implications in (1) the Beveridge Plan of England, (2) the Dr. Burns-Miss Perkins Social Security Plan presented by the President to Congress recently, and (3) the Imperial Dominion Health Plan of Canada—presented only recently, and the resolutions of the Canadian Medical Association passed in connection with that plan.

IT IS LATER THAN WE THINK, and we need the careful thought and support of every member of our Society, to continue for the duration this United Wartime Public Health Front and its leadership by this Society, for the maintenance of essential Public Health services in this State.

ADVISORY COMMITTEES' ACTIVITIES

As this has been a year of appraisal of where we were going in our various health activities, we have kept our meetings and Advisory Committee meetings at a minimum this winter, and the Committee Chairmen were directed to study the committees' activities in relation to the war effort. Each committee will submit its own brief report, but mention should be made here of some highlights of the wartime health problems in our Advisory Health fields.

In the fields of *Venereal Disease Control,* which in wartime assumes great importance, the problem has been very well handled.

The expected increase in *Tuberculosis* has not yet materialized, but the committee has been doing good work in the rejected Selectee program.

Child Health in wartime, as well as *Maternal Welfare,* presents many new problems, such as day care of children of working mothers, etc., and good obstetric care, which have been well met by the committees. The special problem of children and obstetric care of the families of the military enlisted personnel, has demanded a good deal of attention, which will increase in the year to come.

Mental Hygiene problems in war, particularly this one, which involves a world-wide battle between good ideals and bad ideals, is rapidly coming to the fore. The mental strains of civilian and military life and morale must receive increasing attention and help, if we are to win this war and *win the peace* that follows it.

Crippled Children's program, *Traffic Accidents, Conservation of Vision,* and the early diagnosis of *Cancer,* all have been attended to. In this war situation, *safety*—traffic, industrial, and home—is in great need of increasing attention.

Adult Health Supervision must include for

the coming year, more attention to *nutrition,* and probably should include *continuous Health Records for all ages,* as in military life. Tremendous amounts of medical and health professional time could be saved, if Health Records such as those prepared by this committee for the Society years ago, could accompany *all persons* from infancy to old age, and save the *duplications* of history taking, records, etc., which are now involved in physicians' offices, clinics, hospitals, etc.

Cardio-Vascular Diseases, particularly *Rheumatic Heart Diseases,* have been the subject of an educational drive by the Metropolitan Life Insurance Company, as the present major cause of death. This war makes the maintenance of health in the *third, fourth, fifth* and *sixth* decades of life a matter of great Public Health importance in the winning of the war.

These comments on Wartime Public Health situations show clearly that our Medical Profession in this wartime has a great *opportunity* and an equally great *responsibility* in this total war effort. Every member of this Society has many added problems to those of his peacetime practice, such as maintenance of essential medical services to his patients; hospital service; Medical Defense Emergency plans; patients' problems and certificates as to gas, fuel oil and food-point rationing, etc. Lest we become weary, we may be certain that more problems are coming, now and postwar—the maintenance of nutrition; changing situations in medical practice in war and postwar; the inevitable appearance of malaria, dysentery, typhus and other tropical diseases in some parts of our country, and—the end is not yet.

This wartime, changing kaleidoscope of the nature of medical practice and its problems, makes it wise to make but one recommendation in the matter of Public Health problems for the coming year, as follows:

"Recognizing that every member of The Medical Society of New Jersey is now either in military service, or is an important unit in the frontline trenches of this United Wartime Health Front we have created, we recommend that The Medical Society of New Jersey continue to work *unitedly* with all of our fellow Health Professions and Agencies for the maintenance of all *essential Medical* and *Public Health Services* for the people of our State, as our best possible contribution to the total war effort."

MEDICAL PRACTICE

Sigurd W. Johnsen, M.D., Chairman, Passaic

Two meetings of the Subcommittee have been held this year. No stated program was set forth because of war-time conditions and it was agreed that meetings would be at a minimum and the Committee's work consistent with the wishes of the Society.

Dr. Henry B. Decker of Camden was appointed by President Marsh as Chairman. In mid-year, Dr. Decker was relieved of the chairmanship to assume a new assignment, and Dr. Sigurd W. Johnsen of Passaic was appointed Chairman of the Committee for the balance of the year.

The request of the United States Public Health Service for approval and coöperation of the State Society for the commissioning of medical men in civilian practice as reserve officers in public health service was considered by the Committee. A committee of three was appointed by the Chairman to confer with a special Committee of the Board of Trustees on this question, which joint committee subsequently submitted a policy of action to the Trustees for their consideration.

Another matter considered by the Committee was that of Federal Aid for Wives and Children of Enlisted Men, brought before the Welfare Committee by the Director of the Bureau of Maternal and Child Health of the State Department of Health, and referred by the Welfare Committee to a special Committee of which the Chairman on Medical Practice was named Chairman. Two meetings on the proposal were held, after which the Special Committee adopted the following resolution: "Resolved, that the Special Advisory Committee to the Board of Maternal and Child Health recommend to the Welfare Committee that the plan as presented be accepted favorably subject to modification of hospital and medical fees in the light of further experience." The Subcommittee on Medical Practice adopted this resolution at its meeting on March 21st.

The Committee was asked to think about a definition or better wording for "adequate medical care". The members of the Society are also asked to consider this and submit any suggestions they may have to the Committee.

At the request of the President and Chairman of the Welfare Committee the Committee

considered the subject of the new Essex College of Medicine and Surgery. The following recommendations were presented to the Welfare Committee for action: That the Welfare Committee appoint a special committee to study this matter and report to the House of Delegates in May, and further that the Welfare Committee request the State Department of Public Instruction to delay its action until this report has been made. The recommendations were accepted and the latter portion amended to read "that the Welfare Committee request *the President* to ask the State Department of Public Instruction, etc."

The future program of the Subcommittee on Medical Practice as adopted is, "In view of the post war plans proposed by governmental and other organizations which involve medical practice, it is proposed that the Subcommittee on Medical Practice make a comprehensive study of all these plans and proposals and report to the Welfare Committee its findings and recommendations."

The following annual reports of Advisory Committees were adopted by the Subcommittee on Medical Practice at its meeting on March 21st, 1943:

(Following to appear in full.)
Hospital Relationships
Industrial Health and Hygiene
Contract Practice
Workmen's Compensation.

The following Advisory Committees have been inactive this year and have no reports:
Auxiliary Medical Services
Pharmaceutical Problems
Medical Care of the Indigent and Low Wage Group.

ADVISORY COMMITTEES PUBLIC HEALTH

MATERNAL WELFARE

Arthur W. Bingham, M.D., Chairman, East Orange

The Committee on Maternal Welfare has carried on its work under the same twelve-point program adopted several years ago. Progress has been made all over the State and the results are most satisfactory.

The maternal mortality rate for 1942 is remarkably low, 19 per 10,000 live births or 1.9 per 1,000 live births. All connected with maternity care deserve great credit for this result. Physicians, hospitals, nurses, welfare organizations, The Bureau of Maternal and Child Health, and others should be congratulated on this achievement.

Many improvements are noticeable. The reports on maternal deaths are more complete than formerly and statements as to cause of death are more often accurate. Hospital reports are made out with more care and are more nearly correct. There are more frequent consultations and more supervision in the hospitals. The number of consultations in the home has decreased considerably. Perhaps it is because when complications arise more patients are sent promptly to a hospital. Nursing assistance at the time of delivery in the home was rendered in 1,153 cases in 1942 as compared with 1,482 cases in 1941.

As the State Department of Health classifies the maternal death before the cases are investigated, while we classify them after getting the histories of the cases, our statistics do not quite agree with those of the State Department of Health. Death certificates are not always filled out accurately as to real cause of death. The investigation brings this out so that a few cases classified as maternal deaths are not really due to any cause connected with pregnancy and on the other hand there are a few true maternal deaths not classed as such because pregnancy was not mentioned on the death certificate. These are picked up by checking the list of maternal deaths with those mentioned in the hospital reports. We know of no other State in which this is done but it helps in obtaining accurate statistics.

Early in the year a small fund was appropriated by the Children's Bureau of the Federal Government for payment of expenses of wives of men in the armed forces, during the period of childbirth. These are cases which have no funds for this purpose. Children are also cared for. It is called the Medical Care Program for Wives and Children of Enlisted Men in Service. The work is carried on under the supervision of the Bureau of Maternal and Child Health of the State Department of

Health with the coöperation of the Committee on Maternal Welfare and the Child Health Committee. It was decided to carry on the work in the southern part of the State at first and if sufficient funds can be obtained to organize it in other communities. Two hundred and eight mothers have been cared for under the plan.

The Committee is also coöperating with the Child Health Committee of the State Medical Society in an effort to improve the nurseries of the maternity departments of the hospitals. This includes the physical set-up and the routines carried out in caring for infants. This work is still in progress.

Your Chairman expects to give up maternal welfare work June 1, 1943, because of poor health. He wishes to thank each member of the Committee for his kind assistance, as well as the field physicians and every one in the State who has coöperated so loyally in helping to carry on this important work.

MENTAL HYGIENE

Joseph E. Raycroft, M.D., Chairman, Trenton

The Mental Hygiene Committee has held no regular meetings during the past year. However, individual members of the Committee have been active in one phase or another of mental hygiene service, e. g., coöperating with Selective Service, the Department of Institutions and Agencies, and Social Service organizations in formulating a method of screening for mental and emotional defects of candidates who pass through the Local Draft and Induction Boards.

Other than this, the Committee has been inactive.

TRAFFIC ACCIDENTS

Millard F. Sewall, M.D., Chairman, Bridgeton

At the fall meeting of the Welfare Committee, in planning the Traffic Accidents work for the year, it was thought advisable to curtail our activities for the duration.

1. Because of limited driving during the gas rationing.
2. Regulation of speed on the highway by Federal orders to 35 miles per hour.

We are continuing to collect data on medical conditions due to eye deficiencies, diabetic, syphilitic and mental conditions for report to the Commissioner of Motor Vehicles to enable him to form conclusions on the advisability of having regulatory laws enacted.

VENEREAL DISEASE CONTROL

A. J. Casselman, M.D., Chairman, Camden

Because of the difficulties of transportation no committee meeting was held during the past year. The former chairman, Dr. Byron Blaisdell, went into active service with the Navy.

The committee voted by mail to sponsor a meeting of interested nurses on Social Hygiene Day.

The committee approved by mail the use of a trailer clinic with a full-time medical officer for case-finding and treatment of venereal diseases among migrant laborers.

The committee approved by mail the proposed revision as shown below to the laws of New Jersey relative to venereal disease control. The purpose of this revision is to give the State Director of Health equal power to act with the local health agency.

Proposed revision to the Laws of New Jersey:

26:4-30: Insert "director of health or person designated by the director" so that the latter part of this section shall read: "the board, health officer, or director or person designated by the director may cause a medical examination to be made, etc."

26:4-31: Insert "director of health or per-

son designated by the director" so that the section will read: "Any person requested by the local board, health officer or director or person designated by the director to be examined under the authority of section 26:4-30 of this title, etc."

26:4-35: Insert "state department" so that the second paragraph shall read: "The local board or state department may require such person to be examined as provided in sections 26:4-30 and 26:4-31 of this title, etc."

26:4-36. *Persons to be reported to the director.* The local board or health officer shall report to the director of health on a prescribed form the following persons:

a. Any person who refuses to submit to the examination provided for in sections 26:4-30 and 26:4-31 of this title.

b. Any person who refuses to supply, or to permit to be taken, the specimens provided for in section 26:4-31 of this title.

c. Any person who is found upon examination to be suffering from a venereal disease in its infectious stage, if he is likely to spread the disease to others by reason of his habits or for any other reason.

26:4-37. *Isolation; restrictions; length of isolation.* The local board or health officer or the director or a person designated by the director may isolate any of the persons designated in section 26:4-36 of this title, and in so doing shall define the place and the limits of the area within which the person is to be isolated. No person except the attending physician or nurse shall enter or leave the area of isolation without the permission of the board. Isolation shall be continued until it is determined by examination that the person no longer has the venereal disease in an infectious stage.

HEALTH SUPERVISION AND PROPHYLAXIS

Frederic W. Lathrop, M.D., Chairman, Plainfield

Several of the subcommittees of this Committee have been actively engaged in problems which are either related to the war effort or are essential to the public health in war time. These committees will submit their own reports. I would call attention particularly to the work of the Child Health Committee in cooperation with the State Bureau of Child Hygiene in drawing up standards for maternity and premature nurseries throughout the State.

ADULT HEALTH SUPERVISION

William H. Varney, M.D., Chairman, Washington

The Adult Health Supervision Committee wishes to report that its activities have been greatly restricted this year in conformity with the policy of the Public Health Committee adopted last fall. The limitation on transportation, and the lack of sufficient material for discussion, has made it not worth while to call a special meeting of this committee this year.

We have noted with satisfaction the adoption by the public of many of the things this committee has advocated in the past, among these being the more complete instruction in nutrition for high school students, the inclusion of muscle building exercises, and Army type drill in the physical training practice in high schools. We have also noted with satisfaction the growing emphasis upon proper nutrition among industrial workers, and while there seems to be some tendency toward the mass feeding of vitamins in certain industries as opposed to an educational campaign for proper nutrition, it is the opinion of the Chairman that this may not be such a bad idea, when one considers the possible food shortage and the difficulty of workers in obtaining adequate diets under war conditions.

It seems that further stressing of the annual physical examination at this time is not practical, because of the shortage of physicians, and the fact that those remaining are already greatly overburdened and could not care very well for the additional burden of the annual physical examinations.

This committee has held itself in readiness to confer with various other committees of

the State Society, and to act in an advisory capacity whenever such an occasion may arrive. It has not, however, formulated any new plans, nor advised the adoption of any new policies during the present year.

Under war conditions, the scope of the activities of this committee must, of necessity, stay greatly reduced; and it seems foolhardy to undertake very many measures which will not directly aid the war effort. Until such plans seem necessary, this committee will probably remain more or less inactive.

CHILD HEALTH

Chester R. Brown, M.D., Chairman, Arlington

The work of the committee has been on those matters which pertain to the health of infants and children as affected by the war.

On June 4th the Essex County Medical Society Milk Committee met to discuss the dangers to health that might be caused by the changes in the delivery of milk. The points made were:

Late deliveries caused the milk to stand exposed to the weather for longer periods.

Every-other-day deliveries gave a longer time for contamination and doubled the refrigerating space necessary.

The refrigerating facilities of the wagons were not always sufficient for the larger loads and the longer time on the wagon with day deliveries.

As it was considered a State matter it was turned over to this committee.

There were conferences with Dr. Levy of the State Department of Health, representatives of the large milk companies and the Office of Defense Transportation. Letters were written to the Office of Price Administration and War Production Board.

Each County Society was asked for its opinion. Only Cumberland, Essex, Burlington and Gloucester replied. Essex was the only county which saw any danger.

It is evident that labor union leaders and politicians are more interested in how milk is handled than are those who have the public health to protect.

We did succeed in placing The Medical Society of New Jersey on record as opposed to methods of milk handling which might make it an unsafe food.

The Chairmen of the Committees on Maternal Health and Child Health were appointed to the Special Committee on Medical Care of the Wives and Children of Enlisted Men. There have been several meetings.

A meeting of the committee was held on December 9th, 1942, at the Academy of Medicine in Newark.

The death of Dr. Ripps left the chairmanship of the Pediatric Section vacant. The Secretary, Dr. Harold F. Tidwell, was appointed chairman and Dr. Samuel Blaugrund was appointed secretary.

A motion was passed requesting the New Jersey State Department of Health to use its influence in making newborn epidemic diarrhea reportable. This was done on January 12th, 1943.

Dr. Levy requested the committee to make recommendations to the New Jersey Department of Health on standards for the control of newborn diarrhea.

A meeting of the committee was held on February 17th, and the recommendations given below were passed and submitted to the Committee on Maternal Health, which also accepted them. They were then sent to Dr. Levy. So that there would be no confusion as to what was meant by newborn diarrhea, the following definition was adopted:

"Epidemic diarrhea of the newborn is a highly virulent communicable disease affecting newborn infants during their period of care in the nurseries of lying-in institutions."

RECOMMENDATIONS TO THE DEPARTMENT OF HEALTH OF THE STATE OF NEW JERSEY FOR NEWBORN REGULATIONS

Regulation I. Newborn Infants

a. Every lying-in institution shall maintain in good order at least two separate regular nurseries, one for the care of normal newborn infants and another for the care of the premature and immature infants.

b. Separate isolation quarters shall be maintained at all times for the isolation of ill or infected babies. A baby shall be deemed infected: (1) if a carrier or suspected carrier of, or affected with, a communicable or suspected communicable disease or condition; or (2) if delivered of an ill or infected mother; or (3) if delivered outside the lying-in institution. Such ill or infected baby shall be immediately isolated.

c. All nurseries, isolation quarters and the halls adjacent thereto shall be adequately and properly lighted, ventilated and heated, protected from noise and odors and kept free from insects and vermin. These rooms and hallways shall at all times be maintained in good repair and in a clean and sani-

tary condition. Walls and ceilings of these rooms and hallways shall be so constructed as to be easily cleaned and washed.

d. The spacing between adjoining bassinets in all nurseries and isolation quarters shall be maintained at a minimal distance of six inches on all sides. Where a carrier system is used, the bassinets shall also be so arranged that the infant is at least six inches below the upper surface of the carrier. The suspension of bassinets on double tier racks is not approved.

e. Where common dressing, bathing or diapering tables are used, these shall be draped with sterile linens or suitable clean paper sheeting for each baby immediately before use.

f. The weighing scale shall be draped with sterile linens or suitable clean paper sheeting for the weighing of each baby immediately before use.

g. Individual sterilized rectal thermometers shall be provided each baby.

h. Common group baby carriers for taking newborn babies for feeding to their mothers shall be prohibited, unless they are provided with bassinets arranged in accordance with paragraph *d* of this regulation.

i. Each and every nursery shall be provided with running hot and cold water. The isolation quarters, if newly constructed or altered after July 1, 1943, shall be provided with running hot and cold water.

j. Each and every nursery and the isolation quarters of such nursery shall be provided with proper receptacles for the temporary disposal of soiled linen, diapers and waste. Such soiled articles shall be removed immediately or within a reasonable time from the nursery or isolation quarters.

k. All bottles used for feeding babies shall be cleaned within an hour after use and sterilized just before another use.

l. Anything coming in contact with or introduced within the baby's nose or mouth must be made sterile and handled only by a person who has scrubbed and disinfected his or her hands. All tongue depressors, applicators, ear specula and other examining instruments shall be sterilized before use for each baby. The bowls of stethoscopes shall be cleaned with a proper solution of alcohol, cresol or other disinfectant before use for each baby.

m. All gauze, cotton, swabs or other materials intended for use in the care of the baby shall be sterilized and kept or stored in sterile containers.

n. Equipment of the nursery shall be limited only to furnishings and supplies necessary for the immediate care of the infants.

o. Dry dusting or sweeping shall be avoided in all the nurseries and adjoining hallways. Workmen shall wear masks and sterile gowns. Implements and utensils used in cleaning should not be used elsewhere.

Regulation II. The Newborn Nursery Laundry

All nursery linens, including diapers and articles of infants' clothing, shall be kept separate from linens of other parts of the hospital and when soiled shall be washed and sterilized separately from the linens of the other parts of the hospital, in a separate laundry or in the same laundry at definite periods set aside for the laundry of these nursery linens only. Such sterilization shall consist of boiling the linens in water for fifteen minutes and of thorough rinsing in clean water, or of another approved method of sterilization.

Regulation III. Formula Room

a. A formula room shall be maintained in all lying-in institutions, specifically for the purpose, completely separated from any diet kitchen, pantry, scullery, or other place of food storage or preparation.

b. The formula room shall be provided with adequate refrigeration facilities for formulas and milk supplies, and with adequate sterilization facilities for the sterilization of bottles, nipples, bottle caps and other formula preparation utensils.

c. Any person preparing or assisting in the formula room in the preparation of formulas for babies of the newborn nurseries shall, before beginning such duties, remove her outer garments, put on a sterile cap, mask, and gown and scrub hands. An aseptic technic such as is carried out in operative procedure shall be maintained at all times.

d. All bottles, nipples, bottle caps, and other formula preparation utensils shall be adequately sterilized in the formula room before use in preparing or bottling formulas. Nipples may be sterilized in the nurseries immediately before use.

e. Each baby shall have its individual set of properly labeled bottles sufficient for a day's feeding. The storing of formula feedings in bulk is prohibited.

Regulation IV. Accessory Rooms

In lying-in institutions where ritual circumcision is done, a room shall be provided for this purpose. All persons concerned with the ritual circumcision shall follow the aseptic technic outlined in Regulation 12-a, and all procedures connected therewith shall conform to this technic.

Regulation V. Sanitary Equipment

All nurseries, isolation quarters, formula rooms, examining rooms, labor and delivery rooms, and maternity rooms or wards, shall each have adequate facilities for the scrubbing of hands, suitable disinfectant solution, and receptacles for the efficient temporary disposal of soiled linens and waste. All plumbing, plumbing fixtures, sterilizers and other similar equipment shall be so constructed, installed and maintained so as to prevent cross connections or other sanitary hazards.

Regulation VI. The Nursing Staff

a. A separate nursing staff under the supervision of a registered graduate nurse should be maintained, both day and night in the nurseries and isolation quarters concerned with the care of the newborn. Not more than one unit of eight babies should be under the care of any one individual nurse at any time during the day or night.

b. Nurses assigned to formula room duty shall be prohibited from doing any type of duty at any time which may bring them in contact with a septic or infected patient in any part of the hospital.

c. Nurses assigned to the nurseries shall wash their hands thoroughly with soap and hot water

immediately after changing or diapering each baby. If at any time during the feeding of any baby it becomes necessary to handle or change the nipple of a feeding bottle, the nurse shall scrub her hands thoroughly with soap and hot water.

d. All nurses assigned to the isolation quarters shall be prohibited from entering the regular or the premature nurseries.

e. Private nurses shall not be admitted to any nurseries at any time.

f. No person shall enter the nurseries or the isolation quarters except those immediately concerned with the care of the newborn.

Regulation VII. The Medical Staff

The medical board or other governing body of such hospital or institution shall designate whether the newborn nurseries are under the supervision of the obstetric or pediatric service. Where there is no such service, the most qualified member of the staff should be put in charge.

Regulation VIII. Maternity and Newborn Service Case History Records

Complete and detailed case history records should be kept of the progress of all maternity patients and their babies, and be available for inspection at any time by a representative of the Department of Health.

Regulation IX. Examination of Maternity and Newborn Service Personnel

a. All personnel on duty on the maternity or newborn services when these regulations go into effect, shall be examined by a physician designated by the hospital management and be certified by him as showing no evidence of communicable disease or a respiratory infection. Daily inspection should be made by the supervising nurse of all nurses and personnel.

b. All new personnel shall be similarly examined prior to assignment to maternity or newborn service.

c. All personnel on duty on the maternity or newborn services shall report immediately to a physician designated by the hospital management any indisposition however slight; such individuals and all individuals absent from duty because of any illness whatever shall be excluded from the maternity and newborn services until examined by the physician designated for the purpose and certified by him, in writing, to the superintendent, as not suffering from any condition that may endanger the health of the mothers or babies.

Regulation X. Examination of Maternity Patients

All maternity patients shall have a complete history taken, a thorough physical examination, and inquiry made on admission as to any infection. Any history or examination that reveals a communicable or suspected communicable condition or disease, or a respiratory, urinary or fecal carrier state, shall be sufficient cause to have such patients isolated.

Regulation XI. The Care of the Newborn Baby

The newborn infant shall be examined for hemorrhage, injuries, defects or signs of infection immediately on delivery and be further observed daily. If any infection is found or suspected, the baby shall be isolated immediately. All babies shall be reëxamined at the time of discharge.

Regulation XII. The Aseptic Nursery, Maternity Ward, Delivery Room and Feeding Technics

a. Nursery Technic: All doctors, nurses, and other hospital personnel in attendance on babies in any of the newborn nurseries or isolation quarters shall remove coats or other outer clothing, bare their arms to the elbows, wash their hands and arms thoroughly with soap and hot water and put on clean cap, gown and mask. Babies shall be handled as little as possible, and in strict accordance with an aseptic procedure as close to that of an aseptic operative procedure as is possible.

b. Feeding Technic: If there is any evidence of respiratory infection, the mother shall be provided with a clean mask prior to receiving her baby for feeding. The mother's breasts shall be thoroughly cleansed before each nursing.

Regulation XIII. Visitors and Visiting Hours

a. Visiting hours to maternity services shall be set at such a time as not to coincide with the hours when the newborn infants are in the maternity ward or rooms for nursing by their mothers.

b. Visitors or individuals not connected with the direct care of the babies shall be prohibited from entering the newborn nurseries at any time.

c. Children under 14 years of age shall be prohibited from admittance to any maternity ward at any time.

Definition of Epidemic Diarrhea

Epidemic diarrhea of the newborn is a highly virulent communicable disease affecting newborn infants during their period of care in the nurseries of lying-in institutions.

CARDIO-VASCULAR

HARVEY M. EWING, M.D., Chairman, Montclair

The Committee on Prevention and Control of Heart Disease was appointed by Dr. Lewis last year so that if and when it became possible, any statewide work looking toward the prevention and relief of heart disease would be undertaken. Some exploration was carried out last year and, as previously reported, the Governor of the State and two other officials were consulted regarding the possibility of this committee undertaking reconstruction work among

patients with heart disease. No such plans were in existence, and as far as we have been able to find out, no definite plans have since been formulated.

A total lack of funds makes the undertaking of any statewide educational plan impossible, and it has seemed wise, in view of this fact and of conditions resulting from the war, to postpone the activities of this committee until a later date.

TUBERCULOSIS

Abraham E. Jaffin, M.D., Chairman, Jersey City

The Evaluation, Management, and After-Care of Selectees Deferred by the Induction Stations on Account of Abnormal Chest Findings

Your committee has felt that the x-ray examination of the chests of all selectees at our induction stations in this State constitutes the greatest modern advance in the control of pulmonary tuberculosis. It seemed logical, therefore, that this committee should devote itself to aiding in every possible manner the proper evaluation and disposition of all selectees rejected on account of suspected pulmonary tuberculosis.

Last year a working arrangement was set up at the induction stations through which nurses provided by the Venereal Diseases Department of the Board of Health reported all cases of tuberculosis to that office. With a change in the Army regulations regarding venereal cases, these nurses were called off for other duties. This left no provision for following up the cases rejected for tuberculosis. Recognizing the breakdown in this important project, your Chairman, with the aid of Dr. Norman Scott, arranged for a conference with Colonel Walson, Surgeon of the Second Corps Area, to see what could be done to restore this valuable program against tuberculosis. This conference was held at Fort Jay on January 6, 1943. With the aid of Mr. MacDonald, representing the State Board of Health, and Dr. Norman Scott, plans were outlined for the management and after-care of selectees rejected on account of abnormal chest x-ray findings. It was unanimously agreed that the x-ray examination at the induction stations was only a screening survey of the chests of the selecteees. Abnormal pulmonary findings that might be tuberculous were to be reported as such to the State Department of Health. However, these findings were not final, but still subject to further clinical evaluation by recognized experts in each county. The findings of these experts were to be reported back to the State Health Department and those in need of medical advice were to be referred to their private physician, local clinic or the tuberculosis hospital.

As a further step in the development of the plan, the New Jersey Tuberculosis League engaged two capable, trained nurses approved and recognized officially by the Army, to interview all rejected selectees promptly at both induction stations, Camden and Newark. Most of those rejected (about 80 per cent) are surprised to learn that some abnormality was found. The nurse explains the general character of the findings and advises the rejectees where to go for further check-up.

On February 28, 1943, a meeting of this committee was called with invitations including Captain Durant of the Newark Induction Station, Dr. Norman Scott, Mr. MacDonald of the Board of Health, Mrs. Martha Howard, R.N., nurse at the Newark Induction Station; Mr. Ernest Easton of the New Jersey State Tuberculosis League, Dr. B. S. Pollak, and Dr. Wilson G. Guthrie of the State Board of Education. The meeting was held at the Hudson County Tuberculosis Hospital, through the kindness of the Medical Director, Dr. B. S. Pollak. It was agreed by all that the cases rejected on account of abnormal chest findings resolved themselves into three categories:

a. Those with active tuberculosis requiring treatment and absolutely unfit for military duty.

b. Those with inactive or arrested lesions not requiring treatment, also unfit for military duty, but capable of employment in civilian occupations. Appropriate follow-up examinations were to be recommended in these cases.

c. Cases which subsequent study and follow-up proved to be nontuberculous with evidence that was transient in character. These were to be referred back to selective service for reclassification and qualified for military service. This group constituted about 8 per cent of all cases rejected for tuberculosis.

It was also agreed that the basic responsibility for control of tuberculosis cases rejected by the Army rested with the New Jersey State Department of Health; that the registered nurse present at the induction station could facilitate the control by arranging for appointments for the rejected men with clinics located near their homes; and that these examinations were to be made within two weeks, if possible, after rejection. A copy of this appointment would be sent to the clinic and another to the State Department of Health. The subsequent examination of the individual may be made by a clinic or private physician, as the individual case may require, but the reports of these examinations were to be referred back to the Board of Health as a matter of public welfare. Cases found to be non-tuberculous were to be referred back to their local boards for reclassification.

Such an arrangement would then be similar to one already in force in the New York City area. The committee is pleased to acknowledge that the Army authorities are desirous of giving assistance to and acting in coöperation with public health officials wherever practicable. All active cases needing treatment are referred either to their private physician, hospital or clinic, as the case may be. The rejectee does not become a patient, however, until the reexamination has been made and his status determined.

The success of the present carefully developed program will depend upon the degree of coöperation that will be obtained in each county. The committee hopes that each County Medical Society will lend its fullest support to the local arrangements for the expert evaluation and disposition of all selectees rejected by the induction stations referred through the State Board of Health. From this point on, wherever possible and desirable, those in need of treatment could and should be referred to their private physicians with all the necessary information. For those unable to have a private physician, it would obviously be necessary to provide other means of treatment and follow-up, either in the clinic or hospital.

CHANGES IN REGULATIONS FOR REPORTING TUBERCULOSIS CASES

Because of the injustice suffered by individuals who have been cured of tuberculosis but are still listed as having the disease, and some misunderstanding regarding the responsibility of reporting cases of tuberculosis, it was suggested by this committee that a change in the regulations be made to correct this situation. Dr. Collier, a member of this committee, serving with representatives of the New Jersey Tuberculosis League, met with the Board of Health and made the following recommendations:

1. That active primary tuberculous infections be reported and recorded as cases of tuberculosis and that such primary infections shall not be reported and recorded as cases of tuberculosis, unless discovered in the active stages.

2. That if in any examination there is discovered an arrested or healed case of adult type tuberculosis, such case be reported by the examining physicians as healed or arrested and that such report be not recorded as a report of a new case of tuberculosis, but be recorded for epidemiological purposes only.

3. That both family physician and any consultant examining a suspected case of tuberculosis be held equally responsible for reporting the case should a diagnosis of tuberculosis be made.

4. That persons admitted to tuberculosis hospitals without a definite diagnosis of tuberculosis, but for the purpose of observation and study designed to permit an accurate diagnosis be not reported as tuberculosis until the diagnosis be made.

5. That the State Health Department consider viewing, as expert consultants, the Medical Superintendent of the State Tuberculosis Hospital, the Medical Superintendents of County Tuberculosis Hospitals, Directors of Divisions of Tuberculosis Control in local health departments or any other physician considered by the Director of Health as specially qualified. The opinion of any one of these may be accepted by the State Health Department in any case involving a difference of medical opinion as the diagnosis of tuberculosis.

The Chairman is pleased to report that the program for the study and care of rejected selectees and the revised regulations for reporting tuberculosis in New Jersey as contained in Dr. Collier's report were approved by the Welfare Committee at its meeting in Trenton on March 21.

Word of this approval has been forwarded to Dr. Mahaffey, Director of the State Department of Health, and will also be sent to the New Jersey Tuberculosis League.

MEDICAL PRACTICE

CONTRACT PRACTICE

ANDREW C. RUOFF, M.D., Chairman, Union City

Due to the stream-lining of committees because of war activities, etc., I have acted as a Committee of One, on the Contract Practice Committee, during the past year.

The following three matters have presented themselves:

1. Dr. Herbert W. Nafey has submitted a complaint to my committee regarding the practice of a certain railroad in the State of New Jersey. It seems that this railroad has been employing doctors and in most instances the consideration has been a railroad pass, as the sole payment for services rendered.

We have been in communication with the railroad, and have learned that this practice is, in fact, indulged in. It is apparently the railroad's attitude that it will employ reputable doctors and pay them as little as they are able to get their services for. This practice in its broad aspect should certainly be condemned. The matter has been discussed at several meetings of the Subcommittee on Medical Practice, and no definite action as to the procedure to be followed has been reached. Hence, this subject is still under consideration.

2. A doctor has complained to the Society regarding the fees that are paid to doctors by the Veteran's Administration. The Administration has been contacted, and has advised this committee that office visits are $2.00, home or hospital visits $3.00, and night visits away from the office $5.00. It seems, according to the complaining doctor, that certain doctors are "chiselling" and are working for less than these standard fees. This matter is also to be taken under advisement at future meetings.

3. The National Youth Administration has requested the State Medical Society to endorse a fee of $4.00 per hour for doctors employed in the Health Examinations for all Youth Employees. This matter has rather broad implications. We have not felt at liberty to endorse such a rate, and this matter, too, is to present itself for future consideration in the incoming administration.

I might state that as Chairman of the Contract Practice Committee, it is my thought that the above three matters are indeed most important to the Medical Profession. The situation has been presented to the Subcommittee on Medical Practice, and the committee is fully cognizant of the possible import in these matters as regards the future practice of medicine. Machinery is being evolved to deal with these questions in their various aspects.

It is my recommendation that a larger committee be appointed to discuss these matters thoroughly. Such a committee should represent the large cross-sections of the State so that we might have the opinion of the various medical groups throughout the State in these matters.

HOSPITAL RELATIONSHIPS

WATSON B. MORRIS, M.D., Chairman, Springfield

The one and only meeting of the year was held at the Academy of Medicine in Newark early in October.

Due to the limited time available to the Committee for nonessential Society work, and, for the need for concentration on war problems, no definite plans for the Committee were outlined, but that the members hold themselves ready throughout the year to discuss any urgent matter which might arise regarding the integration of the efforts of the Medical Society with those of the hospitals and other agencies concerned in problems of common interest to the Hospital Administrators, Hospital Staffs and Governing Boards of Hospitals.

A general discussion was held on some of the problems which were believed to be of common interest to the hospitals and the medical profession. Among these was the outstanding problem of what effect the withdrawal of so many members of the OPD staffs of hospitals would have on the operation of clinics; as to

the frequency at which they could be conducted, and the attendance limitations which must be placed on each, so that the demand shall not exceed the resources available to conduct the work.

It was pertinently pointed out that the increased income now so widely distributed as a result of war work would automatically lessen the demand for free service to workers in need of medical attention. This point was further confirmed by the studies of Dr. Frankel who presented graphs covering some thirty hospitals, both urban and suburban.

Other elements intimately related to this general problem of OPD clinics were discussed. Among these were the relationship of the clinic to the general problem of providing medical care for those who cannot themselves afford to pay the cost.

This discussion brought out the pertinent fact that there is no such thing as service without cost. There is always a cost and someone must pay it. The term "free service", therefore, is a misnomer and should be substituted by a term which indicates that the cost must be paid from sources other than the indigents in need of medical services. There is the ever-present difficulty of determining eligibility of patients who seek the services without cost to them at the so-called "free dispensary".

It was generally agreed that the study made by Dr. Frankel was a valuable contribution and that further studies of other subjects could be made with mutual benefits to both the hospital and to the medical profession. It was suggested that the members individually call to the attention of the committee, the ways and means tried out, especially those found successful in the solution of local problems.

A discussion was held regarding the use of the fully licensed osteopathic physicians in hospitals and clinics, in lieu of the M.D.'s when the latter cannot be obtained. There was also discussion of the difficulties likely to be encountered in such cases by the hospitals and the physicians, inasmuch as they are not recognized by the A. M. A. or the American College of Surgeons.

The consensus of opinion, however, was that it would be a dangerous step to take, both from the standpoint of the public and the profession.

The question of nurse anaesthetists in connection with the shortage of physicians was discussed, and the prevailing opinion was that they have been and will continue to be used in the great majority of hospitals with the approval of the Surgical Staff members in the hospitals now employing them with evident satisfaction.

INDUSTRIAL HEALTH AND HYGIENE

J. MALLORY CARLISLE, M.D., Chairman, Westfield

It is with pleasure that the Advisory Committee on Industrial Health and Hygiene reports that the Industrial Hygiene Service is now officially recognized and properly functioning in the State Department of Health. This Bureau is now rendering a state-wide service to physicians and nurses in industry, local boards of health, as well as all industries and state agencies, on questions of industrial health together with occupational diseases and hazards. While this service functions in the Department of Health, it coöperates closely with the Department of Labor in the execution of their very excellent industrial program.

A part of the work of your Committee during the past year may be seen by the following list of activities:

SCIENTIFIC PAPERS AND EDITORIALS

"The Causes of Nutritional Failure"
"The Health Problem of Women in Industry"
"Editorial—Physical Examinations"
"Editorial—Industrial Medicine"
"Medical First Aid and Treatment in Common Types of Industrial Accidents"
"Treatment of Burns and Foreign Bodies of the Eye"
"The Toxicity of Certain Organic Solvents in Industry"
"Traumatic Shock and Burns"
"Pulmonary Edema — Prevention and Treatment"

Lecture: "Treatment of Burns", Middlesex Hospital, New Brunswick, N. J.

College of Surgeons (War Sessions), Newark, N. J.

Joint Meeting of the National Conference of Governmental Industrial Hygienists and the Subcommittee on Industrial Health and Medicine of the Health and Medical Committee, Office of Defense Health and Welfare Services, Washington, D. C.

American Association of Industrial Physicians, Cincinnati, Ohio

Scientific Exhibit at Annual Meeting of The Medical Society of New Jersey, Atlantic City, N. J.

Collaborator in Industrial Hygiene Survey in State of New Jersey

Annual Convention of American Medical Association, Atlantic City, N. J.

Scientific Exhibit on "Industrial and War Injuries", Interstate Post-Graduate Medical Assembly, Chicago, Ill.

Lecture: "Planning an Industrial Medical Department", Long Island College of Medicine, Post-Graduate Industrial Medicine Course, Brooklyn, N. Y.

Lecture: "The Treatment and Prevention of Accidents Seen in Chemical Industries", Long Island College of Medicine, Post-Graduate Industrial Medicine Course, Brooklyn, N. Y.

Series of Twelve Lectures on Industrial Medicine at Temple University Medical School, Philadelphia, Pa.

Fifth Annual Congress on Industrial Health, Chicago, Ill.

Twenty-four Two-Hour Lectures in Industrial Nursing, sponsored by Rutgers University, Newark, N. J.

Lecture "Pulmonary Edema" at the meeting of the Medical Directors of All Ordnance Plants, Cincinnati, Ohio

Collaborator on pamphlet "A Victory Committee", issued by the Industrial Hygiene Service, Department of Health, Trenton, N. J.

State-wide Conference on "Health and Recreation Needs for Workers in War Time" by New Jersey C. I. O. Industrial Union Council, Newark, N. J.

Greater New York Industrial Health and Safety Meeting, New York, N. Y.

Lecture: "Industrial Health and Hygiene from the Physician's Point of View", Stevens Institute of Technology, Hoboken, N. J.

Lecture: "Industrial Burns and Other Types of Injuries Occurring in Chemical Plants", Columbia University, College of Physicians and Surgeons, New York, N. Y.

NURSING AND NURSING EDUCATION

A. Charles Zehnder, M.D., Chairman, Newark

The activities of the Committee on Nursing and Nursing Education during the past year have been mostly consultative with the Nursing Association and other committees of The Medical Society of New Jersey.

Our committee did not find it necessary to hold any meetings as there have been no important matters to consider.

Due to the exigencies of the times we have decided to hold meetings only when absolutely necessary.

WORKMEN'S COMPENSATION

William K. Harryman, M.D., Chairman, Hackensack

I wish to report that this year, due to the many emergencies that have arisen and the great volume of additional work that has been thrown upon the men left at home, it has been almost impossible to really accomplish anything constructive through our Committee.

At the present time we are endeavoring to have a Joint Meeting with the Industrial Hygiene Committee and representatives of the C. I. O. and the A. F. of L. in order to see what constructively can be worked out in the way of occupational diseases. This meeting is scheduled for the near future.

We have also reviewed a number of bills that have been submitted by various groups in the legislature. We have also contacted the Department of Labor and the various insurance carriers in an attempt to work out a standard compensation accident form instead of the numerous ones that are being used at the present time. We will have the full coöperation of the Department of Labor and, I am sure, the majority of insurance companies in doing this as soon as time is found to complete the work.

I am very sorry not to be able to report more active progress at the present time, but hope that something more definite can be accomplished in the near future.

SPECIAL COMMITTEES

WAR PARTICIPATION

J. Mallory Carlisle, M.D., Chairman, Westfield

The present functioning Committee, appointed in mid-year, acts in an advisory capacity to the Procurement and Assignment service of New Jersey, a detailed report of which will be found on page 194. Up to the present time this has been the Committee's only function. We expect very soon to begin a program in the County Societies and will keep the members acquainted with our work through progress reports in The *Journal*.

RUTGERS PLAN

Henry B. Decker, M.D., Chairman, Camden

During the past several years the hospitals and dispensaries in New Jersey have been studied by this Society. These surveys led to the conclusion that dispensary services could be used for the further education of physicians engaged in the general practice of medicine.

The medical student, upon graduation, enters a hospital as an interne. Here he serves from one to two years on a rotating service. He comes in contact with all types of in-patients and is responsible, under supervision, for their care. Upon completion of his internship, he may obtain a residency in one of the branches of medicine. If he obtains this he continues in a hospital for several years more and becomes qualified in the particular specialty. However, he loses the broadening influence which is acquired only in the general practice of medicine.

He may, on the other hand, elect to enter the general practice of medicine. Having so elected, he casts about for a place on a hospital staff. As a rule, only dispensary appointments will be available. He accepts an appointment in one of the dispensaries because he may be interested in the particular branch or because an opening is available. Thereafter he remains in that particular dispensary. Any attempt on his part to rotate through the various dispensaries is frowned upon by the staff.

It was felt that an effort should be made to make available for physicians in general practice *an opportunity to continue their medical education*. This could readily be done by establishing rotating dispensary, ward and laboratory services in hospitals. As the thought developed it was decided to consult with the authorities at Rutgers University. The Society authorized this.

Several conferences were held. Finally in January, 1943, the authorities of Rutgers University announced that they were prepared to proceed with the preliminary steps. As long as this is a new departure in medical education a pilot course should be established with a selected group of students. It was decided to start the experiment in the Cooper Hospital in Camden.

Rutgers University will administer the course and when the student completes the equivalent of thirty academic hours of training, including the presentation of an acceptable thesis, the university will grant the degree of Master of Science in Medicine.

The plan visualizes the establishment of at least five such dispensary schools throughout New Jersey. These will be located so that, with the exception of the extreme Northern and Southern sections, every physician will be within thirty miles of a centre. The plan further visualizes an attendance at two dispensaries a week for a period of three years.

Your Committee feels that with the establishment of this plan there will be a benefit derived by the public, practitioners of general medicine, and by hospital staff members.

APPROVED AGENCIES

MEDICAL SERVICE ADMINISTRATION OF NEW JERSEY

THOMAS K. LEWIS, M.D., President, Board of Governors, Camden

GENERAL

Medical Service Administration, organized in 1940, was the first medical service corporation organized by The Medical Society of New Jersey. It originally formulated three Plans, known as Plans I, II, and III.

Plan I was an all-inclusive, voluntary prepayment Plan to provide payment of medical services rendered persons of moderate income in their homes, in the office of the physician, and in the hospital, at a cost averaging $4.25 per family. A thorough canvass of industries convinces us that there is no demand for such a complete Plan at present. For this reason, Plan I is not being promoted at present, but careful attention is being given to cost studies, the need and demand for such a Plan, awaiting a more favorable time for its reintroduction.

Plan II is now operating as Medical-Surgical Plan of New Jersey, a separate and distinct medical service corporation organized by The Medical Society of New Jersey in 1942.

Plan III is the Farm Security Medical Care Plan which Medical Service Administration has been operating for two years. The Farm Plan is sponsored by the Farm Security Administration of the Department of Agriculture for the benefit of low income farmers to whom the government has advanced money for the rehabilitation of their homes, farms, and families. These families are persons who have no "borrowing" power and who without government aid would probably become indigent problems in their community. The money advanced by the government, plus any income from their farms, is budgeted; specific items in the family budget providing payment for the essentials of life. The remainder of the family income is paid to the government against their government loan. The budget for medical care from $12.00 to $20.00 per family depends upon the size of the family and provides for payment of minimum fees to physicians for medical care rendered members of each family in the home of the patient or the office of the physician. It does not allow for payment of medical care in hospitals, as the income status of these people will not support the expense of such a Plan. The purpose of the Plan is to place these families under the supervision of the medical profession for health guidance and essential medical care.

SUMMARY OF EXPERIENCE OF FARM PLAN—1942-43

Number of persons enrolled April 1, 1943	1,948
Number of families enrolled April 1, 1943	455
Average monthly sick rates, per 1,000	68.1
Call rate per month per 1,000 (home and office)	39
Ratio of home calls to office calls	1—3
Cost per person per month	$ 0.32
Physician's fees:	
Office calls	1.50
Home calls	2.50
Obstetrical delivery (pre-natal additional on a call basis)	30.00

The year's experience indicates that rural medical care at a sick rate of 68.1 per 1,000 per month with physicians' fees of $1.50 in the office and $2.50 in the home may be distributed at a cost of $0.32 per person per month, exclusive of the administrative costs of the Plan.

During 1941-42 the sick rate was 65 per 1,000 per month and fees were $1.00 in the office and $2.00 in the home. It seemed to indicate after six months' operation that we might be able to raise fees and, therefore, we raised our fees to $1.25 and $2.00. The cost per person in that year was $0.21. At the end of the year there was a surplus of $2,130.30.

On the basis of this experience we increased fees for 1942-43 to $1.50 for office calls and $2.50 for home calls. This, together with a modest increase in our sick rate, has resulted in a deficit for the year of $842.29. We have maintained our fee schedule but have drawn upon our reserves. During the year we have been quite liberal in interpreting our contract and in paying for physicans' services. It may be necessary during the coming year to make a more rigid interpretation of the provisions in our contract.

PROGRAM FOR 1943-44

For the year 1943-44 our subscription rates will be increased about 25 per cent, bringing them to $16.00 per individual and to $24.00 per family. With this additional subscription rate we hope to pay mileage allowances. Because of the large number of physicians in active

service it is necessary for these families to call physicians from a considerably greater distance than formerly, justifying additional payments on a mileage basis.

Several opportunities to expand the activities of Medical Service Administration have presented themselves during the past year. The Federal Public Housing Administration has requested the development of a complete medical care Plan for the tenants of their housing projects in war industry areas. The Board of Governors feels that at this time it is not advisable to develop such a Plan for the benefit of these groups without further study. Preliminary study indicates that the wages now earned by these tenants is sufficient to allow payment for adequate medical care without special consideration. The Medical-Surgical Plan to provide payment for illnesses cared for in hospitals, is available to them through their place of employment. Further study is being given to this problem.

The Farm Plan is being expanded this year to include "Year-Round Agricultural Workers" being imported as part of the Farm Security Program from Southern States to fill the farm labor shortage in New Jersey.

We are convinced that the Farm Plan is filling a very definite need, particularly in Southern New Jersey. The coöperation of the profession, with very few exceptions, has been excellent. The income for these patients while not adequate to provide an adequate share of income to the profession, does prevent a certain loss of income to the profession. We are learning something about costs of rural medical care, developing administrative methods, and demonstrating the will of the profession to distribute medical services to all persons at a cost they can afford to pay. We strongly recommend the continuation of this Plan.

MEDICAL-SURGICAL PLAN OF NEW JERSEY

Thomas K. Lewis, M.D., President, Board of Trustees, Camden

Medical-Surgical Plan has been operating since July, 1942, following its organization by The Medical Society of New Jersey. We wish to report on our progress, our current problems and to urge your continued support of our activities as an integral part of the program of The Medical Society of New Jersey.

Our growth and experience is summarized in the table given below.

As of February, 1943, there were 5,797 persons eligible for benefits under our contracts. The earned income to the Plan from this group for the month of February was $3,589.17 or $0.62 per person. This represents an annual income of $7.44 per person, $28.76 per family averaging four persons, or $28,760 per thousand families. Enrollment as of April 1st totals 6,997 persons.

Initial administrative costs have of necessity been high, but are being gradually reduced. Hospital Service Plan has reduced their charges from 25 per cent of our earned monthly income to 12 per cent, and we believe our total administrative costs will soon be reduced to a reasonable figure. The net income to the profession should then be, we believe, sufficient to assure at least average fees for physicians' services.

Our claims to date have equalled 41 per cent of our earned income per month, not including payment for tonsillectomies and maternity care which are not eligible during the first eleven months of enrollment. All claims have been paid in accordance with 100 per cent of our predetermined estimates. All administrative costs have been paid, we have recovered our

1942	Monthly Earned Income During Month	Monthly Claims Incurred During Month	Assets End of Month	Liabilities End of Month	Reserves (Excess of Assets Over Liabilities)
July	$ 979.25	$ 460.00	$5,979.25	$2,270.04	$3,709.21
August	1,201.50	622.50	6,320.09	2,270.33	4,049.76
September	1,564.80	562.50	6,481.76	2,118.23	4,363.53
October	2,332.56	1,508.00	7,497.69	3,180.25	4,317.44
November	2,355.67	1,435.50	7,961.12	3,780.27	4,180.85
December	2,615.00	446.00	9,856.15	4,004.81	5,851.34
1943					
January	3,279.41	1,163.50	10,308.35	4,630.02	6,278.33
February	3,589.17	1,388.00	11,703.38	4,560.79	7,142.59
March	3,798.52	1,464.50	12,311.44	3,749.89	8,561.55

capital fund and accumulated reasonable reserves.

CURRENT PROBLEMS

Operating Costs:

Operating costs, in relation to earned income, are necessarily high with a small enrollment, and possible of proportionate reduction as enrollment expands. Analysis of all expenditures for a period of three months since January 1, 1943, is as follows:

Total Earned Income			
Jan. 1-Mar. 31, 1943	100.00%		$10,667.10
Expenditures			
Total claims	37.65%	$4,016.00	
Total operating costs	29.44%	3,140.89	
Total expenditures		$7,156.89	
Reserves	32.91%	3,510.21	
Total income	100.00%		$10,667.10

Enrollment:

Actual enrollment of any group requires several weeks of preliminary educational work and arrangements for administrative details of enrollment. Many industrial organizations are so occupied with important problems that consideration of the Plan by their executives is repeatedly postponed. There is a scarcity of representative personnel to present and explain the Plan to industry and to handle the details of enrollment. These are matters which cannot be entirely remedied at present but are being dealt with as effectively as possible by Hospital Service Plan of New Jersey.

The most satisfactory enrollments are obtainable in the large industrial organizations. The majority of these are state-wide organizations with plants operating in several counties. They are not interested in any Plan which does not include all of their employees. Their enrollment in Medical-Surgical Plan has been obstructed by the actions of Union County Medical Society which on two occasions voted disapproval of the operation of the Plan in Union County. This action has prevented enrollment among about 40,000 employees.

We regret the action of Union County Medical Society, but do not wish to take any step contrary to our present understanding or policy with The Medical Society of New Jersey. This understanding is based upon the recommendation made by our Plan to the Board of Trustees of The Medical Society which was approved by the Board and the House of Delegates in 1942 to the effect that "Medical-Surgical Plan transact business for one year in any county in which it is approved by the respective County Society". We have interpreted this as meaning we would not operate in any county where such approval was not granted.

We have 158 participating physicians in Union County, out of the 362 physicians recognized as practicing in that County. Our enabling act provides for operation of the Plan in any County in which we have 51 per cent of the practicing physicians as participating physicians. We believe we could obtain this quota, but would even then be prevented from operating in Union County under our understanding with The Medical Society of New Jersey, as regardless of our regret over this action of Union County, we do not wish to take any action contrary to the intent of our agreement.

PROCUREMENT AND ASSIGNMENT SERVICE OF NEW JERSEY

Charles H. Schlichter, M.D., Chairman, State Advisory Committee, Elizabeth

Procurement and Assignment Service of New Jersey presents for your consideration the following report of its activities during the past year.

ORGANIZATION

Procurement and Assignment Service was organized in December, 1941, by Executive Order of President Roosevelt, to provide an agency through which the medical profession might, of its own volition, procure from among its members sufficient medical personnel to meet the needs of our armed forces. Procurement and Assignment Service, therefore, is officially a government agency. It is part of the Office for Emergency Management which, in turn, is a divison of the Executive Office of the President.

Procurement and Assignment Service is organized on a National, Corps Area, State, and County basis. The Central Office is located in Washington and is under the direction of a Central Board, the members of which were appointed by President Roosevelt. Its Chairman is Dr. Frank Lahey, of Boston. The Second Corps Area is represented by a committee

under the chairmanship of Dr. Henry W. Cave, of New York. New Jersey is represented by a committee under the chairmanship of Dr. Charles H. Schlichter. Each county in New Jersey is represented by a single representative or by a committee recommended by the respective County Medical Society.

The New Jersey State Advisory Committee was appointed by Dr. Henry W. Cave, Chairman of the Second Corps Area Committee. Each appointment received the approval of the New Jersey State Chairman. As presently constituted, the committee is as follows:

Chairman, Charles H. Schlichter, Elizabeth
Vice-Chairman and Secretary, Norman M. Scott, Newark
First Councilor District, A. Charles Zehnder, Newark; Elbert S. Sherman, Newark
Second Councilor District, Francis H. Todd, Paterson
Third Councilor District, George W. Fithian, Perth Amboy
Fourth Councilor District, Henry B. Decker, Camden
Fifth Councilor District, David B. Allman, Atlantic City
Board of Trustees, Joseph F. Londrigan, Hoboken
State Board of Health, J. Lynn Mahaffey, Haddonfield
Industrial Surgeons, J. M. Carlisle, Rahway
American College of Surgeons, George N. J. Sommer, Trenton
Civilian Defense, Jacob Reiner, Elizabeth
County Consultants and Induction Boards, H. Roy Van Ness, Newark
Selective Service, Major P. E. Schwehm, Trenton
Dentists, E. C. Stillwell, D.D.S., Glen Ridge
Hospital Administrators, Mr. I. E. Behrman, Newark
State Police, D. Leo Haggerty, Trenton

FUNCTIONS

The function of Procurement and Assignment Service is limited to the determination of availability of physicians. Up to January, 1943, the names of physicians to be classified as "available" or "essential" were received from the Central Office of Procurement and Assignment Service in Washington. These names were, in turn, referred to our County Consultants and, based upon the recommendations of our County Consultants and data available in this office, each man was classified and notification of his classification was forwarded to the Central Board. From this point on, the processing of each available man was a matter cared for by the Federal Government and Procurement and Assignment Service was no longer concerned.

Since January 1, 1943, the process has been reversed. The names of "available" physicians are received from our County Consultants and the State Office, after checking with records available in that office, forwards a list of "available" men each month to the Central Board, for processing by military authorities.

In determining availability and essentiality of physicians, it is the responsibility of Procurement and Assignment Service to retain sufficient medical personnel in each community to assure adequate, essential medical care of the population during the war period.

At all times, the New Jersey State Committee has insisted that applications for commissions be on a voluntary basis and, at no time, has any form of compulsion been exerted by the New Jersey Office or the State Committee. An exception to this, for which this Committee was not responsible, was the activities of the First Army Physicians' Examining Board for Southern New Jersey and Delaware. This Board, with headquarters at Fort DuPont, Delaware, did commission a certain number of physicians in Southern New Jersey without the advice of this Committee. This Board was discontinued, upon recommendation of the Chairman of the Committee, and a new Board for Southern New Jersey was appointed, to meet at Fort Dix.

LOCAL EXAMINING BOARDS

In April, 1942, upon recommendations made by the New Jersey Medical Preparedness Committee at its meeting of March 25th, the Army established Medical Officer Recruiting Boards, to coöperate with the State Committee on Procurement and Assignment Service. This proved to be of great assistance in expediting the physical examinations and commissions of our New Jersey physicians, retaining the processing method on a local basis and allowing for direct contact of our office with the Army authorities when our load was the heaviest.

These Medical Officer Recruiting Boards were withdrawn in November, 1942, when our 1942 quota from New Jersey was filled. Our relations with these examining boards, with the Selective Service System, our Corps Area Committee, and the Central Committee have been most cordial and we appreciate the assistance which these various agencies have given to the work of procuring physicians in New Jersey.

SOURCE OF INCOME

New Jersey Procurement and Assignment Service has received its income from three sources:

1. Appropriation of a budget from the Office for Emergency Management.

2. Appropriation from The Medical Society of New Jersey.

3. Income from contract for x-ray of selectees at induction stations.

The budget from the Office for Emergency Management is available on a voucher basis. It became effective in October, 1942, prior to which time Procurement and Assignment Service made its own way with help received from The Medical Society of New Jersey. Our government budget for the year 1942-43, including allowances for the State Dental Section of Procurement and Assignment Service, is $4,300. Against this budget, by a voucher system, we may charge clerical help, office supplies, telephone and travel expenses. We also have the privilege of franked mail. This budget has been inadequate for expenses incurred, but has been of definite assistance.

Income from The Medical Society of New Jersey and from the United States Army: When the New Jersey induction stations were opened, there was inadequate medical personnel and no technical facilities for chest x-rays of the selectees. This offered an excellent opportunity for tuberculosis case finding and, with the coöperation of the Committee on Tuberculosis of The Medical Society of New Jersey, an arrangement was made, through the Second Corps Area, whereby Dr. Schlichter, acting as a fiscal agent, accepted seventy-five cents per selectee examined and, in turn, furnished x-ray machines, films, miscellaneous supplies, and technicians to provide a chest x-ray examination of each selectee.

The Committee wishes to express its appreciation for the active coöperation and assistance of our State and County Tuberculosis Hospitals which so generously loaned much necessary equipment and personnel.

With the full coöperation of the Army, the Tuberculosis Committee, the State Board of Health, and the Selective Service System, arrangements have been made whereby every selectee rejected for pulmonary pathology has been referred for further study and proper disposition, either by hospitalization, civilian work compatible with his physical condition, or, in those cases which proved to be of a temporary, nontuberculous nature, return to Selective Service System for reclassification.

The income to Procurement and Assignment Service has been carried in a special account known as the War Service Account. A summary of this account follows:

WAR SERVICE ACCOUNT

Number of men x-rayed	53,541
Number of films used	54,990

Income

Received from the United States Treasurer	$41,242.50	
Reimbursements from The Medical Society	1,078.37	
Reimbursement to the Medical Service Administration for expense of office prior to November 1, 1942	1,753.90	
		$44,074.77

Expenditures

Films, developer, technicians, repairs, etc.	$34,624.38	
Clerical help	2,262.23	
Taxes	24.78	
Travel and meeting expenses	978.83	
Demonstration (American Hospital Association)	93.00	
Office supplies and telephone	852.45	
Expense to Medical Service Administration prior to November 1	1,753.90	
Miscellaneous (gratuity)	200.00	
		40,789.57
Balance in the Bank		$ 3,285.20

Prior to November 1, 1942, The Medical Society of New Jersey supported the Procurement and Assignment Service Office at 31 Clinton Street, Newark, New Jersey. The Society paid for rent, telephone, and office supplies incurred in the name of Procurement and Assignment Service up to that date. Expenditures paid for by The Medical Society for this purpose total $1,753.90, and are included in the War Service Account, as summarized above.

On February 1, 1943, Procurement and Assignment Service moved to the Office for Emergency Management Building at 20 Washington Place, Newark, New Jersey, for purposes of economy, in the form of rent, telephone and office supplies at the expense of our Federal budget.

ACCOMPLISHMENTS

The 1942 quota for New Jersey was 1,359 physicians; the 1943 quota was 447 physicians, or a total of 1,806 physicians from the communities of New Jersey. This does not include Interns and Residents or other physicians not registered in our counties; however, the figure 1,806 does include replacements for thirteen physicians discharged from the Army because of physical defects.

As of January 31, 1943, there are 1,634 physicians actually on duty from New Jersey in

our armed services. This is equivalent to 90 per cent of the total State requisition. It is impossible at any given time to tell the exact number of physicians on duty on that particular date, due to the delay in notices of confirmation from the War and Navy Departments. We estimate that, as of April 1st, there are approximately 1,650 New Jersey physicians on active duty, leaving a deficit against our total requisition of about 150 physicians to be supplied between now and November 1, 1943, when our program insofar as supplying the armed services is concerned, will be completed.

The Army, Navy and United States Public Health Service, and the Central Board of Procurement and Assignment Service have agreed that the physician population of the United States may be reduced to a ratio of one physician to 1,500 of the population, without jeopardizing national health. By November 1st, if New Jersey has furnished a total of 1,806 physicians, it will be considered as having furnished its share of physicians to reduce the national ratio to 1 to 1,500, and further requisitions applicable to New Jersey will not be made, unless unforeseen contingencies arise. The situation will then become stabilized and our problem will involve the solution of local problems and relocation of physicians as necessary to fill local deficiencies.

RECOMMENDATIONS

The above report was presented to, and approved by the New Jersey State Advisory Committee of Procurement and Assignment Service at its meeting held on April 8, 1943. At the meeting the Committee considered particularly the following problem:

Intern and Resident Problem: The present provisions of Procurement and Assignment Service are detrimental to the conditions prevailing in New Jersey. These provisions allow that no hospital shall have more Interns than it had in 1940, or more than 50 per cent of the Residents employed in July, 1940.

The problem in New Jersey involves the procurement of Interns rather than Residents. The problem is made more difficult by the fact that the large teaching hospitals associated with schools are more attractive to Interns and, with the limted supply, this results in very few Interns being available for the smaller and non-teaching hospitals in New Jersey. To assist in the solution of this problem the Committee, at its meeting of April 8th, adopted the following resolution which was forwarded to the Central Board of Procurement and Assignment Service:

"Whereas statistics show that the number of Interns necessary in the country is approximately 8,000, and that the number of Interns or graduates available for Internships, as of June, 1943, is approximately 5,000;

"And whereas most of the hospitals in New Jersey, even those of 300 beds, are receiving no Interns from the present graduating class;

"And whereas the Central Board of Procurement and Assignment Service has recommended that each hospital be entitled to the number of Interns on service as of 1940;

"And whereas there has been an enormous increase of hospital patients in the State of New Jersey because of defense efforts;

"Therefore, be it resolved, that the New Jersey State Committee of Procurement and Assignment Service urgently recommend that the Central Board of Procurement and Assignment Service issue a regulation to the effect that the number of Interns be assigned to each hospital on the basis of 5/8 of the number of Interns available to the total number of Intern vacancies."

At the same meeting on April 8th, the New Jersey State Advisory Committee moved that the following recommendation be made to the Publicaton Committee: That the names of all physicians declared "available for military service" by this Committee and referred to the Central Board of Procurement and Assignment Service for processing by the Federal services, be published in the Journal of the State Medical Society each month, the first published list to include all the names of "available" physicians which have been forwarded to Washington since January, 1943.

EMERGENCY MEDICAL SERVICE OF THE NEW JERSEY STATE DEFENSE COUNCIL

CHARLES H. SCHLICHTER, M.D., Chief, Elizabeth

The Emergency Medical Service, as part of the New Jersey Civil Defense Council program, was taken over by Dr. Scott and Dr. Schlichter in October, 1941. In the summer of 1942 Dr. Gerald Sinnott accepted a commission in the United States Public Health Service and assignment as full-time administrative officer. The present status of Emergency Medical Service is as follows:

GENERAL

Each of the 563 municipalities of the State is covered by an organized service in which about 400 physicians are participating as local chiefs of Emergency Medical Services.

MOBILE TEAMS

There are two types of basic local organization. To each of our 89 general hospitals is attached an organized mobile team composed of physicians, nurses and auxiliary workers. In communities without hospital facilities, the mobile teams are attached to casualty stations.

CASUALTY HOSPITALS

Each of our 89 general hospitals is a "Casualty Receiving Hospital", equipped and organized to administer emergency and definitive care to casualties admitted from the site of emergency, from casualty stations or transferred from other hospitals. These hospitals have a normal capacity of about 13,000 beds. Each has agreed to make immediately available 25 per cent of its bed capacity for the care of emergency cases. This should be sufficient to handle any reasonably predictable emergency.

BASE HOSPITALS

These consist of existing Tuberculosis Hospitals located in rural areas. About 2,000 beds will be made immediately available in these hospitals by the discharge of non-infectious cases to their homes or other existing facilities.

BLOOD BANKS

Twelve blood banks have been established in strategic areas. In addition we have about 2,600 units of liquid and dried plasma in storage, available only for use in a major emergency.

AFFILIATED HOSPITAL UNITS

Five affiliated units have been organized. These are personnel units sponsored by hospitals at the invitation of Federal Office of Civilian Defense and United States Public Health Service. They consist of fifteen physicians, of whom six are surgeons, five internists, one pathologist, one radiologist and one dentist. Each physician has a reserve commission in the United States Public Health Service which will be activated in case of serious emergency. The unit, or any individual member, may then be assigned for duty in a Base Hospital, or to such duty as the contingency may require.

NURSING FACILITIES

A recent survey reveals 15,000 graduate nurses in New Jersey of whom 11,000 are inactive but available. When the work associated with this survey is completed we may feel assured of adequate voluntary nursing service during an emergency.

SUPPLIES

A survey of medical supplies reveals formidable quantities available for immediate use in all parts of the State. Large amounts of additional supplies are held in Red Cross storehouses.

Gas masks and helmets have been distributed in about ninety municipalities. About 12½ per cent were allocated to Emergency Medical Service personnel. About 3,000 hospital beds, iron beds and mattresses have been received and are held in storage.

DECONTAMINATION

Decontamination of the human body must be supervised by physicians and health officers. According to present plans it must be accomplished by the existing bathing facilities in each community, fresh clothing being obtained from local supplies. An educational program, stressing simple methods of decontamination, is now in progress.

COMPENSATION OF INJURED

Money is now available for compensation and payment for medical care of those members of the protective services injured in line of duty. We have about thirty-seven persons now eligible for these benefits. This will be an administrative responsibility of our local chiefs of Emergency Medical Services. Details of administrative procedure will shortly be distributed.

CONTROL CENTERS

Organization of a control center system is now making definite headway, under Executive Order No. 21, issued by Governor Edison. The State Control Center will be in the headquarters office of State Police in Trenton. Three regional offices will be located in Morristown, West Trenton and Hammonton regional offices of the State Police and will govern activities in these regional districts. Within these regions appropriate area control centers are being established, and finally, there is a control center in each municipality. Through this organization, by notification through its next highest echelon, any community may receive the aid it needs from neighboring municipalities or all facilities within the State may be thrown into service.

CONCLUSIONS

Emergency Medical Services, as originally

organized and planned, are still in effect and have proven to be adaptable to the needs of all types of municipalities.

We have attempted to avoid undue administrative work on the part of our local chiefs, but it is impossible to relieve them of all administrative detail work.

We urge that local plans be simplified, that over-organization and cumbersome administrative details be avoided in order that they may not distract or prevent attention to the primary and only function of physicians; the efficient medical care of the sick and injured.

STATE BOARD OF MEDICAL EXAMINERS OF NEW JERSEY

E. S. HALLINGER, M.D., Secretary, Camden

During the period of January to December, 1942, the Board examined 120 applicants for a license to practice medicine and surgery. Nine of these applicants were graduates of osteopathic colleges. The Board also examined five applicants for a license to practice chiropody.

TABLE I—SHOWING NUMBER OF CANDIDATES FOR THE 1942 EXAMINATIONS, CLASSIFIED AS GRADUATES OF MEDICAL COLLEGES IN THE UNITED STATES AND FOREIGN COUNTRIES AND ACCORDING TO CITIZENSHIP

	Citizens	*Non-citizens	Total	Passed	Failed
MEDICAL					
United States					
Graduates of Medical Schools	74		74	74	
Osteopaths Who Qualified for a Full License to Practice Medicine and Surgery	9		9	9	
Poland	1		1		1
Canada	1		1	1	
Italy	22		22	16	6
Austria		1	1	1	
Germany	1		1		1
Hungary	3	3	6	4	2
Great Britain	1		1	1	
Switzerland	4		4	4	
CHIROPODY					
United States	5		5	5	
	121	4	125	115	10

*Those who were non-citizens had taken the examination prior to the passage of the amendment requiring full citizenship and failed and were entitled to reëxamination. They submitted Declaration of Intention to become a citizen of the United States and were granted a license valid for six years from Date of Declaration.

One hundred and twenty-eight licenses were issued to applicants for endorsement of a license from another state who presented credentials to prove they could meet the requirements for examination that were in force in New Jersey at the time they were examined.

All credentials covering medical and hospital work submitted to the Board were verified by questionnaires sent to the colleges and hospitals before a license was issued, also licenses issued to applicant in foreign countries which were submitted by candidates for the examination who were graduates of foreign medical schools, and licenses issued in the United States submitted by applicants for endorsement.

TABLE II—*Showing Licentiates by Endorsement Classified as Graduates of Colleges in the United States and Foreign Countries*

Countries	Total
United States	112
Great Britain	6
Canada	2
Switzerland	2
Germany	2
Italy	3
Russia	1
	128

The laws governing the practice of medicine and surgery, osteopathy and chiropractic, do not provide for an annual registration. The Board does not, therefore, know whether the

number of licentiates practicing in the State is increasing or decreasing.

TABLE III—*Showing Number of Physicians and Surgeons, Osteopaths and Chiropractors, Endorsed to Other States, the Number of Licentiates of Whose Death the Board Received a Record and the Number of Licenses Revoked.*

Physicians—Endorsed to Other States	19
Osteopaths—Endorsed to Other States	1
Chiropractors—Endorsed to Other States	2
Medical Licenses Revoked	3
Medical Licenses Suspended	2
Medical Licenses—On Probation for 2 years	1
Medical Licenses—Complaint Dismissed	1
Medical Licenses Restored	1
Midwifery Licenses Revoked	1
Midwifery Licenses Suspended	1
Deceased Physicians	64
Deceased Osteopaths	4
	100

An annual registration would give the Board accurate information in regard to the number of physicians practicing in New Jersey and would enable the licensed physicians to assist the Board in enforcing the law by reporting unlicensed physicians in their vicinity.

The laws governing the practice of chiropody and midwifery do provide for an annual registration and our records show a decrease of forty in the number of chiropodists registered on November 1st, 1942, and a decrease of four midwives for the same period.

ENFORCEMENT

Petition for reinstatement of one license was granted. Following is a brief report of the Board's activities in enforcing the laws which they administer:

Court Cases—Violation of Medical, Etc., Laws		
Convicted, Pleaded Guilty or Settled	43	
Decision Reserved	3	
Pending in the Courts	23	
Chiropodists—Failure to Register	3	
Midwives—Failure to Register	1	
		— 73
Cases—Supreme Court		
Board's Action in Revoking License Sustained—No Appeal Taken	1	1
Hearings Before Board		
Medical:		
Placed on Probation	1	
Complaint Dismissed	1	
Revocation or Suspension Pending	2	
Petition for Reinstatement Granted	1	
Licenses Revoked	3	
Licenses Suspended	2	
Midwifery:		
License Revoked	1	
License Suspended	1	
		— 12
		— 86

CLASSIFICATION OF INVESTIGATIONS AND INSPECTIONS

Type of Cases Investigated	No. Investigated
Druggists Practicing Medicine	36
Prescribing Herbs and Drugs	12
Medical Doctors	56
Unlicensed Chiropractors	54
Licensed Chiropractors Exceeding License	7
Unlicensed Osteopaths	1
Licensed Osteopaths Exceeding License	1
Unlicensed Chiropodists	9
Licensed Chiropodists Exceeding License	1
Masseurs and Massage Treatments	2
Naturopaths	2
Physio-therapists	10
Laying-On-of-Hands	2
Medical—Revocation	10
Midwifery—Revocation	2
Licensed Chiropodists Practicing Chiropody After Failure to Register	1
Licensed Chiropodists Failing to Display Name	7
Midwives Exceeding License	1
Miscellaneous	6
	— 220

ANALYSIS OF INSPECTIONS AND INVESTIGATIONS	
Total Number of Investigations and Inspections Made	220
Total Number of Visits Made and Treatments Received in Making the Investigations and Inspections	1,225
Average Number of Visits per Investigation	5.5

COUNTY SOCIETIES

ATLANTIC

Robert A. Bradley, M.D., President, Atlantic City

It was not long after the conclusion of a very successful convention of the American Medical Association that the Army Air Force moved into Atlantic City and took over all major hotels and a greater number of the secondary hostelries for use as barracks. The acquisition of these hotels made imperative a change in policy in the conduct of the regular meetings of the Medical Society of Atlantic County. For years we have been privileged to hold our sessions, whether regular or special, in one of the convention rooms of a leading boardwalk hotel. Many courtesies were extended to us and to our guest speakers including overnight accommodation for the latter. It was an ideal arrangement. Our change in policy was further compelled by dimout regulations, so severe as to make night driving a decided hazard. Changes in outgoing transportation facilities proved an additional obstacle. These conditions also necessitated the transfer of the State Medical Convention from Atlantic City to Newark.

Many suggestions were offered regarding the course of conduct of our future affairs, varying from "closing shop" for the duration all the way up to "business as usual". We were determined to adhere to our former practices as closely as possible within the limitations imposed upon us by war restrictions.

The Program Committee under the chairmanship of Dr. Davidson was instrumental in furnishing a number of lectures which were instructive and for the most part interestingly delivered. Meetings have been conducted in the Solarium of the Atlantic City Hospital, the use of which has been granted by Miss Nellie McGurran, the Superintendent. We have been honored and privileged to have Dr. Edward A. Strecker of the University of Pennsylvania, Dr. Roy W. Mohler of Jefferson Medical College, Dr. Harry E. Bacon and Dr. John B. Kolmer of Temple University School of Medicine among our guest speakers. Vice-President Ralph K. Hollinshed brought a message to us from President Marsh early in the year. It was our very good fortune to have Lieutenant Colonel William H. Powell, Jr., M.C., Commanding Officer of the Station Hospital in Atlantic City, as our guest speaker in April. Attendance at all meetings has been uniformly good.

For obvious reasons many committees, such as Entertainment, Broadcasting, Insurance, etc., have been inactive. The armed services have claimed fifty-two of our members, of which forty-nine are Regular Members and three are Associates.

The Board of Censors approved the application of five physicians for membership, three Regular and two Associate. One of the new members is a transfer from Ohio, Dr. E. J. Oesterlin, who has succeeded Major R. A. Kilduffe, M.C., as Pathologist at the Atlantic City Hospital.

Chairman Silvers of the Committee on Constitution and By-Laws states that the Society is working very satisfactorily under the by-laws now constituted. One change he reports was made because of conditions created by war. This modification had to do with increased power of the Executive Committee to offset changes which may take place in membership so that business can be legally transacted in a prompt manner. This grant of power is limited to the duration of the war.

The Library Committee, headed by Dr. Barbash, reports progress. He has set up a system for the review of new books, in return for which the volumes are presented to the Library. This committee is also checking over old volumes with the idea of disposing of any book which is obsolete either from a standpoint of reference or of historical value. In his capacity as Editor of our monthly Bulletin, Dr. Barbash has performed an excellent job. The scope of the publication has been enlarged with the particular idea of keeping our members in the Armed Services informed as to the whereabouts and the duties of their Brothers-in-Arms. Of course, the usual routine of the County Society is included. The Bulletin was enlarged to include the Military Personnel of the Atlantic City Hospital Graduate Nurses and many of their internes. The editorship of the Bulletin has been a most tedious task but I think Dr. Barbash has been more than repaid by the receipt of numerous letters, even from far-off India, expressing gratification and happiness from many of his

former associates, internes and nurses for sending the monthly Bulletin to them.

Chairman Scanlan of the Public Relations Committee reports little activity because of unusual conditions in Atlantic City due to war. All members of the Medical Society of Atlantic County, Dr. Scanlan says, have advanced the good relations between the members of the Armed Forces inhabiting our city and the medical profession.

Dr. Allman, Chairman of the Medical Preparedness Committee, reports that many of the mistakes and shortcomings which several months' experience brought out have been corrected. The Emergency Medical Service has been streamlined and by virtue of practice at drills, individuals and various units have acquired invaluable experience. Equipment has been augmented. One hundred and fifty units of dried blood plasma are now available in this locality. Following the resignation of Major Robert A. Kilduffe, M.C., last summer, Dr. Allman was appointed Chief of the Emergency Medical Service of Atlantic City. During the past year he has also received the appointment as a member of the Atlantic City Defense Council and of the Advisory Committee for the Office of Emergency Management of the War Manpower Committee. Dr. Allman is Deputy Chief of the Coastal Zone of New Jersey.

We were compelled to forego our usual postgraduate course which has been an annual function for the past few years. Chairman Carrington brought the subject up at the September meeting; the majority decided to omit the lectures because of uncertain conditions. A refresher review on burns was conducted by Drs. Allman and Johnson at the Atlantic City Hospital.

The Public Health Committee has been carrying on its routine activity. The Cancer Section reports the Atlantic City Hospital Tumor Clinic has continued its efficient work. This Committee suggests the advisability of modifying the scare campaign in cancer education.

The Orthoptic Clinic and other functions dealing with sight conservation in school children actively continue.

Nothing new is reported from the Maternal Welfare or Contagious Disease sections. Contagion has been well within average. A tremendous number of vaccinations were performed; no smallpox was reported. The Subcommittee on Venereal Diseases approved the qualifications of three members to handle the work in the State Venereal Disease Clinics at Northfield, Mays Landing and Hammonton.

The Public Health Committee in conjunction with the Committee on Public Relations advised the disapproval of a proposed city ordinance for the periodic examinations of food handlers. The Society voted to uphold the recommendation of Chairman Salasin and his committee. In a program sponsored by the State Department of Health and conducted by the Visiting Nurse and Tuberculosis Association, a Roentgenologic survey of chests was made in the Negro section of Atlantic City late in 1942. The expense was borne by the Visiting Nurse and Tuberculosis Association. More recently they have made a survey in the county and have x-rayed upwards of fifteen hundred individuals.

Two special meetings were held, one at the behest of the Surgeon General (Army) for recruitment purposes. A second session was requested to discuss gasoline rationing insofar as it affected the physician.

It is with regret we record the deaths of Drs. Edwin Coward, Alfred Westney, A. Burton Shimer, Joseph C. Marshall and Major Robert A. Kilduffe, M.C., during the past year.

BURLINGTON

Parry M. Scott, M.D., President, Beverly

The influence of the war has made quite a change in the activities of the Burlington County Medical Society and our year has been largely devoted to war problems, particularly attempting to keep our communities from suffering unduly from the lack of doctors and in an effort to keep the ratio of patients to doctors as low as possible.

With an anticipated small attendance it was decided to hold every other meeting at the Burlington County Hospital, transact our regular business and have a discussion of interesting cases and case histories from the hospital wards. Alternate months were devoted to the routine scientific sessions. Considering the small number of members and the abnor-

mal work thrust upon them, I feel that the attendance was excellent.

We now have 20 members in the armed services scattered around the far-flung battle fields—leaving us 45 members. Our Past-President, Dean LeFavor, is now in North Africa. Dr. Gibson of Burlington has been the only new member of the year.

The shortage of doctors has worked a hardship on every man in the county, and our older members have graciously taken on additional work and responsibilities. Despite all these difficulties, we feel that medical care in the county has been adequate and kept to a high standard. Two of our members have been forced to leave their work for at least three months, chiefly due to overwork, and it behooves all of us to conserve our resources for the most important things and not undertake to do more than we are physically able to take care of. Let us all heed the advice that we give our patients who are attempting to take on impossible physical and mental tasks.

Our various committees have performed their functions excellently and may consider themselves duly thanked. I wish to express my personal thanks to Dr. George T. Tracy, who so kindly took over his old job as Secretary of the Society.

ESSEX

William W. Cox, M.D., President, Montclair

The following is my report of the activities of the Essex County Medical Society for the year 1942-1943:

There have been seven stated meetings held in the Academy of Medicine, 91 Lincoln Park, Newark, with an almost equal distribution of scientific subjects and subjects of general interest to the medical profession presented.

The attendance at these meetings has been good, considering the large number of our membership serving in the Armed Forces. The scientific programs have been especially well attended and two of these have been held combined with the Academy of Medicine of Northern New Jersey.

The committee meetings have been curtailed somewhat because of the depletion in the ranks of the various committees, but on the whole, the committees have been active.

The Child Welfare Committee under Dr. Harrold A. Murray and the Maternal Welfare Committee under Dr. Lewis S. Herndon have had several important meetings, very well attended, at which time new subjects have been taken up for consideration.

The Child Welfare Committee has sponsored and set up a program for the obtaining and selling of breast milk in certain hospitals throughout Essex County under the heading of The Mother's Milk Bureau.

The Maternal Welfare Committee has held several meetings and has recommended, in particular, that the rules governing consultations in hospitals throughout the county shall be changed so that in difficult obstetrical cases it should be the policy and rule of each hospital to require the consultation to be with a senior or associate obstetrician attending in a Grade A hospital, rather than the former rule of limiting the consultation to a "Competent Consultant". There is no intention of limiting the surgical or obstetrical procedure to be done, to the obstetrician, but it has been decided by the Maternal Welfare Committee that the obstetrical opinion should be from an obstetrician whose experience and judgment, with all other things being equal, should produce the best results. Nor is it intended that the obstetrical procedures recommended by the obstetrician should necessarily be executed by the particular consultant.

A special hospital subcommittee has been appointed by the Maternal Welfare Committee, the members of which represent different Grade A hospitals, with the hope and expectation that this subcommittee will eventually secure the coöperation of the governing bodies of the various hospitals, in carrying out the recommendations of the Maternal Welfare Committee.

The Public Relations Committee has maintained its usual activities and several worth while programs have been sponsored and public speakers furnished to service groups, etc., through the Speakers' Bureau Subcommittee of this committee.

A special effort has been made throughout the year to elicit the coöperation and attendance of a larger number of our membership who live at a distance from Newark and to

bring about closer associations and a wider application of the work of the County Society.

An added feature at the meetings, which has proven to be successful by way of sociability, has been a collation served at the conclusion of each meeting.

The President-Elect for the coming year, with the coöperation of the present officers, is planning to broaden the scope of the work for the ensuing year, particularly along the lines of closer coördination of work among the adjacent County Societies.

HUDSON

Thomas McG. Brennock, M.D., President, Jersey City

The Hudson County Medical Society has had a very active year. The attendance at the meetings has not been up to par, but I believe this was due to the fact that a great many of our members are in the Armed Services, and also taking into consideration that the doctors in our county have been taking care of not only their own work but the added work and responsibilities of those who are serving their country. Our membership is now 476, including the members of the Society who are in the Armed Forces.

I have had splendid coöperation from all committees, and in addition to this, the Program Committee procured outstanding speakers and timely subjects which were interesting and instructive. These subjects pertained to civil and war problems. The speakers and their subjects were as follows:

OCTOBER 6, 1942

"Chemical Warfare", by Dr. Arturo R. Casilli, Pathologist, Elizabeth General Hospital.

"Procurement of New Jersey Physicians for the Armed Forces", by Dr. Norman M. Scott, Secretary, Physicians' Division, New Jersey Procurement and Assignment Service.

NOVEMBER 4, 1942

"Treatment of Casualties in the Pearl Harbor Attack", by Dr. John J. Moorhead, Surgeon, New York Post-Graduate Hospital, and Colonel, Medical Corps, U. S. Army (In-ac).

DECEMBER 1, 1942

"The Effects of Trauma on the Nervous System", by Dr. Louis Stevenson, Associate Clinical Professor of Neurology, Cornell University.

JANUARY 5, 1943

"Obstetrical Hemorrhage", by Dr. Samuel A. Cosgrove, Jersey City.

FEBRUARY 2, 1943

"Indications for the Conservative and the Radical Treatment of Cancer", by Dr. George T. Pack, Attending Surgeon, Memorial Hospital for Cancer and Allied Diseases.

MARCH 2, 1943

"Pulmonary Suppuration and Its Surgical Treatment", by Dr. Herbert C. Maier, Instructor in Surgery, Columbia University, N. Y.

APRIL 6, 1943

"Diseases of the Vulva", by Dr. Mortimer D. Speiser, Assistant Clinical Professor of Obstetrics and Gynecology, New York University College of Medicine, New York.

The radio program, under the auspices of the Hudson County Medical Society in conjunction with the Hudson County Board of Health, has been discontinued for the duration.

As you already know, our County Medical Society has agreed with over 51 per cent of our members to participate in the Medical-Surgical Plan, providing for the payment for medical and surgical care rendered to subscribers while hospitalized, under combined coverage of the Hospitalization Service and the Medical-Surgical Plan of New Jersey.

The Civilian Defense and Emergency Medical Service have been working diligently and have a set-up to meet any type or form of disaster or catastrophe.

I wish at this time to take recognition of the fact that we have approximately 130 members of our Society in the Armed Forces of our country. They are serving on all fronts of this global war. We wish them Godspeed and a safe return.

HUNTERDON

Arthur M. Jenkins, M.D., President, Frenchtown

As has been the case with many Medical Societies throughout the country, the Hunterdon County Medical Society has parted with many of its active members since the advent of war. Over 30 per cent of the thirty-odd members are in active service with the armed forces. Past President Raymond Germain and Abraham Garfinkle are serving overseas and as far as is known are well.

The activities of the Society during the past year have been somewhat varied, with the main objective being community defense work, of course. One meeting was turned over to Dr. William R. Stecher, Radiologist, who gave an interesting illustrated talk on the subject of x-ray diagnosis and therapy for the general practitioner. There was no meeting held in January due to the gas rationing. Being in a rural district, many miles must be traversed before the meeting center is reached.

The County Defense Program has progressed far in the past year and most of the districts have had periodic trials to iron out some of the inevitable flaws in the first-aid work.

The plans for the future are indefinite due to the present conditions and to the scarcity of active members but in so far as is possible, the regular meetings will be held as usual.

MERCER

Samuel Blaugrund, M.D., President, Trenton

As President of the Mercer County Component Medical Society, I wish to present the following report:

With the whole world in a chaotic state, our program was planned to meet the needs of Medical War-Time problems. With the depletion of our medical personnel by those in service, the "stay at homes" naturally wished to assume their share of the burden. How can we best serve and protect those at home? First, by the establishment of a thoroughly organized and trained Medical Emergency set-up for possible catastrophes. This committee, headed by Dr. John H. McCullough, deserves credit for the many hours spent upon its planning, and for the solution of the numerous intricate details and problems.

Setting a precedent in the history of our Society, we presented our own Public Health Program. There has always been a great need for better public relationship between the Medical Society and the laity. Following along those lines, and commensurate with war-time conditions, was our open meeting comprised of both the laity and the Mercer County Medical Society, on the topic "Child Welfare in War-Time". This meeting was composed of three speakers who discussed their subjects for five minutes and the remaining time was consumed by questions from the audience, among whom were members of the Parent-Teachers Association, Nursing Association, Red Cross, College Clubs and many others interested in this problem. The reverberations from both the laity and the profession were most complimentary, with the resultant request for many more meetings of this type. Dr. Johannes F. Pessel and his committee very ably executed the plans for this meeting.

At another meeting our Industrial Relations Committee, being cognizant of the problems of war-time conditions as they affect industry, presented a most interesting program on this subject under the leadership of Dr. John F. Johnson, Chairman.

An official of the United States Public Health Service addressed us at another monthly meeting on "The Utilization of Restricted Personnel in War-Time".

Among the scientific sessions were a round table discussion conducted by members of the Child Welfare Committee of the State Society on the Premature Infant, and the establishment of a Breast Milk Station and modern treatment of asphyxia neonatorium. Dr. Walter Estell Lee, Professor of Surgery, University of Pennsylvania, spoke on "New Methods of Surgery" and showed movies in color, which proved to be a very enlightening lecture. At another session, "The Newer Sulfonamides" was the topic discussed by Dr. John Kolmer, Professor of Medicine, Temple University.

It is a pleasure for me to report that the Society saw fit to honor Dr. Harry North, our Treasurer, and Trustee of the State Society,

with a testimonial dinner. This man, whom we esteem and respect for his many years of unselfish devotion to problems confronting the members of the County Medcal Society, has our wish that he may continue his fine work.

Along a lighter vein was the very entertaining outing held last June, where golf, quoits and baseball were among the events of the day, ending with the presentation of the President's Cups to the winners of the events, and topped by a fine dinner. All this was ably arranged for by Dr. Richard T. Buckley, Jr., and Dr. George A. Corio with their Committee.

I greatly appreciate the fine coöperation of my officers and committees, and I am deeply grateful for having been given the opportunity to have played some small part in the huge task of adjustment to these times.

MIDDLESEX

Joseph H. Kler, M.D., President, New Brunswick

The Middlesex County Medical Society has enjoyed a very successful year in spite of the pressure of the times. Monthly meetings are being held regularly and until very recently have been attended exceptionally well. During 1942 the programs were designed to stress Medical Preparedness. During 1943 the scientific programs have been planned as postgraduate seminars.

The Society has taken an active interest in the activities of the State Society and in the welfare of the profession. Special consideration has been given to the problem of safeguarding the practice of medicine for the Society members now serving with the Armed Forces. One meeting was devoted to the problem of absenteeism in industry. This meeting was a joint meeting with representatives of industry in and about Middlesex County.

This county has lost over a third of its active practitioners to the Armed Forces. The ratio of physicians to population is 1 to over 1800. This is a high ratio in view of the large number of essential industries in the county. As a result, the Society activities are being "streamlined". However, all functions are maintained including the publication of the Bulletin.

The members of this County Society will do their best to safeguard the health of the people of this county and will continue to maintain their interest in the welfare of the profession.

MORRIS

F. Clyde Bowers, M.D., President, Mendham

The activities of the Morris County Medical Society have been very limited during this past year. Including our annual meeting in June there will have been but four meetings this year. It was intended that the usual postgraduate lectures should be offered to our members again this year but the exigencies of war prevented us from enjoying this privilege. Although as a society we may have appeared relatively inactive, almost all of our individual members have been engaged in some part of the war effort. In addition to having some thirty members in the armed forces, which is over one-fourth of our membership, our men and women are active in war industry, civilian defense, Red Cross plasma units and the five draft boards in the county.

I regret to report that the few meetings we have had this season have been poorly attended. However, I am comforted by the thought that this merely attests to the amount of extra work our remaining members are doing. We are proud that we have been able to provide adequate medical care to our people and hopefully look forward to bigger and better years when the rest of our boys return.

OCEAN

Carl H. Menge, M.D., President, Toms River

During the year 1942-43 the Ocean County Medical Society met twice, in September and in December. Because of the fact that about 50 per cent of our members are now in service in the Armed Forces and that the remaining members, because of the heavy demands on their time, would find it very difficult to attend meetings regularly, the Society voted to suspend regular meetings for the duration and to meet only at the call of the President. The Executive Committee was empowered to transact the routine business of the Society, and the Society was to be called in session only in the event of matters which properly would require the action of the whole Society.

This does not mean, however, that the Society has been inactive. It has taken its part in Civilian Defense activities, both as a whole in the Area Control program of Monmouth and Ocean Counties and individually in their respective home communities. While our membership is small, our coöperation in Civilian Defense work has been excellent. And with approximately 50 per cent of our members serving in the Armed Forces, the Ocean County Medical Society feels proud of its share in the War Effort.

PASSAIC

Charles J. Murn, M.D., President, Paterson

Unfortunately, the President of the Passaic County Medical Society, Dr. Thomas A. Clay, was taken away at the height of his career, and it is only fitting and proper that here we say a word in praise of Dr. Clay as a doctor and a public-spirited citizen.

He was a doctor in the truest sense of the word, a just and charitable man, ever mindful of the obligations of his profession and always diligent and painstaking in the care of his patients.

Dr. Clay loved his country, his state, his city and his fellowmen. His patriotism was shown by his early enlistment as a Medical Officer in the First World War, even though this entailed undergoing an operation for a hernia; but he was anxious to serve his country, and he did, being promoted to a Major before being honorably discharged at the end of the war.

He always had a deep and abiding interest in Public Health and Public Welfare, serving first as a School Physician and later as Health Officer of the City of Paterson. As Health Officer, he was instrumental in getting a better and cleaner milk supply for the city, and furthering the facilities for Venereal Disease Control, and starting the voluntary Schick testing of children in the public schools.

Elected a Freeholder of Passaic County and serving as Director of the Freeholders, he yet found time to act as Chairman of the Blood Bank and Plasma Bank of Passaic County. He was intensely interested in this project, and it was largely due to his work and greatly to his credit that the "Blood Bank" was, and is, a great success and fills a very useful need, and the "Plasma Bank" is well on its way to a successful completion. The Committee and the Freeholders have recognized this, his last work, and are to call the "Plasma Bank" the "Dr. Clay Memorial".

During the year the Passaic County Medical Society has progressed under Dr. Clay's administration. By his influence we obtained the use of the Freeholders' Room. This is centrally located, and meets our requirements in size, telephone service and parking facilities.

The meetings have been held regularly and have been of a scientific and instructive nature, and have been well attended.

The Bulletin, under the able management of Dr. Joseph E. Mott and his committee, has been published regularly and contains many interesting items.

Passaic County now has 119 men in the service of their country, leaving a membership of 290.

SOMERSET

Donald O. Hamblin, M.D., President, Bound Brook

The Somerset County Medical Society completed a successful year in 1942. Business meetings and scientific meetings were held regularly. Memorial meetings were held following the death of two of our most esteemed members, Dr. F. A. Wild and Dr. T. A. Flynn, both of whom had practiced for more than fifty years.

In January, 1942, we had a total of sixty-seven active members. During the year three new members were admitted to the Society and two of our members died, leaving a total membership at the end of the year of sixty-eight members. There are eighteen of our members on active duty with the Armed Forces; sixteen with the Army, one with the Navy and one with the Coast Guard.

A number of scientific programs were presented to the Society. Dr. B. Carey, the Assistant Director of Lederle Laboratories, delivered a very interesting discussion on "Sulfonamide Therapy".

Dr. A. W. Bingham spoke on "Keeping the Normal Obstetrical Case Normal".

Dr. R. A. Matthews addressed the Society on "The Common Psychoneurosis".

Dr. J. F. Londrigan visited the Society and brought greetings from the State Society and President. He discussed some of the phases of the Medical Service Administration and Medical-Surgical Plan.

The routine business of the Society will probably not be of interest to the State Medical Society. The annual dinner meeting was not held because of the present emergency.

SUSSEX

Victor E. Burn, M.D., President, Newton

Despite the war, the meetings of the Sussex County Medical Society during the past year have been well attended, and have been characterized by increased interest and coöperation.

Business meetings were held in November, 1942, and January and March, 1943. Our one social meeting was held at The Pines in August, where ably aided and abetted by our wives, we disported at golf, rowing, hiking, or holding down a hammock, and wound up with an informal dinner.

The most important society activity during the year has been related to the following:

1. CONSTITUTION AND BY-LAWS

A complete revision of our Constitution and By-Laws has been finally completed. The work of the committees has been painstaking, and I think we can look with pride on the finished result.

2. OLD AGE RELIEF

The agreement with the County Welfare Board has worked out admirably, and we are making plans to draw up a new fee schedule for the coming year.

The Society has received numerous letters from those of our group who are in military service. They are enjoying varied experiences, and we are looking forward to the day when they will be back with us.

POLICY TO BE FOLLOWED IN PLACING PRESENT INTERNS AND RESIDENTS WHO WILL BE ASSIGNED TO THE ARMY AIR FORCES

Those interns and residents who are ordered to duty with the Army Air Forces are to be given a period of training which will augment the training received in civilian life. The first six months of this training will have a distinct military character, and will be carried out as follows:

1. A policy of indoctrination and assignment of interns and residents entering the Army Air Forces is to be established in specified Army Air Force hospitals.

2. The purpose of this plan is to acquaint the newly assigned officers with army hospital routine and to give them further concentrated professional training. Such placement will materially aid the permanently assigned officers in the Army Air Force hospitals with their routine work.

3. The program will function as follows:

a. Men will be assigned from Carlisle Barracks to designated Army Air Force hospitals, by the Air Surgeon, at the approximate ratio of 1.5 officers per 100 hospital beds.

b. These officers will serve as junior assistants for a period of approximately six months in the larger hospital installations.

c. These junior officers will be assigned to ward work under a senior officer, preferably one who has had some teaching experience or who is personally adaptable to teaching. He will act as consultant and adviser for the junior officer or officers under him. The junior officer will keep records, make physical examinations and take over all routine work under the direction of his senior officer.

d. The detailed division of training should be approximately as follows:

(1) Routine ward work, five hours daily (example: 0800 to 1200, routine work; 1600 to 1700, afternoon ward rounds).

(2) Drill or physical education, one hour daily.

(3) Lectures on x-ray, laboratory, medical, medical administrative or military subjects, two hours daily. In this period could be included firing on the range, work with field units, etc.

e. Regular staff conferences should be held at specified times covering: x-ray, electro-cardiography, clinical pathology and general medical and surgical problems.

4. The general division of time in the six months' training period for junior officers will be divided approximately as follows and the men should rotate through the entire service whenever possible:

Medical Service	40%
Surgical Service	20%
Dispensary Service	10%
EENT Service	10%
X-ray Service	10%
V. D. Control and Immunization	10%

5. Junior officers will be graded weekly by their consultants and at the end of the six months' period a final grade will be given to each junior officer by the Post Surgeon. Professional ability, adaptability to army routine, and qualities of leadership shall be considered in the final evaluation. Military necessities permitting, the upper third of the class will be allowed to choose between a second period of six months in a preferred straight residency in the same hospital installation or of being assigned to the School of Aviation Medicine, preference of service being given in the order of class rank. The remaining members of the class will then be assigned, by the Air Surgeon, to smaller hospitals serving the flying fields, in order that they may gain some first-hand knowledge of this type of service. After an additional period of service at this type of installation, they will be further classified for the School of Aviation Medicine or a general duty assignment. Residents whose civilian training has been interrupted will when possible continue training in that specialty.

6. The above outlined program is designed to mature more quickly the younger medical officers and to utilize their efforts best from the onset of their assignment. Such utilization, under supervision, will relieve the senior officers from much of their routine work and release them for more important professional duties. The junior officers thus assigned should profit tremendously by the experience and personal guidance of their seniors.

COMMISSIONING OF WOMEN PHYSICIANS

On April 16, 1943, the President signed a bill enabling the commissioning of women in the Medical Corps for duty as physicians.

No similar authority exists to women dentists or veterinarians.

The same procedure in the processing of male physicians will apply to the processing of women physicians. They must be declared available by Procurement and Assignment Service and the usual forms forwarded to Washington.

It is anticipated that some delay will ensue before the Surgeon General will be in a position to recommend commissions, as regulations must be prepared governing their appointment and duties. For this reason all women physicians who anticipate applying for a commission must be prepared for a considerable timelag in the consideration of their cases by the Surgeon General's office.

The number of women physicians appointed will count against, and are not in addition to, the total number of physicians required in the 1943 program.

SUPPLEMENTARY LIST OF MEMBERS NO. 1

The figures in parentheses refer to County Societies as follows: (1) Atlantic, (2) Bergen, (3) Burlington, (4) Camden, (5) Cape May, (6) Cumberland, (7) Essex, (8) Gloucester, (9) Hudson, (10) Hunterdon, (11) Mercer, (12) Middlesex, (13) Monmouth, (14) Morris, (15) Ocean, (16) Passaic, (17) Salem, (18) Somerset, (19) Sussex, (20) Union, (21) Warren.

Biber, David, 2066 Emerson av., Union (20)
Bleasby, Charles B., 136 Passaic st., Garfield (2)
Deehl, Seymour R., 1026 E. Jersey st., Elizabeth (20)
Denig, Ralph D., 370 State st., Hackensack (2)
Fechner, Fred J., 836 Garrison av., Teaneck (2)
Gelber, Isaac, 2052 Morris av., Union (20)
Goldenberg, Raphael R., 588 E.27th st.,Paterson (16)
Halpern, Sophia L., 1311 Palisade av., Union City (9)
Harris, Wm. O., 32 N. New Jersey av.,AtlanticC'y(1)
Irvin, John S., 1910 Pacific av., Atlantic City (1)
Jordan, Alexander, 238 E. Main st., Manasquan (13)
Lamy, Anthony W., 560 Newark av., Elizabeth (20)
Lefkowitz, Jacob H., 445 64th st., W. New York (9)
Leonard, Frederick S., Jr., 59 Highw'd av.,Tenafly(2)
Lueddecke, Roland E., 216 Randolph av.,E. R'th'f'd(2)
Mangone, George F., 811 Palisade av., Union City(9)
O'Grady, Benson J., 931 Washington st., Hoboken(9)
Placa, James A., 200 Oak st., Ridgewood (2)
Prall, Henry E., 755 Anderson av., Cliffside Park (2)
Ruffu, Henry, 111 S. Boston av., Atlantic City (1)
Schaberg, Frank J., 731 Wendel pl., W. Englew'd(2)
Schulman, Abraham S., 4518 Blvd., Union City (9)
Sciorsci, Edward F., 609 Bloomfield st., Hoboken (9)
Siegler, Julius, 646 Bergen av., Jersey City (9)
Sosnow, Louis M., 51 Central av., Hillsdale (2)
Strauss, Clifton J., 960Spr'gf'd av.,NewPr'vid'nce(20)
Szold, Norman F., 701 Princeton av., Lakewood (15)
Tilles, Samuel, 44 Sheridan av., Seaside Heights (15)
Willis, Benedict P., 185 Montrose av., Rutherford (2)
Wolfram, Julius, Bound Brook Hosp., B'nd Br'k(18)

Tuberculosis Abstracts

A Review for Physicians

ISSUED MONTHLY BY THE NATIONAL TUBERCULOSIS ASSOCIATION

Vol. XVI **May, 1943** **No. 5**

THE intensification of "early diagnosis" campaigns and the widespread use of mass X-raying in war industry and armed service can result only in the discovery of more and more tuberculosis among the apparently healthy. It is obvious that a large proportion of these cases will be preclinical, in the old meaning of the term. Today we must modify our terminology to acknowledge that tuberculosis found early deserves and demands early treatment. Finding the disease in a stage devoid of symptoms imposes on us the obligation so to appraise cases and so to select treatment that development of symptoms will not occur and spread of tuberculosis will be prevented.

PNEUMOTHORAX IN THE TREATMENT OF ACUTE MINIMAL TUBERCULOSIS

In its most characteristic connotation, the term acute minimal tuberculosis implies a recent, or relatively recent small area of pulmonary infiltration without cavitation. This lesion is most often found beneath the clavicle or in the first or second anterior interspace and is described by the roentgenologist as "soft."

Typically, we might expect the patient to be a healthy-appearing adolescent or young adult who has been in direct contact with a case of active tuberculosis. Cough, sputum, hemoptysis or other classical symptoms have usually not appeared. Constitutional symptoms are absent or are limited to malaise, anorexia or slight weight loss. Careful physical examination of the chest is usually negative. The Mantoux test is positive, while the sputum or gastric contents may or may not be positive.

Although the foregoing might be described as "typical," each individual case represents a problem for the physician to solve, not only on the basis of his experience in the usual methods of treatment, but also on his knowledge of the social background, economic status and psychological make-up of his patient. Such important considerations as age, sex, race, occupation, co-existing diseases and length of exposure to tuberculosis must be carefully weighed.

To obtain this information, a period of observation at basal conditions, i. e., absolute bed rest, is essential. Whenever possible this period should be spent in a hospital for the tuberculous, away from the distracting influences of the family. This period should be measured in terms of weeks rather than months.

Occasionally, a lesion which roentgenologically seems entirely typical, will clear in the space of two or three weeks, indicating a mistaken diagnosis.

The acute early infiltrate is always an unstable lesion, it soon regresses or progresses. Absorption or fibrosis may follow; or there may be rapid or slow progression with caseation, liquefaction and excavation.

The indications for pneumothorax are numerous but, in the opinion of the author, the following are the most important. The production of positive sputum indicates that tissue necrosis has already occurred, and for this reason, these cases should be given pneumothorax promptly. Likewise, lesions with X-ray evidence of beginning breakdown should be collapsed immediately.

If the lesion continues to progress on bed rest, immediate collapse is indicated, even though the sputum remains negative. In addition to serial X-rays; careful pulse, temperature and respiration records, sedimentation index and differential white count are valuable indices of the patient's course under therapy.

There are supplementary, more personal indications for pneumothorax which have not been mentioned so prominently in the literature. The

family wage-earner may prefer immediate collapse and the attendant shorter period of hospitalization and disability to the more conservative, if equally effective, period of absolute bed rest.

Likewise, the non-coöperative, the unintelligent, or the trouble-making patient may be much better controlled by pneumothorax. In the experience of the author the most difficult patient to handle in the sanatorium is the apparently healthy individual with no symptoms. He finds it boring to maintain himself at bed rest and all too frequently leaves the hospital against medical advice. Many times pneumothorax has been instituted because it seemed the only way to control both the patient and his lesion.

The adolescent girl with minimal tuberculosis requires especially close observation, and if there is any question as to lack of satisfactory progress, pneumothorax should be done.

Others have listed as advantages of pneumothorax in these cases, the shorter period of hospitalization and disability, the shorter conversion time in case the sputum is positive and the fact that, in their opinion, the end results are better. It should also be emphasized that the doctor sees his pneumothorax cases oftener and any change will be detected sooner. He is likewise in a better position to regulate their social and vocational activities.

The chief arguments against pneumothorax are: the inconvenience to the patient, the necessity for the long and expensive period of treatment and, most important, the danger of complications. While the latter are rare in minimal cases, pleural effusions, empyema, spontaneous pneumothorax, bronchopleural fistula and non-expansile lung do occur.

Summary

There is no such thing as a "routine" treatment for minimal tuberculosis. It is equally absurd to say that every case should receive pneumothorax as it is to say that collapse should never be used until the disease becomes moderately or far advanced.

Beginning tissue necrosis, positive sputum and lesions which are progressive on absolute bed rest are, in the opinion of the author, absolute indications for pneumothorax.

Once a small area of pulmonary infiltration has been definitely diagnosed as being tuberculous, the patient should be treated for *tuberculosis*, and not for a "spot on the lung." There are too many patients with "spots on the lung" who only discover that they have tuberculosis when referred to a specialist after their disease has progressed beyond the minimal stage.

If the "early diagnosis" campaign is justified, as it most assuredly is, then an "early and adequate treatment" campaign is likewise indicated.

The adequate treatment of acute minimal tuberculosis does not consist in merely telling the patient to "take it easy." It demands a period of absolute inactivity supplemented by pneumothorax or other collapse procedures as deemed advisable by the attending physician.

Pneumothorax in the Treatment of Acute Minimal Tuberculosis, Edwin G. Kirby, M.D., Tuberculosis Supplement to California and Western Medicine, July, 1942.

SUPPLIED BY

New Jersey Tuberculosis League

15 East Kinney Street, Newark, New Jersey



Bawled out... who me?

The doctor I work for is one of the busiest pediatricians in town.

When I started working for him, I noticed that he was prescribing plain cow's milk modified—almost as routine. Once in a while when he had a problem case—he would look to S-M-A as his trouble-shooter.

Well, that made me wonder. If S-M-A* worked so well in tough cases . . . wouldn't it work even better on normal infants?

I mentioned this to the doctor. For a minute, he looked as if he was going to bawl me out. But instead, he said it sounded like a good idea. He decided to try S-M-A on all of his patients . . . for a while.



The results were so successful . . . he gave me a raise last week!

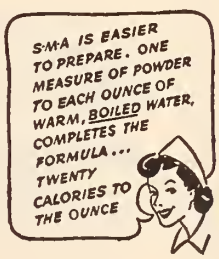
★ ★ ★

Why don't you try S-M-A in your own practice, doctor? See if it doesn't work better.

BUSY DOCTORS TODAY— PRESCRIBE S-M-A!

With the exception of Vitamin C . . . S-M-A is nutritionally complete. Vitamins B_1, D and A are included in adequate proportion . . . ready to feed. Their presence in S-M-A prevents the development of subclinical vitamin deficiencies . . . because the infant gets all the necessary vitamins right from the start.

S-M-A has still another highly important advantage not found in other modified milk formulas. It contains a special fat that resembles breast milk fat . . . resembles it chemically and physically—according to impartial laboratory tests. S-M-A fat is more readily digested and tolerated by most infants than cow's milk fat.



The infant food that is nutritionally complete

*REG. U. S. PAT. OFF.

SMA

S. M. A. Corporation
8100 McCormick Boulevard
Chicago, Illinois

ACCEPTED AMERICAN MEDICAL ASSN. Council on Foods

S-M-A, a trade-mark of S.M.A Corporation, for its brand of food especially prepared for infant feeding—derived from tuberculin-tested cow's milk, the fat of which is replaced by animal and vegetable fats, including biologically tested cod liver oil; with the addition of milk sugar and potassium chloride; altogether forming an antirachitic food. When diluted according to directions, it is essentially similar to human milk in percentages of protein, fat, carbohydrate and ash, in chemical constants of the fat and physical properties.



LISSCO MEDICAL CO.

24-Hour Service

Physicians' & Hospital
SUPPLIES AND EQUIPMENT
X-RAY — PHYSIO-THERAPY
ORTHOPEDIC APPLIANCES
OXYGEN SERVICE
AMPULES — BIOLOGICALS

"Call Lissco"
Day Phones MArket 2-0131—0132
Night Phones WAverly 3-8450—3400

1025 BROAD STREET
Opp. Mosque Theatre
NEWARK NEW JERSEY

DISTRIBUTORS FOR—

BURDICK
PHYSIOTHERAPY APPARATUS

BEN MORGAN
ANAESTHESIA APPARATUS

RITTER
MEDICAL EQUIPMENT

HAMILTON
OFFICE FURNITURE

ALLISON
OFFICE FURNITURE

and many other outstanding national manufacturers

LIVEZEY SURGICAL SUPPLY
87 HALSEY STREET
NEWARK, N. J.

Now, more than ever, we are prepared to serve you by offering intelligent phone and counter service and filling your prescriptions with

ACCURACY AND SKILL!

It will pay you . . . always to remember COSMEVO for

MEDICAL FURNITURE . X-RAY ASSEMBLIES
SHORT WAVE UNITS . INSTRUMENTS . AMPULES
SUNDRIES . TRUSSES . BELTS . BRACES . SPLINTS
CAMP SUPPORTS . FOOT PLATES . KAST-O-PEDIC SHOES

COSMEVO SURGICAL SUPPLY CO.

216 Paterson St. PATERSON
111 Lexington Ave. PASSAIC
324 Main Street HACKENSACK

Night Phone for All Stores: Sherwood 2-6986

PHYSICIAN and HOSPITAL SUPPLIES

OXYGEN TENTS — HOSPITAL BEDS
RENTALS
COMPLETE ORTHOPEDIC DEPARTMENT

REINHOLD SCHUMANN, Inc.

23 WILLIAM STREET . NEWARK, NEW JERSEY

Serving the profession since 1876

MANHATTAN SURGICAL INSTRUMENT CO.

338 West 34th Street

NEW YORK, N. Y.

YOUR PATIENT LIVES IN OUR LABORATORY

● Scientists in the MALLINCKRODT laboratories keep a mental picture of your patient before them, while they make prescription chemicals.. They know that the chemicals they test and retest must be as fine and pure as possible . . . that the health of men, women and children may depend on the reliability and potency of these medicinals.

● Each product manufactured by the MALLINCKRODT CHEMICAL WORKS for use in prescription compounding represents the aggregate result of over three generations of research. Give your patient the benefit of these years of experience . . . specify M C W in your prescriptions.

Mallinckrodt Prescription Chemicals

IODIDES • SILVER SALTS • BISMUTH COMPOUNDS
TANNIC ACID • IRON COMPOUNDS • SALICYLATES



FINE CHEMICALS Mallinckrodt SINCE 1867

MALLINCKRODT CHEMICAL WORKS

76 years of service to chemical users

Mallinckrodt Street, St. Louis, Mo. • 74 Gold Street. New York, N. Y.
CHICAGO • PHILADELPHIA • LOS ANGELES • MONTREAL

Nurses Professional Registry, Inc.

●

206 EAST HANOVER STREET
TRENTON, N. J.

BLOOD DONOR BUREAU
Professional Donors

NURSES REGISTRY
Male & Female Nurses

24 Hour Service

BLOOMFIELD NURSES REGISTRY
AND
BLOOD DONOR BUREAU
GRADUATE NURSE IN CHARGE
Bloomfield 2-3969 - 2-6818

FOR UNIFORM APPAREL

Bruck's Nurses Outfitting Co.
INC.

387 Fourth Avenue New York, N. Y.

HERMAN KRUG

Paints — Hardware

4217 PARK AVENUE
UNION CITY, N. J.
Telephone UNion 7-8120

MAX BLAU & SONS
NEWARK, N. J.
OFFICE FURNITURE AND EQUIPMENT
INSTITUTIONAL CONTRACT WORK
MA. 2-4725

OFFICE AND FACTORY FORMS

SOCIAL AND FRATERNAL FORMS

MArket 2-7528
F. E. ADLER & COMPANY
Fine Printing
272 Mulberry Street Newark, New Jersey
We are as near to you as your 'phone



Your Children Deserve A Steinway

The Steinway is incomparable. The richness and beauty of its tone is appreciated by the true music lover and properly cultivates the sensitive ears of young children. Limber keys, delicately poised, respond easily to childish fingers. . . . And, like a fragrance, the Steinway seems to radiate the romance of its long, distinguished history. Your family deserves a Steinway. Terms. Allowance on your old piano.

"The Music Center of New Jersey"

GRIFFITH PIANO CO.

Steinway Representatives

605 BROAD STREET NEWARK, N. J.

Greetings, Delegates
to the
CONVENTION
of the
N. J. Medical Society

•

WE HOPE TO SEE YOU AGAIN SOON

•

M. E. BLATT CO.

Atlantic City's Great Department Store

TO ALL MEMBERS
of
THE MEDICAL SOCIETY OF NEW JERSEY
A HEARTY WELCOME

Medical Service Co.,

INC.

373 W. MARKET STREET
NEWARK, NEW JERSEY

REPRESENTATIVE FUNERAL DIRECTORS

OF THE STATE OF NEW JERSEY

Special and Dependable Service Day and Night. Special Attention Given to Hospital Calls, Train and Express Shipments.

Place	Name and Address	Telephone
ELIZABETH	Aug. F. Schmidt & Son, 139 Westfield Ave.	ELizabeth 2-2268
MORRISTOWN	Raymond A. Lanterman & Son, 126 South St.	MOrristown 4-2880
NEWARK	Peoples Burial Co., 84 Broad St.	HUmboldt 2-0707
PATERSON	Robert C. Moore & Sons, 384 Totowa Ave.	SHerwood 2-3914
RED BANK	The Wordens—Albert, Harry & James, 60 E. Front St.	Red Bank 557
RIVERDALE	George E. Richards, Newark Turnpike	Pompton Lakes 164

A. J. VOLK CO.

MORTICIANS SINCE 1865

Mortuary

633 WASHINGTON STREET
HOBOKEN, N. J. Hoboken 3-0820

Colonial Home

TEANECK RD. AT CEDAR LANE
TEANECK, N. J. Teaneck 6-0202

Raymond A. Lanterman & Son

MORTICIANS

EXCLUSIVE FUNERAL SERVICE

126 SOUTH STREET
MORRISTOWN, N. J.
Phone MO. 4-2880

Poulson & Van Hise

HOME FOR SERVICES

408 Bellevue Ave. Trenton, N. J.

Phones 8168 and 8169

Broch's Pharmacy

Accurate Prescription Service

Pharmaceuticals of Reliable Make

N. F. & N. J. Formulary Preparations Biologicals

Central Avenue at First Street
Newark, New Jersey

Telephone
Montclair 2-7741-42

Telephone
Montclair 2-2698

Meayer & Lundquist, Inc.

MORTICIANS

BERNARD J. MEAYER,
Director

HOME
100 VALLEY ROAD
MONTCLAIR, N. J.

THE COLONIAL HOME



W. N. KNAPP & SONS
Directors of Funerals

132 SOUTH HARRISON STREET
EAST ORANGE, N. J.
ORange 3-3131

106 PROSPECT STREET
SOUTH ORANGE, N. J.
SO. Orange 2-4870

WM. F. MULLIN & SON

•

"Home For Funerals"

•

976 BROAD STREET
NEWARK, N. J.
Telephone MArket 3-0660

Philip Apter
& Son
Inc.

Greetings

from

TOM
O'MARA

BRIOSCHI A PLEASANT ALKALINE DRINK



Actively alkaline. Contains no narcotics, no injurious drugs. Consists of alkali salts, fruit acids, and sugar, and makes a pleasant effervescent drink.
SEND FOR A SAMPLE

G. CERIBELLI & CO.
121 VARICK STREET **NEW YORK**

THOMAS A. EDISON, INCORPORATED
MEDICAL GAS DIVISION
BLOOMFIELD, N. J.

MANUFACTURERS OF
Baralyme—non-caustic carbon dioxide absorbent—Cyclopropane—Nitrous Oxide—Oxygen—Carbon Dioxide and Oxygen Mixtures—Helium and Oxygen Mixtures.

DISTRIBUTORS OF
Helium—Carbon Dioxide—Ethylene—McKesson Appliance Company Equipment For Anesthesia and Gas Therapy

Telephone HUmboldt 3-0982 **P. O. Box No. 45**

AUG. F. SCHMIDT & SON
E. G. SCHMIDT ANDERSON, Director
FUNERAL HOME
139 Westfield Avenue **Elizabeth, N. J.**

HUmboldt 2-0707 H. F. POWERS, Mgr.
PEOPLE'S BURIAL COMPANY
DIGNIFIED FUNERALS AT MODERATE PRICES
84 Broad Street **Newark, N. J.**

GREETINGS

from

The Alkalol Company

Taunton - - - Massachusetts

ORGANIZED 1896

Producers of

ALKALOL

Alkaline, Saline Solution

IRRIGOL

Alkaline, Saline Douche Powder

Sterile Shaker Packages Sulfanilamide, H.W.&D.

Our total output of 5 gram Sterile Shaker Packages of Crystalline Sulfanilamide, 30-80 mesh, developed by our research staff in co-operation with military authorities for the treatment of wounds in combat zones, has previously been requisitioned for military needs (totaling more than thirty million packages).

Completion of our new Sulfanilamide Division plant ahead of schedule and the resulting increased production has now made it possible for us to supply these packages for civilian medical use.

We will now accept orders for Sterile Shaker Packages of Crystalline Sulfanilamide.

The package will be available only by or on the prescription of a physician.

Complete information and prices on request.

HYNSON, WESTCOTT & DUNNING, INC.
Baltimore, Maryland

86c out of each $1.00 gross income used for members benefit

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION

Hospital, Accident, Sickness

INSURANCE

For ethical practitioners exclusively
(57,000 Policies in Force)

LIBERAL HOSPITAL EXPENSE COVERAGE	For $10.00 per year
$5,000.00 ACCIDENTAL DEATH $25.00 weekly indemnity, accident and sickness	For $32.00 per year
$10,000.00 ACCIDENTAL DEATH $50.00 weekly indemnity, accident and sickness	For $64.00 per year
$15,000.00 ACCIDENTAL DEATH $75.00 weekly indemnity, accident and sickness	For $96.00 per year

41 years under the same management

$2,418,000.00 INVESTED ASSETS
$11,350,000.00 PAID FOR CLAIMS

$200,000 deposited with State of Nebraska for protection of our members.

Disability need not be incurred in line of duty—benefits from the beginning day of disability.

Send for applications, Doctor, to

400 First National Bank Building Omaha, Nebraska

BLUE MOON *is a name worth mentioning..... for good* ICE CREAM

For years it has met every test demanded by hospitals, country clubs, high school cafeterias and a critical public. For a wholesome dessert serve this delicious ice cream. . . .

At The Better Stores In Bergen, Hudson, Essex and Passaic Counties.

MADE AND PACKED IN A SANITARY PLANT AT BERGENFIELD, NEW JERSEY

The Blue Moon Ice Cream Co., Inc. Bergenfield, N. J.

For SAFETY and HEALTH

Eat Breyers all-ways ICE CREAM

Consistently Superior Since 1866

Reid's ICE CREAM

Since 1874

Distinguished for fine flavors and smooth creamy texture

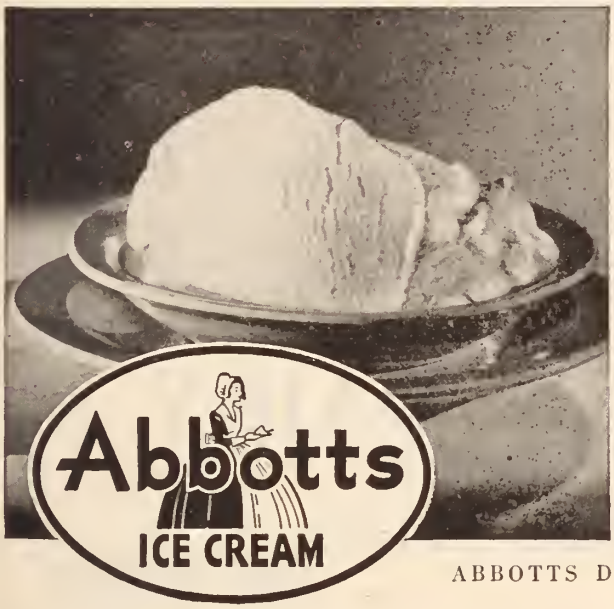
HORTON'S ICE CREAM

The familiar red, white and blue Horton's trade-mark means fine ice cream today as it did yesterday — as it will tomorrow and tomorrow.

Since 1851 . . . *distinguished for its fine flavors, smooth texture and pure ingredients.*

RECOGNIZED BY PHYSICIANS AS A

Fine Energy Food . .



Abbotts Ice Cream is rich in high-quality proteins, calcium and Vitamin A. It also contains Vitamins B_1, C, D and G.

We make it from our own deluxe Cream, produced under strict bacteriological laboratory control at our Country Creameries.

ABBOTTS DAIRIES, INC., *Philadelphia, Pa.*

HEALTH BEFORE WEALTH!
TRY
CASPER HITCHNER'S
GUERNSEY MILK
Pasteurized and Bottled in South Jersey's Most Sanitary Plant
Also Special Baby Milk recommended by leading physicians
276 East Broadway Salem, N. J.
Phone 12

Recommend
SUPPLEE
A Division of
Natonal Dairy Products Corporation

Sealtest
HOMOGENIZED
(pronounced hoe-MAH-jen-ized)
VITAMIN D MILK

ORANGE DAIRY CO., Inc.
(Established 1918)
The ONLY milk and cream pasteurizing and bottling plant in the Oranges and Maplewood, N. J.
Inspection Invited
559 Main Street
ORANGE NEW JERSEY
Phone: ORange 3-7143

Raritan Valley Farms, Inc.
CERTIFIED MILK
VITAMIN D CERTIFIED MILK
Grade A Raw and Pasteurized Milk
Over 30 years' production and distribution in Northern New Jersey of the Cleanest and Best New Jersey Produced Milk.
SOMERVILLE, N. J.
PHONE 687

THE MEDICAL PROFESSION AND THE MILK INDUSTRY HAVE BEEN CO-OPERATING FOR HIGHER HEALTH STANDARDS

For a half century Janssen has constantly striven to furnish the finest quality milk possible.

Every scientific means available has been utilized to this end.

Our pledge to the Medical Profession and to progress is—*Milk that can be recommended with confidence.*

This space is contributed as an expression of appreciation to The Medical Society of New Jersey for their progressive effort in medical science.

JANSSEN DAIRY
CORPORATION

109 GRAND STREET

HOBOKEN NEW JERSEY

FOR PURITY AND QUALITY BUY

DAIRYLEA MILK

Product of

Dairymen's League Cooperative Association

INC.

NEWARK, NEW JERSEY

BIgelow 3-1700, 1, 2, 3, 4

MILLSIDE FARMS

Producers of

HOMOGENIZED

IRRADIATED

Vitamin "D" Milk

FROM

Golden Guernsey Cattle

RIVERSIDE, N. J.

Supervised by New York, Newark, Jersey City and Paterson Health Depts.

WALDRON'S COUNTRY

BOTTLED MILK

AND MILK PRODUCTS

BY

B. R. Waldron & Sons Co., Inc.

CREAMERIES AT CALIFON, N. J.

Telephone Califon 25

MEMBER

International Association of Milk Dealers

DURLING FARMS

WHITEHOUSE, N. J.

GRADE A MILK

Distributed Throughout Northern New Jersey

Phone Lebanon 16

The farm settled in 1860
Country Bottling Plants
Lafayette, N. J.
Roseland, N. J.

63 YEARS CONTINUOUS SERVICE

Henry Becker & Son, Inc.

"Exclusively"

Grade "A" Dairy Products

Telephones
CALDWELL 6-2000
ORANGE 5-5000

FARMS and Main Office at
Roseland, N. J.

GOLDEN LAD FARMS

Fairfield Avenue — West Caldwell, N. J.

CALDWELL 6-3100

GREETINGS TO THE
NEW JERSEY MEDICAL SOCIETY

WOOD-BROOK FARMS
METUCHEN, N. J.

PLAINFIELD 6-2277
Analysis
Mailed to Physicians

SCHMALZ
Milk
BOTTLED ON OUR FARMS
R. F. D. 3 PLAINFIELD, N. J.

MILLINGTON 25
Official N. J.
Premium

MIDDLETOWN
Milk & Cream Co., Inc.

•

Producers of
CREAMI-RICH
GUERNSEY BLEND
HOMOGENIZED
and
VITAMIN D MILKS

•

SLATE HILL
NEW YORK

LOTZ BROS.
DAIRY, Inc.

•

CLIFTON
NEW JERSEY

FORSGATE FARMS

•

JAMESBURG
NEW JERSEY

•

New Jersey's Largest
GRADE A
DAIRY FARM

•

Milk — Cream — Ice Cream
Butter — Eggs — Cheese

FOREST DAIRY
M. D. NEWTON, Prop.
OFFICIAL DISTRIBUTOR
GOLDEN GUERNSEY MILK
17 FOREST STREET
NO. ARLINGTON, N. J.
Kearny 2-3130

Vitamin D Certified Milk
Produced naturally by the cow.
Neither medicated nor mechanically treated
Prescribe it for your patients
and note results
THE NOE FARM, Inc.
MADISON NEW JERSEY
Phone Mad. 6-0033-M

Dugan's
"Bakers for the Home"

More Than a Bakery—
A Pure Food Institution

GLUTEN BREAD
100% Whole Wheat—Unbleached
White Flour Products

NEW YORK — NEW JERSEY
CONNECTICUT — PENNSYLVANIA

Main Office
170 ABINGTON AVENUE
NEWARK NEW JERSEY

AS NATURE GIVES IT
TO MAN



Whole Wheat Bread made from fresh stone ground whole wheat flour containing the natural wheat germ.

•

Pepperidge Farm Bread
NORWALK, CONN.

WHOLESALE
MEATS, PROVISIONS
and POULTRY

Cunningham Bros., Inc.
519-521 WEST 16th STREET
NEW YORK CITY
Watkins 9-7733



Manufactured by
Columbia Cheese Co.
Newark,
N. J.

Refrigerator
1-3-5 ESSEX COURT
MArket 3-2632-3-4

51 CLINTON STREET
MArket 3-2632-3-4

FRED HORNS, Inc.
BUTCHER
WHOLESALE AND RETAIL DEALER IN
DRESSED BEEF, VEAL, LAMB, POULTRY AND PROVISIONS
NEWARK, N. J.

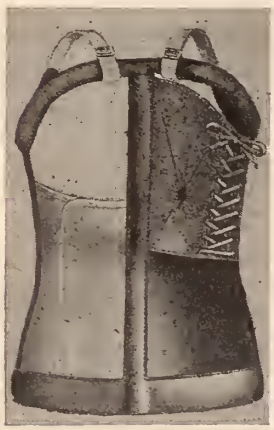
M. F. McNULTY
MILK—CREAM
317 ORANGE ROAD MONTCLAIR, N. J.
Montclair 2-5716
GOLDEN GUERNSEY MILK

ES. 3-3920 S. O. 2-2465
STRUBBE'S
QUALITY
Home-made Ice Cream and Candies
IRVINGTON MAPLEWOOD
—— At the Center ——

Every wearer of an orthopedic appliance will benefit by Pomeroy's 75 years of designing and fitting experience in this specialized and exacting field.

ORTHOPEDIC APPLIANCES

Care in following physicians' prescriptions; constant supervision in manufacture, and individual adjustment by skilled fitters, assure lasting satisfaction to the wearer of any orthopedic appliance by Pomeroy.



POMEROY SERVICE

Each Pomeroy office has a personalized service available to every wearer of a Pomeroy surgical appliance.

Pomeroy

901 BROAD STREET, NEWARK, N. J.

NEW YORK — BROOKLYN — BOSTON — SPRINGFIELD
DETROIT — WILKES-BARRE

MANHATTAN LAUNDRIES, Inc.

Catering to HOTELS, CLUBS, INSTITUTIONS and STEAMSHIPS

338 MERCER STREET
JERSEY CITY, N. J.

WE TOO ARE GUARDIANS OF PUBLIC HEALTH

DOCTOR'S PRESCRIBE:

CORBY'S ENTERPRISE LAUNDRY, Inc.

31 SUMMIT AVENUE **SUMMIT, NEW JERSEY**



Mrs. Steward says: "I wear Duralumin limbs. My clothes fit beautifully. I drive my car and enjoy dancing, golfing, ping pong, and other sports."

Jessie Simpson Steward

(Miss New Jersey of 1936)

WEARS HANGER LIMBS

For 81 years we have been making, wearing, fitting and improving artificial limbs. The knowledge and skill we have gained during this time enables us to give every advantage of construction, fit, and comfort.

The Hanger name guarantees complete satisfaction.

J. E. HANGER, INC.

104 FIFTH AVENUE New York, N. Y. — Established 81 years — *Inventors and Manufacturers* — 334 NO. 13th ST. Philadelphia, Pa.

ENGLISH WILLOW AND DURAL LIGHT METAL ARTIFICIAL LIMBS

Shapiro's Corrective Shoes

219 BROADWAY CAMDEN, N. J.

Doctors' prescriptions for Orthopaedic Shoes carefully filled

Specializing in Shoes
for
MEN — WOMEN — CHILDREN

Weber and Heilbroner

776 BROAD STREET
NEWARK, N. J.

•

SOLE DISTRIBUTORS

Stein Bloch Clothing

Greetings from

BLONDER'S

New Jersey's Largest Exclusive Gold Cross Shoe Store

•

IN NEWARK
103 HALSEY STREET

IN PATERSON
68 BROADWAY

•

GOLD CROSS SHOES

Famous for over 50 years as Red Cross Shoes



WHIPPANY REST

(Formerly Whippany River Health Farm)

Licensed by State Department of Institutions and Agencies

Ideal for Chronic and Elderly Patients

Phone Whippany 8-0311

THERESA CUDDY SCOLA, R.N.

Directress

Whippany Road, Whippany, N. J.

Next Door to Seeing Eye

CHARLES B. TOWNS HOSPITAL

Serving the Medical Profession for Over 40 Years

For Alcoholism and Drug Addiction Exclusively

Definite Treatment • Fixed Charges • Minimum Hospitalization

293 CENTRAL PARK WEST, NEW YORK, N. Y. — Tel. SChuyler 4-0770

(*Hospital Literature*)

"The Glenwood" Sanitarium

Licensed for the care and treatment of

Nervous and mental disorders, alcoholism and drug addiction

Homelike surroundings, good nursing, psychiatric treatment and excellent food.

R. GRANT BARRY, M.D.

2301 NOTTINGHAM WAY

TRENTON, N. J.

Tel. 2-8053

TIME TO COLLECT

It is news when a collection firm gets fan mail. A doctor writes, "You are wizards". A hospital superintendent says, "Your skillful methods bring checks in every mail". The truth of the matter is that patients who were unable to pay medical fees a few years ago are now receiving fat pay checks. These days there is no such thing as a hopeless account. We are willing to try to collect any of your bills at a moderate percentage of the amount recouped.

Now is the time to write for details.

Crane Discount Corporation

230 W. 41 ST. NEW YORK, N. Y.

"INTERPINES"

GOSHEN, N. Y. Phone 117

ETHICAL — RELIABLE — SCIENTIFIC

Disorders of the Nervous System

BEAUTIFUL QUIET HOMELIKE WRITE FOR BOOKLET

FREDERICK W. SEWARD, M.D., Director

FREDERICK T. SEWARD, M.D., Res. Physician CLARENCE A. POTTER, M.D., Res. Physician

There Is NO SUBSTITUTE for THRIFT

The HALF-DIME SAVINGS BANK

356 MAIN STREET ORANGE, N. J.

OPEN MONDAY NIGHTS 6 TO 8 P. M.



AURORA

Founded by Robert Schulman, M.D.
(Since 1920)

A RESORT FOR HEALTH

For cardiovascular, metabolic, endocrinological and neurological disturbances.
Resident physicians. Complete physiotherapy department.

May we send you literature?

BENJAMIN SHERMAN, M.D., Medical Director
Morr. 4-3260 — On Route 24 **MORRISTOWN, NEW JERSEY**

Mountain View Rest, Inc.

Established
1 9 2 7

Roseland, New Jersey
P. O. Box 158

A HOMELIKE NEUROPSYCHIATRIC SANITARIUM, where reliable and individual care and treatment are available.

Descriptive Booklet on Request

Phones: Caldwell 6-1651
6-1652

MRS. DONALD ST. CLAIR, Directress

FAIR OAKS

SUMMIT **NEW JERSEY**

DR. THOMAS P. PROUT, Medical Director
DR. CAMELLA A. LOSADA
DR. CARROLL S. THOMSON

A sanatorium equipped with many of the facilities of the hospital, minus the hospital atmosphere, for the modern treatment and management of problems in neuropsychiatry. We have finished our fortieth year.

PSYCHO-THERAPY
PHYSIO-THERAPY
CLINICAL LABORATORY
BASAL METABOLISM
DIETETICS
HYDRO-THERAPY
OCCUPATIONAL THERAPY
ELECTRIC SHOCK THERAPY

Telephone: Summit 6-0143

AUREX

HIGH FIDELITY
HEARING AIDS

Aurex gratefully acknowledges the co-operation received from members of The Medical Society of New Jersey.

Aurex offices are provided with the number of different transmitters necessary for fitting the several prevalent types of tone loss and degrees of deafness. Special instruments for unusual or very difficult cases are made up as required at no extra cost. This is Aurex individual fitting.

Aurex is accepted by the Council on Physical Therapy, American Medical Association.

AUREX TRENTON COMPANY
1221 TRENTON TRUST BUILDING
TRenton 4-1600

AUREX NEWARK COMPANY
728 FEDERAL TRUST BUILDING
MArket 2-0343

QUALITY LIKE CREAM RISES TO THE TOP

PARAVOX

(*One of the smallest vacuum tube hearing aids made*)

Paravox Has well earned its position with the Medical Profession and the public through its fine performance and compactness. Also the co-operation given the recommending physician by the technician distributing Paravox.

Transmitter weighs 6 oz.

Backed by 30 years of experience in the manufacture of scientific electrical instruments.

MAY WE SERVE YOUR PATIENT?

Priced within reach of All.

T. G. VAN BRUNT

87 Halsey Street Newark, N. J.

MAICO

HEARING AIDS
AND
AUDIOMETERS

●

We owe our success to the splendid co-operation of the Medical Profession.

●

Today more than 90% of America's Precision Hearing test equipment is made by Maico.

●

MAICO NEW JERSEY COMPANY

671 BROAD STREET NEWARK, N. J.

MArket 3-4369

GREETINGS

to the members of

The MEDICAL SOCIETY of NEW JERSEY

We cordially invite you to visit our offices and see a practical demonstration of Western Electric Hearing Aids and Hearing testing devices.

The WESTERN ELECTRIC AUDIOMETER

is a scientific instrument used by many Doctors and all Authorized Western Electric Hearing Aid Dealers to determine and measure the various types of hearing losses.

The results of an Audiometric test are then recorded on an Audiogram Card. From this record a

WESTERN ELECTRIC HEARING AID

product of the Bell Telephone Laboratories, is fitted with especial care and precision to satisfy the requirements of the Hard-of-Hearing person for whom it is intended.

We enjoy the privilege of co-operating with the medical profession.

DAVIS-BELL AUDIPHONE CO.

GROUND FLOOR OFFICES:

60 PARK PLACE NEWARK, N. J.

MItchell 2-1195

When Physical Therapy

Is Indicated in

CASES OF

OTOLOGICAL DYSFUNCTION

Cognizance must be taken of certain sound engineering factors when considering a Hearing Aid. To date, no electromechanical device has approached the range of the normal human ear—30 to 16,000 cycles per second. Better radio sets seldom exceed a range of 100 to 7,500 cycles and the range of the better-than-average wearable hearing aids is confined to 200 to 5,000 cycles.

Otarion, through research and modern engineering technique, has created an instrument embracing a range of 100 to 8,000 cycles—practically the entire voice range . . . from song of birds to the deep tones of the bass drum.

Otarion is simple to operate, easy to maintain and inconspicuous to wear. It is quickly and easily fitted to your patient's individual needs and has an unusually low operating cost.



Otarion

Room 927 24 Commerce St.

NEWARK, N. J.

SPEECH CORRECTION

LIP-READING TUTORING

ADULTS EVENINGS

ORange 4-4050 Established 1917

MRS. VARICK'S STUDIO

Formerly

VARICK SCHOOL FOR THE INDIVIDUAL CHILD

162 SO. CLINTON ST., E. ORANGE, N. J.

PROSPECT HILL COUNTRY DAY SCHOOL

Established 1875

Prepares for all Women's Colleges

Nursery School Through High School

BOYS IN LOWER GRADES

Transportation Arranged

Arts — Crafts — Dramatics

Sports — Two-acre Playground

DIRECTED WORK AND RECREATION

8:45 A. M. to 4 P. M.

DR. ALBERT A. HAMBLEN, Headmaster

346 Mt. Prospect Ave. Newark, N. J.

HUmboldt 2-4297

The NEW YORK POLYCLINIC
MEDICAL SCHOOL AND HOSPITAL

(ORGANIZED 1881)
THE PIONEER POST-GRADUATE MEDICAL INSTITUTION IN AMERICA

FOR THE GENERAL SURGEON

A combined surgical course comprising general surgery, traumatic surgery, abdominal surgery, gastroenterology, proctology, gynecological surgery, urological surgery. Attendance at lectures, witnessing operations, examination of patients pre-operatively and post-operatively and follow-up in the wards post-operatively. Pathology, roentgenology, physical therapy. Cadaver demonstrations in surgical anatomy, thoracic surgery, regional anesthesia. Operative surgery and operative gynecology on the cadaver.

Proctology, Gastro-Enterology

and ALLIED SUBJECTS

For Information Address

MEDICAL EXECUTIVE OFFICER

345 West 50th Street **New York City**

COOK COUNTY
Graduate School of Medicine

(In affiliation with COOK COUNTY HOSPITAL)
Incorporated not for profit

Announces Continuous Courses

SURGERY—Two Weeks' Intensive Course in Surgical Technique starting May 3, 17, 31, June 14, and 28, and every two weeks throughout the year.
MEDICINE—Two Weeks' Intensive Course starting June 7. One Month Course in Electrocardiography and Heart Disease starting the first of every month, except August. Two Weeks' Course in Electrocardiography starting August 2.
FRACTURES & TRAUMATIC SURGERY — Two Weeks' Intensive Course starting June 14 and October 18.
GYNECOLOGY—Two Weeks' Intensive Course starting June 28. One Month Personal Course starting August 2. Clinical and Diagnostic Courses.
OBSTETRICS—Two Weeks' Intensive Course starting October 4.
OPHTHALMOLOGY—Two Weeks' Intensive Course starting September 13. Course in Refraction Methods October 4.
OTOLARYNGOLOGY—Two Weeks' Intensive Course starting September 27.
CYSTOSCOPY—Ten-Day Practical Course every two Fluoroscopy, Deep X-ray Therapy every week.
UROLOGY—Two Weeks' Course and One Month Course available every two weeks.
CYSTOSCOPY—Ten-Day Practical Course every Two weeks.

GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES.

TEACHING FACULTY
Attending Staff of Cook County Hospital
Address: Registrar, 427 South Honore St., Chicago, Ill.

St. Benedict's Preparatory School

CLASSICAL, SCIENTIFIC and GENERAL COURSES

•

Accredited by the New Jersey State Department of Public Instruction and the Middle States Association

•

For Catalogue Address:

THE REV. HEADMASTER

520 HIGH STREET
NEWARK, NEW JERSEY

Founded 1868

APC
STANDARD OF QUALITY

MORE THAN A QUARTER CENTURY

Reliability

For over a quarter of a century, A. P. C. has been serving Federal, State, Municipal and prominent Hospitals and Institutions with quality products.

During this period, which embraces the First and Second World Wars, we have not overlooked our obligation to provide the drug and medical professions with a complete and dependable group of products, reasonably priced, and, affording the trade, a fair margin of profit.

In keeping with the present emergency, we are exerting all our energies toward supporting the War Effort.

Our production facilities have been increased, costs reduced, and rigid control maintained. A. P. C. in keeping with its name, promises to do its share in protecting and conserving the health of the nation.

Please Specify **A. P. C.** *on Your Prescriptions*

AMERICAN PHARMACEUTICAL CO., INC.

Main Office and Laboratories 525 West 43rd St., New York, N. Y.

Dolly Madison Ice Cream

and

Aristocrat Ice Cream

By

PHILADELPHIA DAIRY PRODUCTS CO., Inc.

CHANGE OF ADDRESS COUPON

In the event of a change of address or failure to receive the Journal regularly fill out this coupon and mail it at once to

THE MEDICAL SOCIETY OF NEW JERSEY, 222 West State St., Trenton, N. J.

Change my address on mailing list

From

To

Journal is not being received

My correct address is

Date..... *Signed*....., *M.D.*

PRESCRIPTION PHARMACISTS

TO THE MEMBERS OF THE

MEDICAL SOCIETY OF NEW JERSEY

Place	Name and Address	Telephone
AUDUBON	W. H. Tegeler, 315 Atlantic Ave.	Audubon 1037
CRANFORD	J. Walter Seager, 103 Union Ave. N.	CRanford 6-0700
ELIZABETH	Kerner's Prescription Pharmacy, 504 Court St.	ELizabeth 3-9497
HARRISON	Squier's Pharmacy, 234 Harrison Ave.	HArrison 6-2127
JERSEY CITY	Smith & Williams Prescription Phar., 343 Jackson Ave.	BErgen 3-2616
MONTCLAIR	Wm. J. McNulty, So. Fullerton Ave. & The Crescent	MOntclair 2-2014
MORRISTOWN	Carrell's Pharmacy, Inc., 31 South St.	MOrristown 4-0143
NEWARK	Marquier's Pharmacy, Sanford & So. Orange Aves.	ESsex 3-7721
NEW BRUNSWICK	Hoagland's Drug Store, 365 George St.	New Brunswick 49
SOUTH ORANGE	Taft's Pharmacy, 2 So. Orange Ave.	SOuth Orange 2-0063
WEST NEW YORK	The Owl Pharmacy, 6611 Bergenline Ave.	UNion 5-0384

North Arlington Pharmacy
WILLIAM WOLPER, Pharmacist

PRESCRIPTIONS OUR SPECIALTY
We have filled over 200,000

1 Ridge Road
NO. ARLINGTON NEW JERSEY
Phone KE 2-0446

ADAMS & SICKLES
W. STATE and PROSPECT STS.
TRENTON, N. J.

●

Physicians' Supplies

●

WHOLESALE PRICES

PAUL P. FAMULAR, Ph.G., Phar.D.

CHEMIST — Hours: — PHARMACIST

Monday thru Friday, 9.30 A.M. to 9.30 P.M. Saturday, 9.30 A.M. to 10 P.M.
Sunday and Holidays, 10 A.M. to 12 Noon, and 8 to 9 P.M. by Appointment

3696 Blvd., near Hague St. Jersey City, N. J.

OLIVER & DRAKE

Druggists

293 N. BROAD STREET
ELIZABETH, N. J.

HOAGLANDS

"Prescription Specialists"

NEW BRUNSWICK, N. J.
Phone 49

68 YEARS OF HIGH-CLASS
PHARMACY SERVICE

GREETINGS
FROM
SUN RAY DRUG CO.

Stores in New Jersey

ATLANTIC CITY
TRENTON
VINELAND
PERTH AMBOY
BLOOMFIELD
RED BANK
ASBURY PARK
NEW BRUNSWICK
UNION CITY
SOMERVILLE
PLEASANTVILLE

Schwarz Drug Stores

Conveniently Located in
NEWARK
BLOOMFIELD
EAST ORANGE
BRADLEY BEACH

Offer the service and coöperation of their Prescription Departments wholeheartedly to the profession

WILLIAM S. WHITE, Inc.

The *Rexall* Drug Store
PRESCRIPTION PHARMACY
A Reliable Prescription Pharmacy
for 75 Years
With Four Registered Pharmacists
VACCINES, SERUMS, ARSENICALS
Kept under Proper Refrigeration
Phone Rs to Dover 35 — We Deliver
BLACKWELL & WARREN STREETS
DOVER — NEW JERSEY

SEAGER'S DRUG STORE

103 North Union Ave.
Cranford N. J.

L. HOPP PHARMACY

440 Orange Street — Newark, N. J.

HUmboldt 3-9420

MARQUIER'S PHARMACY

THE REXALL STORE

SANFORD and SO. ORANGE AVENUES
Newark, N. J.

HOTEL
ESSEX HOUSE

BROAD STREET
at Lincoln Park
NEWARK, N. J.

BANQUET
FACILITIES
For 10 to 1,000

Q. What are the most important types of Bonds today?

A. 1. Bonds of Victory in which we all are investing.

2. Bonds of Loyalty, such as are daily woven between our neighbors and

MUIR'S Department Store
62 Years EAST ORANGE

FIREMEN'S
PHARMACY

12 CLINTON STREET
NEWARK, N. J.
D. S. BELDON, Reg. Pharm.

KIRSTEIN'S PHARMACY
The Rexall Store

74 CHERRY STREET
RAHWAY, N. J.
RA. 7-0235

DEL PLATO
PHARMACY

99 NEW STREET
NEWARK, N. J.
MArket 2-9094

NISSELSON'S DRUG SHOP
We Specialize in
COMPOUNDING PRESCRIPTIONS
470 CENTRAL AVENUE
EAST ORANGE NEW JERSEY
OR. 3-1435

Tel. MOrristown 4-0453 WM. DIERCK, Prop.
HOTEL REVERE
"One of the Best"
MORRISTOWN, N. J.
EVERY ROOM BATH AND SHOWER
Also Light Housekeeping Apts.
COFFEE SHOP — COCKTAIL BAR

Zemmer
Prescribe or Dispense
ZEMMER PHARMACEUTICALS
Tablets, Lozenges, Ampoules, Capsules, Ointments, etc. Guaranteed reliable potency. Our products are laboratory controlled. Write for catalogue.
Chemists to the Medical Profession
THE ZEMMER CO.
Oakland Station
Pittsburgh, Pa.
NJ-5-43

KARO Red Label and Blue Label are equally effective in MILK MODIFICATION

The chemical compositions and caloric values of these two types of KARO are practically identical.

Therefore the slight difference in flavor (hardly noticeable in the milk mixture) in no way affects the value of KARO as a milk modifier.

Either type may be prescribed for prematures, newborns and infants.



How much KARO for Infant Formulas?

The amount of KARO prescribed is 6 to 8% of the total quantity of milk used in the formula—one ounce of KARO in the newborn's formula is gradually increased to two ounces at six months.

CORN PRODUCTS REFINING CO.
17 Battery Place • New York, N. Y.



E. F. C. HORMONES

STANDARIZED, OFFICIAL U.S.P. METHOD



for female disorders

ESTROGENIC HORMONES
injection

TRI-ESTRIN
(*Estrogenic Hormone Tablets*)
orally

ENDESTROL
(STILBESTROL)
injection and orally

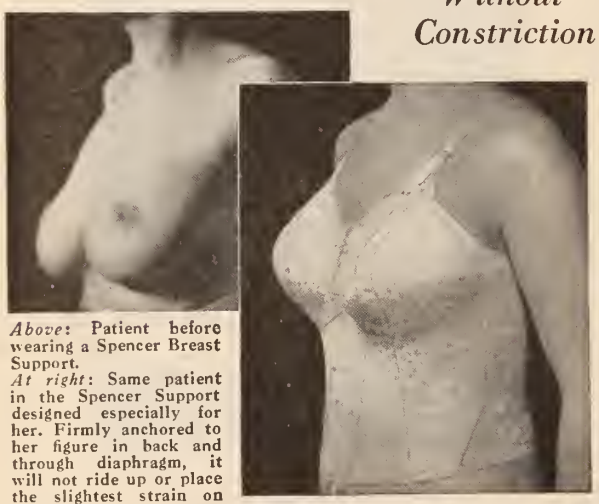
PROGESTERONE
(CORPUS LUTEUM HORMONE)
injection

Write for information on
E. F. C. HORMONE SPECIAL
May 1-31, 1943

ENDOCRINE Food Company
UNION CITY, N.J.

DEFINITE UPLIFT FOR THE HEAVIEST PTOSED BREASTS!

This Spencer Support Holds Breasts in Natural Position Without Constriction



Above: Patient before wearing a Spencer Breast Support.
At right: Same patient in the Spencer Support designed especially for her. Firmly anchored to her figure in back and through diaphragm, it will not ride up or place the slightest strain on shoulder straps!

IMPROVES CIRCULATION of the blood through the breasts, lessening the chance of the formation of non-malignant nodules, and improving tone.

PROVIDES COMFORT AND AIDS BREATHING when worn by women who have large ptosed breasts.

AIDS MATERNITY PATIENTS by protecting inner tissues and helping prevent outer skin from stretching and breaking.

HELPS NURSING MOTHERS by guarding against caking and abscessing.

Individually designed for each patient.

Spencer Supports are never sold in stores. For a Spencer Specialist, look in telephone book under "Spencer Corsetiere" or write us direct.

SPENCER *INDIVIDUALLY DESIGNED*

Abdominal, Back and Breast Supports

SPENCER INCORPORATED,
137 Derby Ave., New Haven, Conn.
In Conodo: Rack Island, Quebec.
In Englond: Spencer (Bonbury) Ltd., Banbury, Oxon.

May We Send You Booklet?

Please send me booklet, "How Spencer Supports Aid the Doctor's Treotment."

.....M. D.

Address D-5

Information For Readers and Contributors

The Journal is the official organ of The Medical Society of New Jersey, published monthly under the direction of the Committee on Publication. *The Journal* is released on or about the tenth of each month, and a copy is sent to each member of the Society.

Change of Address: Notice of change of address should be sent promptly to The Medical Society of New Jersey, 222 West State Street, Trenton, New Jersey.

Communications: Members are invited to submit to *The Journal* any suggestions for the welfare of the Society, as well as comments or criticisms of any material in *The Journal.* All such communications should be directed to the Editorial Office of *The Journal.* The Publication Committee reserves the right to publish, reject, edit or abbreviate any communications submitted to it.

Contributions: Manuscript submitted to *The Journal* should be typewritten, double-spaced on letter-size (about 8½ by 11 inch) paper, and forwarded to the Editorial Office at the address below. The Publication Committee expressly reserves the right to reject any contributions, whether solicited or not; and the right to abbreviate or edit such contributions in conformity with the needs and requirements of *The Journal.* Galley-proofs of edited or abbreviated manuscripts will be submitted to authors for approval before publication. Every care will be taken with the submitted material, but *The Journal* will not hold itself responsible for loss or damage to manuscripts. Authors are required to submit original copies only, and are urged to keep carbon copies for reference. It is understood that material is submitted here for exclusive publication in this *Journal.*

Illustrations: Authors wishing illustrations for their articles will submit glossy prints or original sketches, from which cuts or plates will be made by *The Journal.* The cost of making such cuts will be borne by the author, who will, after publication, receive the cuts for his own use. The cost of these cuts varies with size and type of the illustration, but averages about five dollars for a 3-by-3-inch plate. An estimate of the cost will be submitted to authors before the cuts are ordered.

The Journal of The Medical Society of New Jersey

Editorial Office
222 West State Street, Trenton, New Jersey

Precision

IN ESTROGENIC THERAPY

The opplication of new refinements in diagnostic technique enhances the effectiveness of modern estrogenic theropy.

Now, completely satisfactory treotment is easily planned and maintained.

These three simple steps ensure precise, controlled results with o minimum of time ond effort:

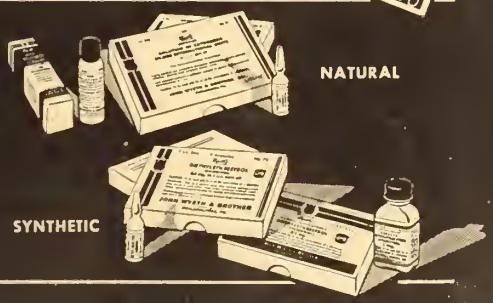
1 **SIMPLIFY DIAGNOSIS**

Reveal the degree of ovarian function by staining the vaginal smear with Single Differentiol Stoin (Shorr).



2 **SELECT THE MEDICATION**

Choose o suitable dosoge form from the convenient variety of Wyeth Estrogenic Preporotions.



3 **ACCURATELY DETERMINE RESPONSE TO THERAPY**

Ascertain the effect of medication by observing the chonges reflected in the stoined voginol smeor.



Wyeth's

ESTROGENIC PRODUCTS

NATURAL

SOLUTION OF ESTROGENS

Ampoules: 5,000 International Units in 1 cc. corn oil
1 cc. ampoule – Boxes of 6, 50 and 100
5 cc. ampoule – Boxes of 1 each

Ampoules: 10,000 International Units in 1 cc. corn oil
1 cc. ampoule – Boxes of 6, 50 and 100
5 cc. ampoule – Boxes of 1 each

Ampoules: 20,000 International Units in 1 cc. corn oil
1 cc. ampoule – Boxes of 6, 50 and 100

SYNTHETIC

DIETHYLSTILBESTROL
(Stilbestrol)

Tablets: 0.1 mg., 0.5 mg. } Bottles of 40 and 500

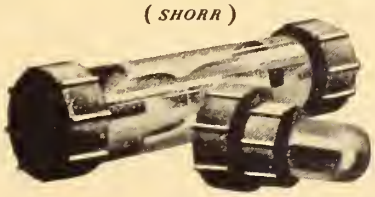
Ampoules: 0.5 mg. in 1 cc. corn oil, 1.0 mg. in 1 cc. corn oil } Boxes of 6, 50 and 100

Suppositories: 0.1 mg., 0.5 mg. } Boxes of 12

ACCEPTED AMERICAN MEDICAL ASSN.

*Reg. U. S. Pat. Off.

SINGLE DIFFERENTIAL STAIN
(SHORR)



Requiring only a 3-minute office procedure, Single Differential Stain (Shorr) reveals the extent of cornification in the cells of the vaginal smear, providing an index of ovarian function essential to proper diagnosis and treatment.

Shorr Stain is available in packages of two Pondits*, each containing sufficient dry material for preparing enough stain for 200 slides.



NOW AVAILABLE: A new folder containing complete information about this time-saving Wyeth product. It contains directions for applying the stain and full-color reproductions of characteristic stained slides. Your Wyeth representative has a copy for you.

JOHN WYETH & BROTHER, INC., PHILADELPHIA

Good News!

* DEXTRI-MALTOSE

WITH YEAST EXTRACT AND IRON

now measures 4 (instead of 6) level tablespoonfuls to the ounce

and

★ is packed 16 oz. (instead of 12) per tin

and

★ each ounce supplies 2.4 mg. iron

and

★ each ounce supplies .3 mg. thiamine

and

★ each ounce supplies .1 mg. riboflavin

During the baby's first six months, this product alone supplies to the milk formula more iron than the infant requires

and

more thiamine than the average infant requires.

Dextri-Maltose With Yeast Extract and Iron is supplied now in 1-lb. and 5-lb. cans.



ALL AT NO INCREASED COST TO THE PATIENT

MEAD JOHNSON & CO.
EVANSVILLE, IND., U. S. A.

THE JOURNAL

OF

THE MEDICAL SOCIETY OF NEW JERSEY

Place of Publication, Printing and Mailing:
12 SOUTH DAY STREET, ORANGE, NEW JERSEY

Entered as second-class matter, September 5, 1906, at the post office at Orange, New Jersey, under Act of March 3, 1879.

VOL. 40, No. 6 — JUNE, 1943 — Subscriptions, $3.00 per Year
Single Copies, 30 Cents

THE N.Y. ACADEMY OF MEDICINE
JUN 21 1943

CONTENTS—Pages 213-256

EDITORIALS— Page

Our 1943-1944 President — Ralph King Hollinshed, M.D., Westville ... 213
In Appreciation — Arthur W. Bingham — 1872-1943 ... 214

THE WAR—

War Participation Committees ... 215
Labor Turnover Certificates ... 215
Federal-State Conference on Social Protection ... 216
Camp Notes ... 216
Vision ... 217

ORIGINAL ARTICLES—

Plasma and Blood Banks in War Time—Eugene M. Katzin, A.B., M.D., Newark, N. J. ... 218
Stricture of the Rectum — Frank C. Yeomans, M.D., F.A.C.S., New York, N. Y. ... 222
A Lesson from a Death Certificate ... 227
Maternal Mortality Statistics in New Jersey for 1942. Maternal Welfare Article No. 81—Arthur W. Bingham, M.D., F.A.C.S., East Orange, N. J. ... 228

STATE ACTIVITIES—

1943 Annual Meeting ... 236
Room Dedicated to Dr. Andrew F. McBride ... 236
Honor to Dr. Eagleton ... 237
Gonococcus Culture Stations in New Jersey ... 237
With New Jersey Medical Authors ... 238
Dr. Harrison S. Martland Receives the Edward J. Ill Award ... 239

STATE ACTIVITIES— Page

Special "Mailing-Address" Bulletin ... 241
Summary of Nursing Facilities in New Jersey ... 242
Supplementary List of Members ... 242
James Ewing, M.D., Resolutions ... 242

OBITUARIES—

Dr. Thomas A. Clay ... 243
Dr. John De Rosa ... 243
Dr. Carl H. Ill ... 243
Major Robert A. Kilduffe ... 243
Dr. David H. Mendelsohn ... 244
Dr. Robert J. Montfort ... 244
Dr. Paul E. Rauschenbach ... 244
Dr. A. Burton Shimer ... 244
Dr. David N. Shippee ... 244
Dr. Theodore F. Thompson ... 244

COUNTY SOCIETY REPORTS—

Burlington, Cumberland, Gloucester, Hudson ... 245
Middlesex, Ocean ... 246
Passaic, Union ... 247
Summit Medical Society ... 248

WOMAN'S AUXILIARY—

18th Annual Meeting ... 249
County Auxiliaries ... 250
Obituary—Mrs. Mary Dodd Bingham ... 251

THE BOOK SHELF—

Books Received ... 251
Book Reviews ... 252

TUBERCULOSIS ABSTRACTS ... 255

Roster of Officers, Advertising Page 3A

Editorial and Executive Offices of the Society

222 WEST STATE STREET
TRENTON 8, N. J.
Tel. 5776

Acceptance for mailing at special rate of postage provided for in Sec. 1103, Act of Oct. 3, 1917, authorized July 29, 1918.

Copyright 1943 by
The Medical Society of New Jersey

PHYSICIAN'S INCOME PROTECTION

Our Physicians Special Policy—endorsed by the State Medical Society—will appeal to you also, if you investigate. Elimination of excessive acquisition costs and economy of operation makes possible our rate which is far below that of equally broad and dependable insurance.

Brief Outline of Coverage

Accident Benefits—from 1st day for 60 months for total disability.
Half benefits for partial disability, limit 6 months.
Dismemberment benefits up to $10,000.

Sickness benefits—from 8th day for 12 months, full benefits, *house confinement not required.*

Rate for $100 Monthly Benefit, up to age 50, $7.40 quarterly.

Slightly higher rates to age limit of 65. Policies available from $100 to $300 monthly. Additional provisions for accidental death benefit and hospital expense insurance.

Your State Medical Society Insurance Committee are sole arbiters for handling any claim requiring arbitration.

E. and W. BLANKSTEEN, Mgrs.

Authorized Representatives of The Medical Society of New Jersey

76 MONTGOMERY STREET **JERSEY CITY, N. J.**

Tel. Bergen 4-6051



Dilaudid
hydrochloride

COUNCIL ACCEPTED

For Relief of Pain

When an opiate is required Dilaudid acts more quickly and with fewer side effects. Dilaudid may be used orally, rectally or hypodermically.

Dilaudid hydrochloride (dihydromorphinone hydrochloride).
Dilaudid Trade Mark reg. U. S. Pat. Off.

KNOLL BILHUBER

BILHUBER-KNOLL CORP. ORANGE, NEW JERSEY.

THE MEDICAL SOCIETY OF NEW JERSEY

Founded July 23, 1766

PLACE OF PUBLICATION, PRINTING AND MAILING, 12. SO. DAY ST., ORANGE, N. J.
EXECUTIVE AND EDITORIAL OFFICES, 222 WEST STATE ST., TRENTON 8, N. J. TEL. 5776
MEDICAL SERVICE ADMINISTRATION, 31 CLINTON ST., NEWARK, N. J. TEL. MI 2-0675

EDITH L. MADDEN, *Acting Executive Officer*.....Trenton
HENRY A. DAVIDSON, *Editor, in Service A. U. S.*.....Trenton

MEDICAL SERVICE ADMINISTRATION OF NEW JERSEY
MEDICAL-SURGICAL PLAN OF NEW JERSEY
} 31 CLINTON ST., NEWARK, N. J.
Tel. MItchell 2-0675

NORMAN M. SCOTT, *Medical Director*
Executive Assistant, The Medical Society of New Jersey

OFFICERS

President, RALPH K. HOLLINSHED Westville
President-Elect, JOSEPH F. LONDRIGAN Hoboken
First Vice-President, SAMUEL ALEXANDER.....Park Ridge
Second Vice-President, FRANK G. SCAMMELL.....Trenton
Secretary, ALFRED STAHL Newark
Treasurer, GEORGE J. YOUNG Morristown

TRUSTEES

THOMAS B. LEE, *Chairman* (1945) Camden
ALDRICH C. CROWE, *Secretary* (1944) Ocean City
RALPH K. HOLLINSHED Westville
JOSEPH F. LONDRIGAN Hoboken
SAMUEL ALEXANDER Park Ridge
FRANK G. SCAMMELL Trenton
ALFRED STAHL Newark
GEORGE J. YOUNG Morristown
WILLIAM F. COSTELLO (1944) Dover
GEORGE W. FITHIAN (1944) Perth Amboy
JOSEPH G. COLEMAN (1944) Hamburg
DAVID W. GREEN (1945) Salem
HARRY R. NORTH (1945) Trenton
JAMES F. NORTON (1945) Jersey City
E. ZEH HAWKES (1946) Newark
J. HOWARD HORNBERGER (1946) Roebling
ANDREW F. McBRIDE (1946) Paterson

COUNCILORS

First District (Union, Warren, Morris and Essex Counties).....CHRISTOPHER C. BELING, Newark (1945)
Second District (Sussex, Bergen, Hudson and Passaic Counties).....VINCENT P. BUTLER, Jersey City (1944)
Third District (Mercer, Middlesex, Somerset and Hunterdon Counties).....BARCLAY S. FUHRMANN, Flemington (1946)
Fourth District (Camden, Burlington, Ocean and Monmouth Counties).....S. EMLEN STOKES, Moorestown (1945)
Fifth District (Cape May, Cumberland, Atlantic, Gloucester and Salem Counties).....CHESTER I. ULMER, Gibbstown (1944)

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

Delegates

WELLS P. EAGLETON (1944) Newark
HILTON S. READ (1944) Ventnor
THOMAS K. LEWIS (1944) Camden
ANDREW F. McBRIDE (1945) Paterson
LUCIUS F. DONOHOE (1945) Bayonne

Alternate Delegates

ELMER P. WEIGEL (1944) Plainfield
LANCELOT ELY (1944) Somerville
CLARENCE W. WAY (1944) Fort Monmouth
SPENCER T. SNEDECOR (1945) Hackensack
RALPH K. HOLLINSHED (1945) Westville

THESE ARE
TIMES of TENSION

WAR WORRIES, taxes, rationing — many new kinds of tensions are jangling nerves these days.

Milk is a natural supplement to medical therapy. It contains several times as much calcium as any other common food — in readily assimilable form. And as you know, tests have shown that this important mineral regulates the irritability of tissue and relaxes muscles.

You will find many patients prefer tastier Supplee Homogenized Vitamin D Milk. Try some yourself.

SUPPLEE
A Division of National Dairy Products Corporation

Sealtest
HOMOGENIZED
(pronounced hoe-MAH-jen-ized)
VITAMIN D MILK



Giving the Heart a "Lift"

Cheplin's

EPINEPHRINE HYDROCHLORIDE

Solution 1:1000

A powerful hemostatic indicated for use as a heart stimulant



Becouse of its vosoconstrictor action, Epinephrine is indicated to relieve the paroxysm of Asthma; in the treotment of Urticaria, Angioneuratic Edema and protein disturbances cousing locol or general reaction, such as serum sickness ond onophyloxis; shock and collapse.

When used in conjunction with o locol onesthetic it prolongs the onesthesio. DOSE: 0.125 to 1 cc. (2 to 16 minims.)

The oction of Epinephrine Hydrochloride is exerted upon involuntary muscles. The most marked effect of its odministration is the controction of the smaller arterioles with consequent ropid rise of blood pressure. Epinephrine Hydrochloride is also voluoble os an adjunct in locol onesthesio. It causes blanching of the operotive orea, thus giving the surgeon a cleor field. It also retords absorption of the onesthetic and thus prolongs the period of onesthesio.

HOW SUPPLIED

Cheplin's Solution Epinephrine Hydrochloride 1:1000 —is supplied in 1 cc. ampules for single doses, 12, 25, or 100 per box; 10 cc. or 30 cc. rubber-stoppered vials for multiple doses, and in 30 cc. (1 fl.oz.) bottles for topicol opplicotion.

Write for catalog and prices

Cheplin's ampules and other biological products are built up to an "Accepted" standard—not down to a low price— OF HIGHEST QUALITY AND PURITY, YET ECONOMICAL IN PRICE.

Cheplin's

QUALITY PURITY INTEGRITY

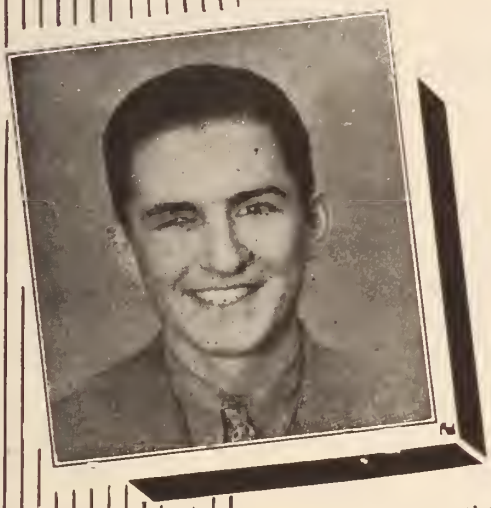
QUALITY PURITY INTEGRITY

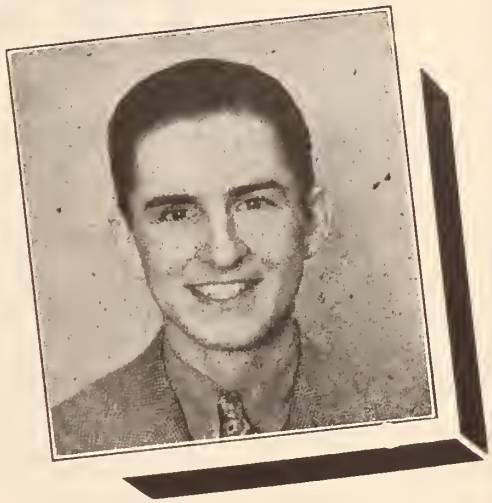
PHARMACEUTICALS and BIOLOGICALS

CHEPLIN BIOLOGICAL LABORATORIES, INC.

SYRACUSE, NEW YORK

Full-Motioned, Lifelike
ARTIFICIAL HUMAN EYES





We have the Enviable Reputation of "Really Knowing How" to produce that "Pleasing Cosmetic Effect" so desired by one wearing an Artificial Eye.

REFERRED CASES CAREFULLY ATTENDED

IT IS OF VITAL IMPORTANCE TO THE PATIENT'S FUTURE APPEARANCE THAT THE FIRST ARTIFICIAL EYE BE PROPERLY FITTED. IT IS IN THESE NEW CASES, WHERE UTMOST ATTENTION MUST BE GIVEN—AND OF WHICH WE HAVE MADE A SPECIAL STUDY.

Especially Made to Order Eyes by Skilled Artisans.
Also Eyes Fitted from Stock

SELECTIONS SENT ON MEMORANDUM UPON REQUEST.

FRIED AND KOHLER, INC.

"Specialists in Artificial Human Eyes Exclusively"

665 FIFTH AVENUE
near 53rd St.
NEW YORK, N. Y.
Tel. Eldorado 5-1970

"Pleasing Particular People for Over Forty Years!"

HOW

are a good pair of glasses made? ? ? ?

Answer: A lens is only as accurate as the skill of the man who grinds it. No two eyes—and consequently no two lenses are alike as to optical centers. Each pair of glasses must therefore be individually made to the prescription and facial requirements. A Guild Optician is a trained technician. Because of this human factor we urge you, for your patient's protection, to recommend a Guild member who uses only the best in opticial materials.

Next issue: **WHEN**

GUILD OF PRESCRIPTION OPTICIANS OF AMERICA

Guild of Prescription Opticians of New Jersey, Inc.

ASBURY PARK
- Anspach Bros.
 552 Cookman Ave.

ATLANTIC CITY
- Atlantic Optical Co.
 2146 Atlantic Ave.
- Foerster Optical Co.
 1708 Pacific Ave.
- Freund Bros.
 1006 Pacific Ave.

CAMDEN
- E. F. Birbeck Co.
 Fifth & Cooper Sts.
- Harry N. Layer
 106 N. 5th St.
- J. E. Limeburner Co.
 535 Cooper St.
- Pelouze & Campbell
 116 N. Broadway

EAST ORANGE
- Anspach Bros.
 533 Main St.
- Harold C. Deuchler
 541 Main St.

ELIZABETH
- Brunner's
 277 N. Broad St.

ENGLEWOOD
- Fred G. Hoffritz
 30 Park Pl.

HACKENSACK
- Hoffritz & Petzold
 315 Main St.

JERSEY CITY
- William H. Clark
 26 Journal Sq.

MONTCLAIR
- Stanley M. Crowell Co.
 26 S. Park St.
- Ralph E. Marshall
 5 Church St., Hinck Bldg.

MORRISTOWN
- John L. Brown
 57 South St.

NEWARK
- Anspach Bros
 1212 Raymond Blvd.
- James J. Keegan
 33 Central Ave.
- J. C. Reiss
 10 Hill St.
- Charles Steigler
 11 Central Ave.
- Edward Anspach
 20 Central Ave.

PATERSON
- John E. Collins
 241 Market St.

PLAINFIELD
- Gall & Lembke
 633 Park Ave.
- Louis E. Saft
 628 Park Ave.

RIDGEWOOD
- Ray Grignon, Optician
 17 N. Broad St.

SUMMIT
- Anspach Bros.
 382 Springfield Ave.
 Room 212, Bassett Bldg
- Harold C. Deuchler
 344 Springfield Ave.

UNION CITY
- Arthur Villavecchia
 1017 Summit Ave.

WESTFIELD
- Brunner's
 206 Broad St.



Such language!

My boss used to be as grumpy as a bear. He'd growl and bang around and his wife said: "Poor George, he's working too hard. It's wearing him down to a frazzle!"

So, I told her a few plain facts:

. . . how I'd discovered the most amazing thing . . . that physicians who prescribe S-M-A* actually have more time for other things . . . because it isn't necessary to change the formula throughout the entire feeding period. (She sat up at that.)

. . . how S-M-A eliminates many unnecessary questions that mothers usually ask about other modified milk formulas.



When I had finished, she said she would certainly speak to George about using S-M-A as a routine formula.

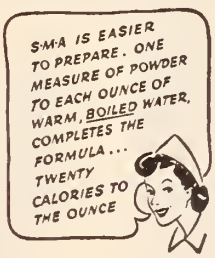
★ ★ ★

Just because my boss turned over a new leaf . . . he wants everybody to pat him on the back for it. But he's not fooling us . . . we know how he got to be such a nice man.

BUSY DOCTORS TODAY— PRESCRIBE S-M-A!

With the exception of Vitamin C . . . S-M-A is nutritionally complete. Vitamins B_1, D and A are included in adequate proportion . . . ready to feed. Their presence in S-M-A prevents the development of subclinical vitamin deficiencies . . . because the infant gets all the necessary vitamins right from the start.

S-M-A has still another highly important advantage not found in other modified milk formulas. It contains a special fat that resembles breast milk fat . . . resembles it chemically and physically—according to impartial laboratory tests. S-M-A fat is more readily digested and tolerated by most infants than cow's milk fat.



The infant food that is nutritionally complete

*REG. U. S. PAT. OFF.

SMA

ACCEPTED AMERICAN MEDICAL ASSN Council on Foods

S. M. A. Corporation
8100 McCormick Boulevard
Chicago, Illinois

S-M-A, a trade-mark of S.M.A. Corporation, for its brand of food especially prepared for infant feeding—derived from tuberculin-tested cow's milk, the fat of which is replaced by animal and vegetable fats, including biologically tested cod liver oil; with the addition of milk sugar and potassium chloride; altogether forming an antirachitic food. When diluted according to directions, it is essentially similar to human milk in percentages of protein, fat, carbohydrate and ash, in chemical constants of the fat and physical properties.

WALKER-GORDON OFFERS

an almost sterile milk ...Certified-Pasteurized!

As you probably know, Walker-Gordon Certified is generally accepted as the world's finest milk.

And now—*at no extra cost*—your patients can buy Walker-Gordon Certified-*Pasteurized* . . . a milk that is practically sterile!

In these days when every-other-day milk delivery is being put into effect in many cities, the keeping quality of milk is vitally important.

That's why the Boston Health Department made the following test, which proved that the purity of Certified-Pasteurized is little short of miraculous:

GROWTH OF COLONIES OF BACTERIA FROM A CUBIC CENTIMETER OF MILK

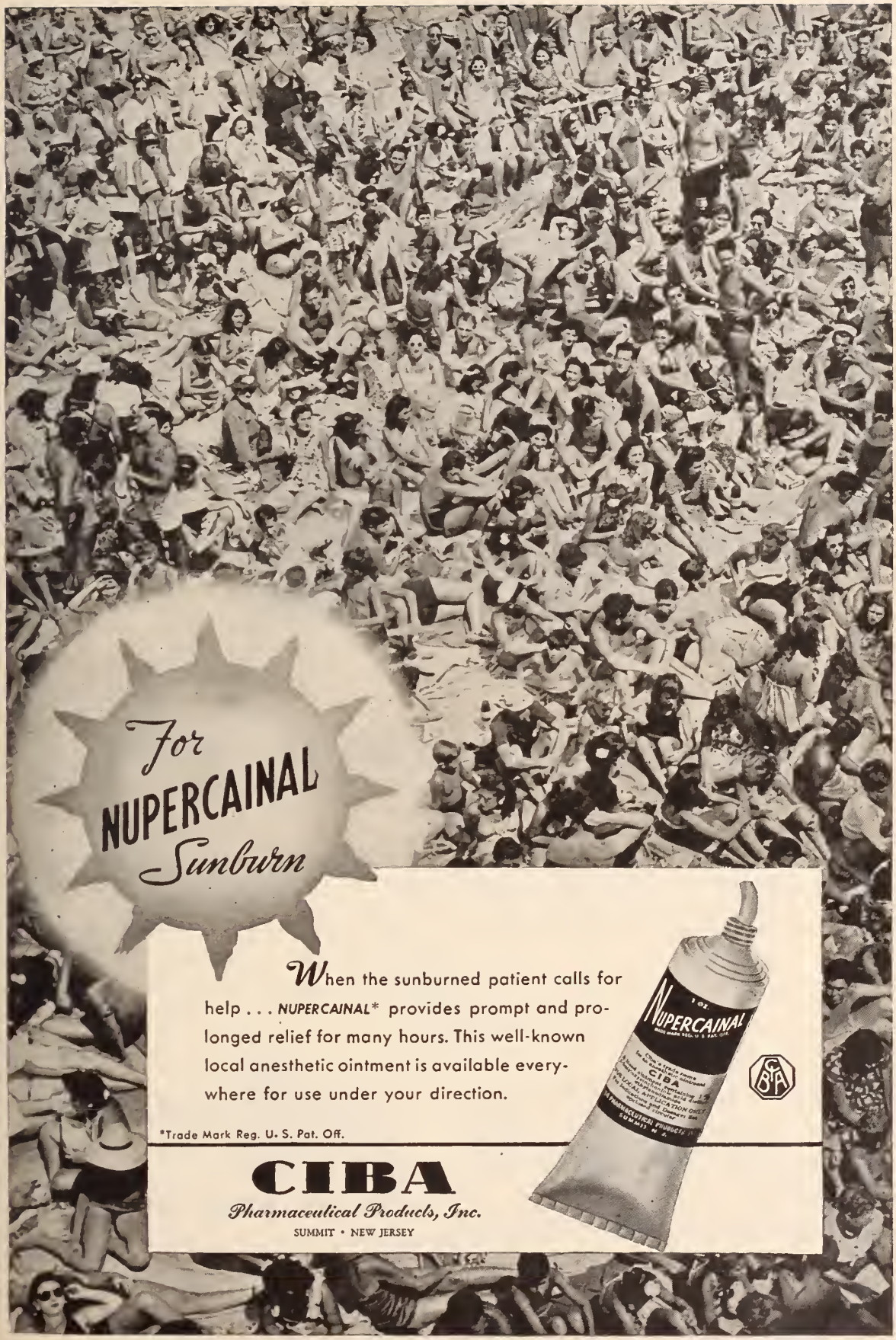
TYPE OF MILK	NO. OF SAMPLES		NO. OF COLONIES					
			ON DELIVERY	1 DAY AT 40°F.	2 DAYS AT 40°F.	3 DAYS AT 40°F.	4 DAYS AT 40°F.	5 DAYS AT 40°F.
Certified-Pasteurized	22	Maximum	20	40	100	850	1000	1400
		Minimum	0	4	5	8	15	20
		Average	8	14	44	157	286	770

• In discussing this table, the chemists stated that *even after ninety-six hours in the refrigerator*, Certified-Pasteurized still "conformed to the bacterial standards and was perfectly safe for use as measured by present knowledge of the subject."

The report . . . the complete results of which appeared in the *New England Journal of Medicine* . . . was made by the Laboratory for Chemistry and Sanitary Biology, Boston Health Department. If you'd like to have a reprint of the entire study, write to Walker-Gordon, Inc., Plainsboro, N. J.

* * *

There simply isn't any purer, more healthful, or better-tasting milk!


For
NUPERCAINAL
Sunburn
When the sunburned patient calls for help . . . NUPERCAINAL* provides prompt and prolonged relief for many hours. This well-known local anesthetic ointment is available everywhere for use under your direction.
*Trade Mark Reg. U. S. Pat. Off.
NUPERCAINAL
CIBA
CIBA
Pharmaceutical Products, Inc.
SUMMIT • NEW JERSEY



IPRAL WILL PUT JAPS TO SLEEP

IPRAL* will induce a sound restful sleep closely resembling the normal. It can, of course, put the Japanese war lords to sleep —but . . .

Since Ipral is usually free from untoward after-effects when given in the customary therapeutic dosage and . . .

Since Ipral is readily absorbed and rapidly eliminated and . . .

Since the subject awakens generally calm and refreshed . . .

We suggest that Ipral—generally free from undesirable cumulative effects—be used to allay the sleeplessness of your own patients and that you purchase War Bonds to help our government buy toxic and fatal "knock-out drops" for use on the Axis powers.

* "Ipral" is a trade-mark of E. R. Squibb & Sons. Supplied as Ipral Calcium (calcium ethylisopropylbarbiturate) in ¾- and 2-gr. tablets and Ipral Sodium (sodium ethylisopropylbarbiturate) in 4-gr. tablets.

EVERYBODY EVERY PAYDAY AT LEAST 10%

Give the Axe to the Axis

Buy War Bonds and Stamps

Their Cumulative Effect is Beneficial

Member of American Drug Manufacturers Association

IN ADVISING YOUR PATIENTS ON SMOKING

Remember—Philip Morris claims come from completely reliable sources

THE *source* of findings counts as much as the findings themselves. PHILIP MORRIS *Cigarettes have been proved* definitely and measurably less irritating* to the nose and throat not by anonymous chemists, but by competent medical authorities whose studies have been published by leading medical journals.

Not only have *laboratory* tests shown PHILIP MORRIS to be superior, but *clinical* evidence as well has given complete corroboration.*

Only something *made* differently can produce a difference in *results*. And PHILIP MORRIS cigarettes are *made* differently.



PHILIP MORRIS

PHILIP MORRIS & CO., LTD., INC.
119 FIFTH AVENUE, N. Y.

*Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154. Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60. Proc. Soc. Exp. Biol. and Med., 1934, 32, 241. N. Y. State Journ. Med., Vol. 35, 6-1-35, No. 11, 590-592.

Dependable Results

FIRST TO LAST...



WITH BASOLAC, A PALATABLE BARIUM SULPHATE MEAL FOR GASTRO-INTESTINAL EXAMINATION

Basolac is a palatable, opaque meal which will cause as little disturbance as possible to the patient's normal gastric functions. It will not accentuate peristalsis, cause nausea, or any other form of gastric distress.

Basolac, in addition, contains sufficient carbohydrates to give the patient a reasonable amount of nourishment during the six-hour period between examinations. Great care has been taken to retain the fluid nature of the mixture so that it will enter the smallest crevices and cavities in the mucosae, giving a clear *outline* of the walls of the Gastro-intestinal tract.

Basolac is furnished in convenient ten pound tins. It is also available in four-ounce cans for the patient's use at home.

BASOLAC . . .

for Gastro-intestinal Examination

PICKER X-RAY CORPORATION

300 FOURTH AVENUE • NEW YORK, N. Y.

OFFICES IN PRINCIPAL CITIES OF U. S. A. AND CANADA

A complete unit for Approved Contraceptive Technique



"THE KOROMEX SET COMPLETE"

Koromex Set Complete* is an attractively packaged unit containing the important items used for approved contraceptive technique. Identified by a removable label. To order or prescribe, merely write, "Koromex Set Complete, Diaphragm Size_____".

Each Unit Contains...

KOROMEX DIAPHRAGM—Widely accepted as the outstanding diaphragm in use today. Durable. GUARANTEED FOR 2 YEARS.

KOROMEX TRIP RELEASE INTRODUCER —Specially designed swivel tip facilitates usage. Gauged to take all size diaphragms.

KOROMEX JELLY and H-R EMULSION CREAM—Both preparations have equally high spermicidal value, but differ in degree of lubrication. Both are included so the patient may determine which preparation better meets her requirements and personal preferences

* *Price of Koromex Set Complete is only that of the Koromex Diaphragm and Koromex Trip Release Introducer*

Holland-Rantos
Company, Inc.

551 FIFTH AVENUE, NEW YORK, N. Y.



The art of anatomic illustration entered a new epoch upon the publication of the Tabulae Anatomicae of Giulio Casserio (Venice, 1627). This female figure is one of Casserio's most beautiful copperplates.



THEELIN AQUEOUS SUSPENSION

For patients requiring high potencies, and for those who do not tolerate oil injections.

THEELIN AQUEOUS SUSPENSION provides the same pure, natural crystalline estrogen as Theelin in Oil, and the same effective clinical results may be expected in the treatment of menopausal syndrome and other conditions due to diminishing estrogenic secretion. Theelin Aqueous Suspension is administered intramuscularly. Normal saline solution—no suspending agent—is used in preparing this product and the ampoule need only be shaken gently before the preparation is drawn into the syringe.

The uniform potency of Theelin is certified by the Laboratories of both Parke, Davis & Company and St. Louis University. Kapseals Theelol (Oral) and Theelin Suppositories (Vaginal) are available for maintenance therapy and for use in milder hypogonadal conditions.

•

THEELIN AQUEOUS SUSPENSION

1-cc. ampoules, each cc. containing 2 mg. (20,000 I.U.) of Theelin suspended in normal saline solution.

•

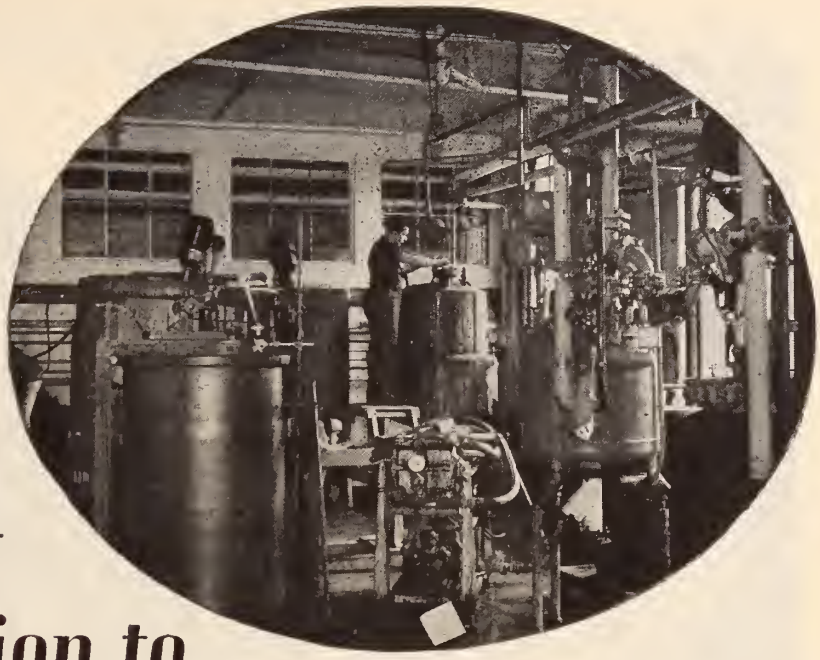
THEELIN IN OIL

1-cc. ampoules in strengths up to 1 mg. (10,000 I.U.) of Theelin per cc.



PARKE, DAVIS & COMPANY

DETROIT, MICHIGAN



An Important Contribution to BILE ACID THERAPY

TRIKETOL is a distinct laboratory achievement representing years of original research in bile derivative chemistry. This research culminated in the production, by *proper oxidation,* of crystalline-pure, therapeutic bile acids, free from toxic, irritating contaminants inherent in crude bile. New formulations plus new equipment, of original design, contribute greatly to the exclusive ENDO method of producing **TRIKETOL.**

Exhibiting the two essential bile acids—dehydrocholic and dehydrodesoxycholic—at maximum therapeutic efficiency, **TRIKETOL** is indicated wherever an active hydrocholeretic and cholegenic is appropriate, as in chronic cholecystitis, biliary stasis and other hepatobiliary disorders.

Moreover, its ability to increase production of bile (and in subsequent secretion as thin, limpid bile) is proving highly effective in the management of constipation.



TRIKETOL

Trade Mark

Available in bottles of 40 and 100 tablets, 3¾ grains each, at prescription pharmacies.



ENDO PRODUCTS, INC., RICHMOND HILL, NEW YORK





ACCEPTED AMERICAN MEDICAL ASSN

LACTOGEN

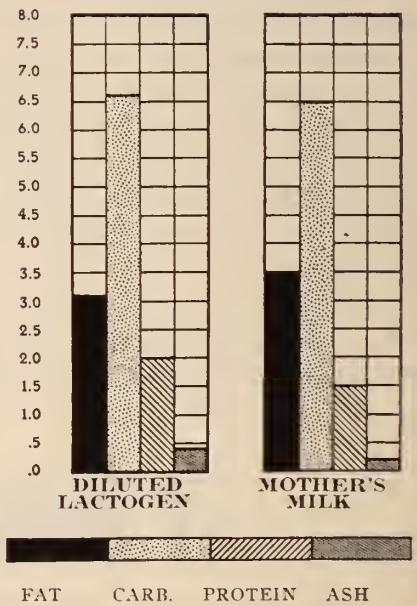
approximates women's milk in the proportion of food substances

THE COWS' MILK used for Lactogen is scientifically modified for infant feeding. This modification is effected by the addition of milk fat and milk sugar in definite proportions. When Lactogen is properly diluted with water it results in a formula containing the food substances — fat, carbohydrate, protein, and ash — in approximately the same proportion as they exist in women's milk.

No advertising or feeding directions, except to physicians. For feeding directions and prescription blanks send your professional blank to "Lactogen Dept.," Nestlé's Milk Products, Inc., 155 East 44th St., New York, N. Y.

"My own belief is, as already stated, that the average well baby thrives best on artificial foods in which the relations of the fat, sugar, and protein in the mixture are similar to those in human milk."

John Lovett Morse, A.M., M.D.
Clinical Pediatrics, p. 156.



NESTLÉ'S MILK PRODUCTS, INC.

155 EAST 44TH ST., NEW YORK, N. Y.

The Thought Behind the Gift...

WHAT GIFT DO THEY GO FOR?—CIGARETTES!
WHAT BRAND DO THEY LIKE BEST?—CAMEL!

WHEN you're thinking of gifts for friends or relatives in service, you can bank on this... It's cigarettes they appreciate... and Camel, the smoke they like best.*

Today, as in the past, Camels are the favored brand of millions and millions of Americans. It's the special mildness of Camels, their delightful fragrance, their ever-appealing flavor.

Camels by the carton... the way your dealer features them... is the thoughtful, generous gift. Send Camels today.

CAMEL—COSTLIER TOBACCOS



BUY WAR BONDS AND STAMPS

* With men in the Army, the Navy, the Marine Corps, and the Coast Guard, the favorite cigarette is Camel. *(Based on actual sales records in Post Exchanges and Canteens.)*

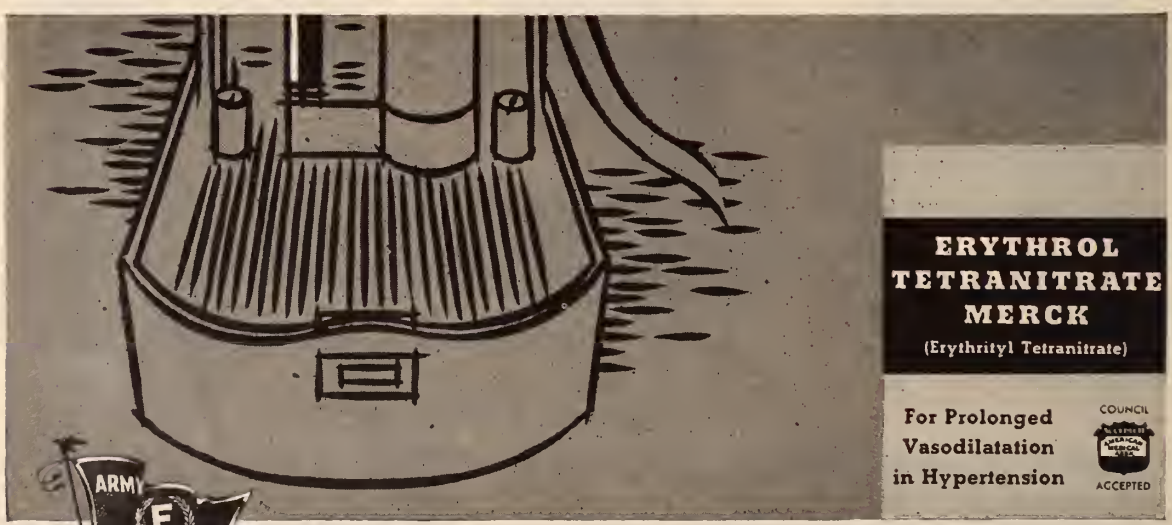


when rest has been *unsuccessful*

The vasodilator action of Erythrol Tetranitrate suggests it as an adjunct to rest and other measures when these have been unsuccessful in controlling arterial hypertension. Producing a vasodilatation which persists for several hours, following the administration of a single, therapeutically effective dose, Erythrol Tetranitrate causes a reduction in blood pressure sufficiently prolonged so that administration three times daily may maintain the reduction. It may be prescribed over a protracted period with sustained effect.

By dilating the peripheral arterioles, Erythrol Tetranitrate tends not only to decrease stress of excessive pressure on arterial walls, but also to relieve the burden on the heart. Although the causative mechanism remains unaltered, a more favorable circulatory condition is established.

Literature on Request



ERYTHROL TETRANITRATE MERCK
(Erythrityl Tetranitrate)

For Prolonged Vasodilatation in Hypertension

COUNCIL ACCEPTED

ARMY E NAVY
Buy WAR BONDS FOR VICTORY

MERCK & CO., Inc. *Manufacturing Chemists* **RAHWAY, N. J.**

NEW IMPROVED

DRYCO

FOR WARTIME INFANT FEEDING





For the physician... DRYCO offers FORMULA FLEXIBILITY to meet individual feeding problems, and Dryco formulas are easy to prescribe.



For the infant... DRYCO FORMULAS supply high levels of milk proteins and minerals, low levels of fat, and ample potencies of vitamins A, B complex, and D to provide for optimal growth and health.



For the mother... DRYCO is readily available at drugstores without inconvenience or delay. Formula preparation is quick and easy, for New Improved Dryco is readily soluble in warm or cold water.



For the war effort... DRYCO is a dehydrated, low-fat milk food—hence it conserves urgently needed butterfat, metal for packaging, and shipping space.

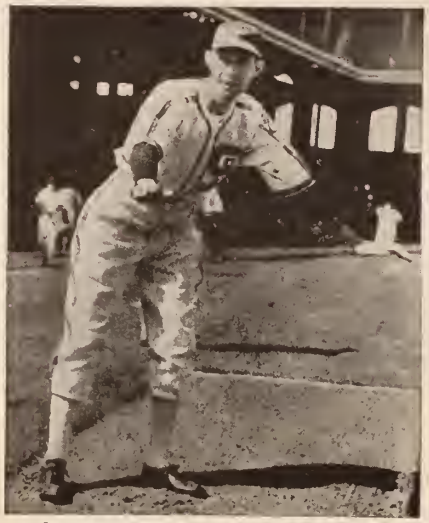
Dryco Formulas:

Prescribe one levelled tablespoon New Improved Dryco per pound body weight daily, plus sufficient carbohydrate to meet caloric needs. (One tablespoon Dryco supplies 31½ calories.)

Prescribe New Improved Dryco Regularly ACCEPTED AMERICAN MEDICAL ASSN. *Complete Information on Request*

BORDEN'S PRESCRIPTION PRODUCTS DIVISION

350 MADISON AVENUE • NEW YORK, N. Y.



Monty Stratton says: "I am getting along fine on my Hanger Leg. I have never worn any other make."

Monty Stratton

Famous White Sox Pitcher

WEARS A HANGER LIMB

For 81 years we have been making, wearing, fitting and improving artificial limbs. The knowledge and skill we have gained during this time enables us to give every advantage of construction, fit, and comfort.

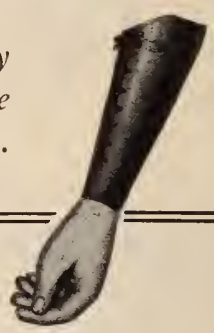
The Hanger name guarantees complete satisfaction.

J. E. HANGER, INC.

104 FIFTH AVENUE **Established 81 years** **334 NO. 13th ST.**
New York, N. Y. ***Inventors and Manufacturers*** **Philadelphia, Pa.**

ENGLISH WILLOW AND DURAL LIGHT METAL ARTIFICIAL LIMBS

The Pomeroy standards of excellence in quality and workmanship are maintained in the construction and fitting of artificial limbs.





ARTIFICIAL LIMBS

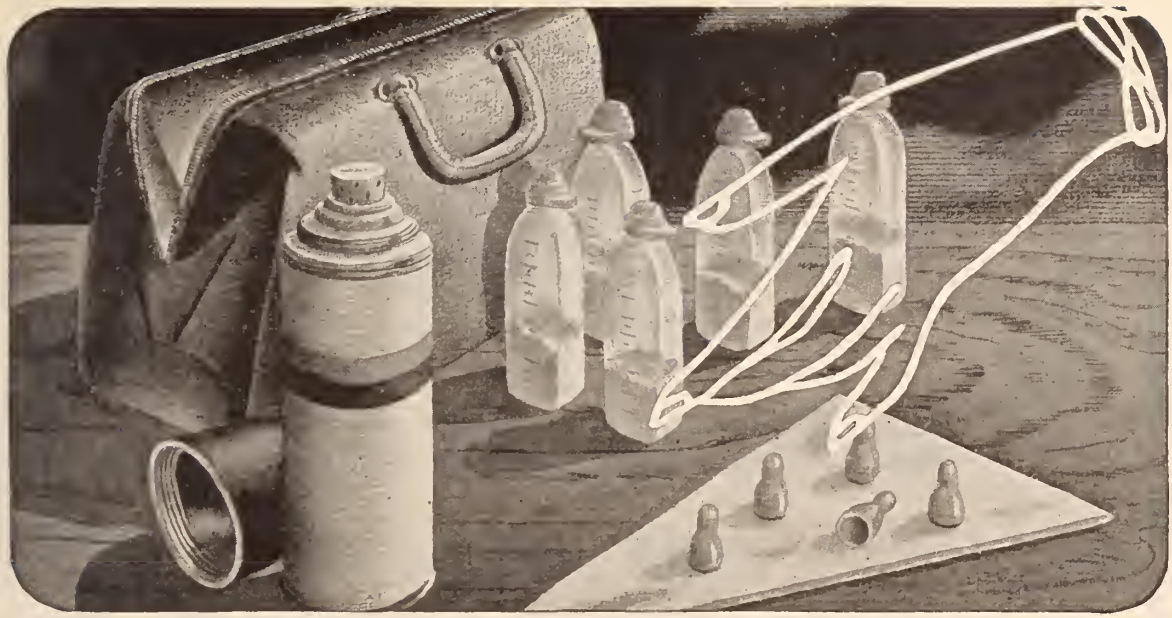
The factors essential to a satisfactory artificial limb are the reliability and responsibility of the maker, and the skill and interest of the fitter in designing and fitting the proper appliance to meet the individual requirements.

For seventy-five years Pomeroy has served physicians and their patients in this highly specialized field.

Pomeroy

901 BROAD STREET **NEWARK, N. J.**

NEW YORK — BROOKLYN — BOSTON — SPRINGFIELD — DETROIT — WILKES-BARRE



SAFE, CONVENIENT, when mother and baby must travel

The mother has only to measure out and place in dry, sterile feeding bottles, the prescribed amount of Similac powder for each individual feeding. The bottles containing the measured Similac powder are then capped, and can be conveniently carried, along with a thermos bottle of boiled water cooled to about blood heat. At feeding time it is necessary only to pour into one of the bottles containing the measured Similac powder, the prescribed amount of water, then shake until the Similac is dissolved, place a nipple on the bottle, and feed.



ACCEPTED AMERICAN MEDICAL ASSN. Council on Foods

A powdered, modified milk product especially prepared for infant feeding, made from tuberculin tested cow's milk (casein modified) from which part of the butter fat is removed and to which has been added lactose, olive oil, cocoanut oil, corn oil and cod liver oil concentrate.

SIMILAC

Similar to breast milk

M & R DIETETIC LABORATORIES, INC. • COLUMBUS, OHIO

PROFESSIONAL LIABILITY PROTECTION

Afforded Members of

THE MEDICAL SOCIETY OF NEW JERSEY

Since 1921

FAULHABER & HEARD, INC.

Authorized broker to negotiate professional liability contracts for The Medical Society of New Jersey

CONSULT US

For Protection and Specialized Service

31 Clinton Street Newark, N. J.

Telephone Mitchell 2-1234

FAULHABER & HEARD, Inc.

31 CLINTON STREET NEWARK, N. J.

Kindly send information on limits and costs of Society Professional Policy.

Name

Address

.....



During Summer Allergies

this powerful vasoconstrictor provides quick, sustained local relief even on repeated application

Neo-Synephrine Hydrochloride

(laevo—alpha—hydroxy—beta—methyl—amino—3 hydroxy ethylbenzene hydrochloride)



ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

Available in a ¼% or 1% solution in 1-oz. bottles for dropper or spray; and as a ½% jelly in collapsible tube with applicator.

Frederick Stearns & Company

Since 1855... ESSENTIALS OF THE PHYSICIAN'S ARMAMENTARIUM

NEW YORK KANSAS CITY **DETROIT, MICHIGAN** SAN FRANCISCO WINDSOR, ONTARIO

SYDNEY, AUSTRALIA AUCKLAND, NEW ZEALAND

Prepare for the perennial risk
of Rhus Dermatitis with

POISON IVY EXTRACT

Lederle

THE LOGICAL TIME for poison ivy immunization is in the late Spring. By timely action an immunity may be secured which will alleviate future discomfort from casual or prolonged contact with poison ivy. "Poison Ivy Extract *Lederle*" is useful not only for the prevention of rhus dermatitis, but also for its treatment.

Protect susceptible patients early!



PACKAGES:
1 syringe of 1 cc.
2 syringes of 1 cc. each

Specify *Lederle*

ARMY E NAVY

LEDERLE LABORATORIES, INC., NEW YORK, N.Y. A UNIT OF AMERICAN CYANAMID COMPANY

THE RISING CURVE OF PEPTIC ULCER IN WAR

"Peptic Ulcer ranks high as a cause of disability for military service. It . . . leads all other digestive diseases as a cause for discharge from the Regular Army."

Kantor, J. L.: Digestive Disease and Military Service, Jnl. A. M. A., Sept. 26, 1942.

THE increased incidence of peptic ulcer among the armed forces, defense workers and civilians today confronts medicine as a major problem.

Of the various types of therapy used to control this problem none has proved itself more valuable than CREAMALIN, brand of aluminum hydroxide gel.

CREAMALIN, the first aluminum hydroxide gel to be made available to physicians, was also the first to be Council-accepted. CREAMALIN contains approximately 5.5% aluminum hydroxide.



ACCEPTED AMERICAN MEDICAL ASSN. Council on Pharmacy and Chemistry

CREAMALIN

REG. U. S. PAT. OFF.

Brand of Aluminum Hydroxide Gel

Therapeutic Effects of CREAMALIN

- **Pronounced antacid action of 12 times its volume of N/10 HCl in less than 30 minutes (Toepfer's reagent)**
- **Prolonged action in contrast to fleeting effect of alkalies**
- **Non-alkaline; non-absorbable; non-toxic**
- **No acid rebound; no danger of alkalosis**
- **Prompt and continuous pain relief in uncomplicated cases**
- **Rapid healing when used with regular ulcer regimen**
- **Mildly astringent; may reduce digestive action, thus favor clot formation**
- **Demulcent; gelatinous consistency affords protective coating to ulcer**

Modern non-alkaline therapy for peptic ulcer and gastric hyperacidity

ALBA PHARMACEUTICAL DIVISION
WINTHROP CHEMICAL COMPANY, INC. SUCCESSOR
NEW YORK, N. Y.
WINDSOR, ONT.

Hypo for an Embryo



ONE of the scourges of war was in retreat before a shot was fired in World War II . . . Vaccine to protect against typhus could be prepared in quantity sufficient for all. In the Lilly Laboratories farsighted planning had provided extensive experience with typhus Rickettsiae, and the yolk sac culture method was a workaday procedure. Within a few short days after war began, vaccine production was increased a thousandfold. No order has been refused and no fighting man denied typhus protection because of inadequate knowledge or lack of facilities for vaccine preparation.

Lilly

BUY WAR BONDS AND STAMPS

ELI LILLY AND COMPANY · INDIANAPOLIS, INDIANA, U. S. A.

Volume 40
Number 6

THE JOURNAL
OF
THE MEDICAL SOCIETY OF NEW JERSEY

Published Monthly Since September, 1904
Whole Number of Issues, 466

Under the
Direction of the
Committee on Publication

Henry C. Barkhorn, M.D., Chairman

Henry A. Davidson, M.D., Editor
In Active Service A. U. S.

Place of Publication, Printing and Mailing—12 South Day Street, Orange, N. J.
Editorial and Executive Offices of the Society—222 West State Street, Trenton 8, N. J.; Tel. 5776
Each member of the State Society is entitled to receive a copy of The Journal every month.

Vol. 40, No. 6 June, 1943 Single Copies, 30 Cents
Subscriptions, $3.00 per Year

OUR 1943-1944 PRESIDENT
RALPH KING HOLLINSHED, M.D., WESTVILLE



Dr. Hollinshed was born in Camden on August 2, 1884, and after graduating from the University of Pennsylvania Medical School in 1908 he promptly returned to his native State. His early and enthusiastic interest in Organized Medicine led to his election as Secretary of the Gloucester County Medical Society for 12 years and eventually to the Presidency of his County Medical Society.

Dr. Hollinshed's civic zeal caused him to serve as coroner of Gloucester County for a term and to participate in local civic activities throughout a busy practitioner's daily life.

Our President, in addition to his local, state and national medical affiliations, is a Fellow of the American College of Physicians and has been certified by the American Board of Internal Medicine. His earnest and sincere work locally soon brought recognition from The Medical Society of New Jersey. Dr. Hollinshed was Chairman of the Committee on Scientific Program, Trustee of the Society for seven years and Chairman of the Board for two years. Discerning his cooperative spirit and organizing ability, the State Society successively elected him to the several Vice-Presidencies until he became President-Elect in April, 1942, and assumed office as President on May 26, 1943.

In addition to membership in several fraternal organizations, Dr. Hollinshed is Chief of the Cardiac Clinic, Cardiologist and Visiting Physician, Cooper Hospital, Camden, N. J.

In Appreciation

Arthur W. Bingham — 1872 - 1943

The end of this fiscal year saw the close of the direction of the Committee on Maternal Welfare by the late Dr. Arthur W. Bingham.

The monumental achievement which his work for the Society has represented is so well known to every member, and has been detailed so well by a number of other recent commentators, that it needs no repetition.

Rather it occurs to me to speculate on those qualities in the man himself which made his achievement possible.

In order to do this it is useful to look at his background. There was of course good hereditary derivation. Perhaps more significant were the environmental influences which surrounded the boy. He was born in Milwaukee 71 years ago. He early went to live, and subsequently was brought up, in the small town of DePere, which even today has a population of only about 6,000. Here his father kept a general store and was perhaps the most influential citizen in the community. The boy was thus brought into closest contact with his neighbors over a wide territory. He learned to know humanity, to respect people; "The customer is always right". Moreover, his neighbors were agriculturists. He learned their interest in, and knowledge of, the great elemental forces of nature and their utter dependence on natural phenomena. Thus, there were imbued in the boy inevitably appreciation of the laws of Nature and of Nature's God.

Another cogent influence was a friendship and constant association with the village doctor. Arthur accompanied him on his long drives through the country. The boy held his horse while he made his calls. He obtained much insight into the frailties and the magnificences of human nature from the talks which they must have had in their long rides together. It is certain that he derived from this association the hero which every youngster needs, and ambition, and an ideal of service which he was to exemplify in the career which he modeled in some sense after that of the man he knew so well.

Dr. Bingham was elemental in his own characteristics. He did not drive people; he coaxed; he educated; he persuaded; he showed. Never complacent about human shortcomings, particularly in himself, he was infinitely patient as he saw them exemplified in others, and endlessly hopeful of betterment.

His was the long vision. As a tree grows, his work grew. First, he put in order the service that he was responsible for in a single hospital. Then his interest spread in improvement in his own County. Then he willingly took on a State-wide burden. Finally, he generously contributed to the cause of Maternal Welfare all over this country.

His viewpoint and his remedial measures were simple, natural ones. To paraphrase his favorite slogan, he sought to "keep the normal case normal". He did this by normal means; temperance in diet, walking, sunshine, fresh air, rest. These were his weapons.

All of this best explains his work. Simplicity of soul, kindly humanity, the appreciation of elemental natural values and application thereof to all phases of his work, have operated just as beneficently as the sunshine and rain to bring about a rich harvest of salvation of mothers and babies over an ever-broadening field of accomplishment. In his closeness to common man and the simple elemental things of Nature, he has emulated The Great Physician Himself.

Samuel A. Cosgrove.

WAR PARTICIPATION COMMITTEES

J. Mallory Carlisle, M.D., Chairman, War Participation Committee

At the outbreak of war, organized medicine assumed two great responsibilities, the maintenance of a healthy fighting army and the maintenance of a healthy working civilian population.

The machinery necessary to ensure a regular flow of medical men into the ranks of armed forces was already established in the form of the Procurement and Assignment Service. Through the Committees of this Service the medical profession has responded and is responding voluntarily and magnificently in the fulfillment of its obligations to our military forces.

This constant drain of medical manpower into the armed forces has rendered the task of those who remain behind to care for civilian needs just that much harder. Each individual physician remaining in civilian life feels the pressure of the war effort; each one is aware of new problems, new responsibilities and obligations to his community. Never before has he been so concerned about the adequacy of medical care distribution in his community or the adaptability of hospital and public health facilities to meet every situation.

These new situations and problems must be recognized early and dealt with effectively in every community as our obligation and contribution to the war effort. They can be met successfully only by proper coördination of our own efforts, with those of the lay, industrial and political agencies involved.

We, the physicians remaining in New Jersey, will be more numerous, and just that much more capable of handling these new situations and problems than will the physicans of other countries at war. We are assured a ratio of one physician to every 1500 of our population on a state basis, as compared to the existing ratio in England of 1-2700 and in Germany of 1-10,000. Yet even on this relatively generous ratio, an acute shortage of medical care may be felt in certain localities unless the available medical manpower is distributed equitably throughout the State on the basis of the needs of each separate community. Already certain rural districts and some of the smaller towns are laboring under the handicap of inadequate medical service.

It is to remedy this state of affairs that the State War Participation Committee is inviting County Societies to form their own subcommittees to work in conjunction with the State Committee towards a solution of this problem. For the members of the State Committee to acquaint themselves directly with the conditions prevailing in every community in New Jersey would be clearly impossible. Only by maintaining close liaison with local committees, the members of which are completely familiar with the medical problems of their own communities, can they hope to do this. Together, the state and local committees would constitute the machine which ensures the smooth working of the civilian medical service. The problems which would confront such an organization are urgent and manifold. The inequitable distribution of physicians, pressing as the problem is, would be only one of the many questions to which this body would have to provide an answer.

For these reasons the medical profession of New Jersey is urged to organize effective War Participation Committees in every county, to participate with other agencies in the field of health, to study local problems, anticipate local needs and recommend appropriate action by which all of the resources of medicine may be utilized and the obligation of organized medicine may be fulfilled in every community in New Jersey.

LABOR TURNOVER CERTIFICATES

OFFICE FOR EMERGENCY MANAGEMENT
War Manpower Commission
520 E. State Street, Trenton, New Jersey

May 19, 1943

Dear Mrs. Madden:

In furtherance of the war effort and for the purpose of achieving the most effective utilization of the services of labor in essential activities there is currently in force an Employment Stabilization Plan throughout the State of New Jersey.

The purpose of the Stabilization Plan is to eliminate unnecessary and wasteful labor turnover and disruptive hiring practices. It establishes certain limitations governing the movement of workers. One of the conditions on which such a movement may be approved is

described as "compelling personal reasons". Our reports on the reasons for requests for permission to change employment, known as a release, indicate a very large percentage for "compelling personal reasons". It is felt that the percentage is much too large and that many workers have improperly sought to accomplish a change in position for this reason, and that members of the medical profession have, in some cases, been unwittingly imposed upon.

I would now request that your society undertake immediately to bring to the attention of your members and of the medical profession in general, the necessity for exercising the utmost discretion in the issuance of certificates which may be used for the purpose of supporting a worker's contention that the nature of present employment is or will constitute a health hazard.

Your coöperation is earnestly solicited, so that the impositions which are now being suffered by the members of your profession may be reduced to an absolute minimum or completely eliminated.

Very truly yours,

RUSSELL J. ELDRIDGE,
Deputy Director of Operations
for New Jersey.

This same situation pertains to health certificates for gasoline. We have been warned by the Rationing Boards against this practice with the statement that all doctors' certificates would have to be ignored if greater care was not exercised.

Keep this *Journal* and show it to those patients whose requests seem unreasonable.

THE PUBLICATION COMMITTEE.

FEDERAL-STATE CONFERENCE ON SOCIAL PROTECTION

Venereal disease control as an important phase of New Jersey's effort to maintain wartime manpower efficiency will be the subject of discussion at a Federal-State War Conference on Social Protection to be held June 18 at the War Memorial Building in Trenton.

This one-day meeting, sponsored by the Office of the Civilian Defense Director and the State Department of Health, will present at the morning session prominent speakers who will represent the Army and the Navy, the United States Public Health Service, and the Office of Community War Services of the Federal Security Agency, which are the agencies of the national government that are coöperating in the Federal program for control of venereal disease. The afternoon session will be devoted to group discussion conferences dealing with special techniques for effective health measures, and law enforcement methods for the repression of prostitution and for prevention and redirection phases of the problem. The conference will close with a second general session at which section chairmen will report on the group discussions and resolutions will be adopted.

Governor Charles Edison of New Jersey will deliver the welcoming address, and a number of prominent persons in the state who are identified with the program will be present to lead the group discussions. Members of state and local health departments, law enforcement officials, representatives of public and private welfare agencies, venereal disease control officers and military police and shore patrol of all New Jersey military encampments, judges, prosecutors, and other interested groups have been invited to attend and to participate in the conference.

In view of the particular importance of the subject to be discussed at this time, all persons identified with public health work and the medical profession are urged to attend this conference.

CAMP NOTES

North Africa

As the news was released this morning at 3:00 a. m., I am now free to tell you all about the detail I have just been on. It was one of the most unusual and unexpected I've ever had. I was the attending physician to the Aufa Conference—or the Unconditional Surrender Conference—however it is to be known. I was responsible for the care of probably the most distinguished group of patients I'll ever have. I never expected ever to see all the leaders I did—let alone meet them and take care of them. You've probably long since read all who were here—from President Roosevelt and Prime Minister Churchill on down. General Marshall,

General Somervell, General Arnold, General Andrews, General Eisenhower, General Clark —all either Lieutenant Generals or better. There were General Sir Alan Brook, Chief of the British Imperial General Staff; Field Marshall Sir John Dill, Sir Dudley Pound, First Sea Lord of the Admiralty; Sir Portal, Chief Air Marshall of the R. A. F.; our Admiral King, Admiral Cunningham of H. M. Fleet, General Alexander, C. I. C. of the Middle East Forces—just to mention a few of the big ones. I was responsible for checking everything from the medical viewpoint for the Conference—food, sanitary precautions, etc.—as well as being their attending medico. The President had Rear Admiral McIntyre along as his personal physician, and the Prime Minister brought Sir Charles Wilson, President of the Royal Academy of Physicians.

Fortunately there were no serious episodes, but I sure was worried many times about the possibilities of an air raid. There have been raids right in the area, and the possibilities of one with all the rank I had to care for was not so pleasant. I had three other officers always on duty and within five minutes of the Conference area, ambulance and attendants and 27 medical department enlisted men always available. Then I also had a special rescue squad always on duty. I think we'd have been able to handle almost anything but I was mighty glad we didn't have to.

I did treat many of the ranking generals for minor ailments — General Marshall, General Somervell (who is a mighty nice fellow), General Ismay, Assistant Chief of the British Imperial Staff; General Dean, General Wedemeyer, as well as many of the smaller fry. Had dinner one evening with General Arnold. All of them were mighty nice people and just as friendly and pleasant as could be. They all did a tremendous amount of work, and we hope that their Global War efforts will bring an early victory. I almost forgot to mention that General Giraud and General De Gaulle were both here, and that all is well between them now. It has been an experience I'll never forget, and I count myself as mighty fortunate to have been selected for the job.

I've certainly gotten up in the world lately, figuratively and actually. I am now at Allied Force Headquarters, temporarily at any rate, attached to General Eisenhower's staff. For a while I was with the new Fifth Army of General Clark's, but right now I'm with the really high command in this part of the world. I have no idea what the future holds in store, but I certainly have been lucky in having the opportunity to see how many different parts of the Army work. Usually, you know, a small potato like me gets stuck in one spot, and that's that. I don't know how much good I do, but I sure do get around. I'm almost getting a little lonesome to take care of some sick and wounded, and I wouldn't be surprised if one of these days I get me into some nice hospital unit—not that what I want has anything to do with it.

As for my actually getting up in the world, airplane is the only way to travel in Africa. It's quite beautiful in spots. I even saw some snow in the mountains, but you never saw so much with so little on it. The sooner they give this country back to the natives, the happier I'll be.

VISION

While many of our fellow physicians are serving with the millions in our armed forces fighting to save us and our democratic way of life, let us never forget that at home, today, we must fight to preserve the fundamental principles of medical practice which are based on the free choice of physician and patient, principles we know and believe to be best for the public and for the profession.

We were all too selfishly preoccupied after the last war to think of preventing this present terrible war. Will we be too busy again when this one ends?

The perils and problems of war will surely be followed by the difficulties and problems of peace. Are we preparing in any way to solve or to avoid them in the sphere of medicine? Smug complacency will not save us nor give society our best leadership. The public looks to us for guidance in matters of health and disease. Such guidance and the solution of world problems just do not follow spontaneously. *Our future and the future of medical practice depends on what we do today.*

The government and the public are looking forward to the prevention of illness and to the provision of full coverage of all health needs. We see many straws in the winds of public opinion all blowing that way. The profession can solve the problem of covering the needs in medical care but if we fail to interest ourselves in it, the people, through our Government, will. Rather than wait and try futile resistance to a bureaucratic plan for medical care, let us assume leadership at once and find a solution of this problem satisfactory to all.

E. W. S.

ORIGINAL ARTICLES

PLASMA AND BLOOD BANKS IN WAR TIME*

Eugene M. Katzin, A.B., M.D., Newark

Though the actual use of blood transfusion in the treatment of war casualties is relatively new, the theory, if not the practice of this vital therapy is ancient. Even the use of the term "shock", as sequel of injury, goes back to the eighteenth century (LeDran, H. F.—A Treatise or Reflections, Drawn from Practice on Gun-Shot Wounds. Translated from the French. London, 1743). However, the actual study and application of transfusion to the treatment of traumatic shock are quite recent contributions to medical progress.

The first transfusions administered under conditions of warfare were given by Robertson in 1917-18.[1] This astute worker really established the first Blood Bank when he transfused stored red blood corpuscles preserved in the citrate-glucose mixture of Rous and Turner.[2] Robertson transported this stored blood by ambulance and gave transfusions in casualty clearing stations of the Third Army of the British Expeditionary Force. In his "Memorandum on Blood Transfusion",[3] published in 1918, he stresses the value of preserved blood for "rush periods" during a "push" and likewise points out the limitations of use of other transfusion methods under the pressure of combat conditions when numerous casualties require almost simultaneous care.

Studies by Bayliss[4] and by Rous and Wilson[5] at about this time indicated the value and importance of fluid volume replacement in shock. These reports resulted in the use of gum acacia and gelatin as blood substitutes for shock therapy, unfortunately not without some major difficulties being encountered. However, Rous and Wilson had shown in animal experiments that blood plasma would restore blood volume and pressure after hemorrhage. A rather brilliant clinical comment on this point (noted by Harkins[6]) is a letter to the British Medical Journal of March 9, 1918:

Sir:

I have been reading with interest recent articles in the Journal on blood transfusion in casualty clearing stations. Apparently one of the chief troubles is the question whether or not the recipient's plasma will haemolyze the corpuscles of the donor.

Surely this difficulty might be avoided by not transfusing the corpuscles at all, but only citrated plasma, which would be easy to keep and easy to give. There is abundant clinical and experimental evidence that it is not the corpuscles that are wanted, but the ideal fluid for keeping blood pressure at its proper level, and the apparent advantage of blood is, no doubt, due to its permanent value in this respect and to its food value. A man apparently dying from hemorrhage is not dying from lack of hemoglobin, else severe cases of anaemia would die long before they do, but from draining away of fluid, resulting in devitalization and low blood pressure.

May I at least recommend a trial of this method, controlled, let us say, by an equal number of whole blood transfusions and an equal number of gum acacia (not less than 6 per cent) cases? I am, etc.,

Gordon P. Ward,
Captain R.A.M.C. (S.R.)

Sevenoaks, March 3 (1918)

This physician anticipated, by twenty years, the wide acceptance and use of plasma for shock resulting from war injuries.

During the years of peace following World War I, the methods, procedures and safety of blood transfusion advanced, but with no radical innovation until the re-introduction of the use of stored blood. The transfusion of preserved human cadaver blood by the Russians (Yudin, 1936[7]) stimulated the formation of civilian "Blood Banks". Studies revealed that stored citrated blood was of great therapeutic value even after days of preservation.

The first large scale application of the use of stored blood in actual combat occurred dur-

* Presented at the General Medical Session of the Scientific Program of the 1942 Annual Meeting of the New Jersey Medical Society, Atlantic City, N. J., April 21, 1942.

1. Robertson, O. H.: Transfusion with Preserved Red Blood Cells. British M. J., 1:691-695.
2. Rous, P., and Turner, J. R.: The Preservation of Living Red Blood Cells in Vitro: 1. Methods of Preservation. J. Exper. Med., 23:219-237, February, 1916.
3. Robertson, O. H.: M. R. C. Reports of the Special Investigation Committee on Surgical Shock and Allied Conditions, No. 4, April, 1918.
4. Bayliss, W. M.: M. R. C. Reports of the Special Investigation Committee on Surgical Shock and Allied Conditions, No. 1, November, 1917.
5. Rous, P., and Wilson, G. W.: J. A. M. A., 70, 219, 1918.
6. Harkins, H. N.: Treatment of Shock in Wartime. War Medicine, Vol. No. 4, 520, July, 1941.
7. Yudin, S. S.: Transfusion of Cadaver Blood. J. A. M. A.. 106, 997-999, March 21, 1936.

ing the Spanish Civil War (1938). In this conflict large amounts of blood were collected from civilian donors, stored and transported to the fighting forces. Jorda[8] describes the collection and processing of 9,000 liters of donated blood obtained from 20,000 donors in two and one-half years. The author reveals the entire feasibility of furnishing whole preserved blood for military purposes, if the fighting fronts are within reasonable distances from centers of civilian or other donor population. A container was devised in which the blood was stored under air pressure and it was so constructed that the blood could not splash against the walls of the container in transit. Jorda further held that because of the intense oxygenation of the blood stored under air pressure, any alteration in the characteristic red color was a colorimetric indication of blood contamination. He states, "Every method of transfusion to be perfect, must fulfill three conditions: The possibility of transfusion in any place whatever, at any moment whatever, and by any member of the medical personnel."

The French and the English adopted plans similar in principle to that used by the Spanish. Early in the present war the British were able to transport stored blood and plasma from Bristol to casualty clearing stations near the battle line.[9] Remarkable recoveries from shock by otherwise doomed casualties were encountered, and one observer states, "Transfusions were given to patients in beds, on stretchers, in clean rooms, in hovels * * * Asepsis did not exist, antisepsis in most cases was almost impossible to achieve. I am convinced as a result of this experience that a transfusion could be given in absolutely any circumstances except in a vehicle." And, according to Maycock,[9] "There is doubt about the last conclusion."

For the treatment of casualties due to the bombing of civilian centers of population, experience has shown the inestimable value of Blood Banks and stores of blood substitutes. The medical facilities in highly industrialized areas must likewise be prepared to treat adequately, casualties which may result from accidents which are apt to be more frequent under the stress of war work. The Office of Civilian Defense is now assisting "hospitals in communities which are exposed to war hazards" to establish blood and plasma banks, not only "for the current needs of hospitals", but also to build a "reserve supply of plasma for civilian casualties caused by enemy action".[10]

In 1940, the Blood Transfusion Association of New York City, in association with the American Red Cross and with the aid of hospitals in New York City, undertook the first large scale experiment in the production of plasma. Over 14,000 sympathetic individuals donated blood which was converted to plasma-saline solution, and sent to Britain. However, this experiment was not completed without overcoming many unforseen difficulties. Much was learned about the technique of obtaining and handling donors and the processing, testing and shipment of plasma. By January, 1941, the British had sufficient supplies of blood and blood substitutes available from their own centers and further shipment of plasma ceased.[11] During 1941, the Red Cross continued to solicit donors for blood to be processed into plasma for the armed forces of the United States. Under the capable direction of Dr. Earl Taylor,[12] first at the Presbyterian Hospital of New York City and later on a national scale, this project has been entirely successful, and tens of thousands of patriotic Americans have given of their blood at the numerous centers set up throughout the country. The technique has been so well developed and controlled, that the incidence of contaminated donations is very low. The organization for collection and transshipment is so highly developed that the blood is processed at centers within seventy-two hours after donation.

Although authorities are not entirely agreed as to the exact pathogenesis of all manifestations of shock, all do agree that the therapy of paramount importance is the reëstablishment of effective circulating blood volume.[13] Any

8. Jorda, F. D.: Barcelona Transfusion Service. Lancet, 1:773-775, April, 1939.
9. Maycock, W. D.: Blood Transfusion in the B. E. F. British M. J., 2:467, October 5, 1940.
10. Medicine and the War. J. A. M. A., Vol. 118, No. 13; 1147, March 28, 1942.
11. Stetten, DeWitt: The Blood Plasma for Great Britain Project. Bull. N. Y. Acad. of Med., Vol. 17, No. 1, 27-38, January, 1941.
12. Taylor, E. S.: Blood Procurement for the Army and Navy. J. A. M. A., Vol. 117, 2123, December 20, 1941.
13. Blalock, A.: Surgical Clinics of North America, 1663, December, 1941.

loss of prothrombin, complement, antibodies, etc., in a blood substitute, such as plasma, is of no moment, as long as the major protein content of such a fluid is unimpaired. Therefore sterile undeteriorated plasma in any form, wet, frozen or dried, is entirely satisfactory for shock treatment, even though the above-mentioned elements may have diminished or disappeared. The same remarks apply to serum. However, serum is not as easily obtained as plasma; plasma may be a by-product of the Blood Bank, the yield of plasma per unit of blood is higher than that of serum, and finally, serum loses some protein content in the process of the clotting of blood. The tendency to form fibrin deposits on standing, is an objection to plasma, but this is obviated by the use of fresh, frozen, or dried plasma. Objections to serum have been raised because of its potassium content, and the claims that it may cause more numerous reactions on account of vasodilator and constrictor substances said to be formed in the process of clotting.[6, 13, 14] Nevertheless, there are numerous proponents for the use of serum who claim that it is the equal of plasma.[15, 16, 17] Experience here and in England indicates that both these blood substitutes have great value in the treatment of shock. Since serum can be rendered sterile by filtration, some workers have felt that this added factor of safety would make serum the substitute of choice.[17]

Blood substitutes are most often to be preferred to whole blood in the early treatment of traumatic shock. Whole blood may increase hemoconcentration already present and preparation for its use requires time-consuming blood-grouping and cross-matching. Few casualties die because of loss of red blood corpuscles. Those that die as a result of insufficient hemoglobin usually are beyond resuscitation before medical aid can reach them. Replacement of blood volume by plasma will allow for immediate survival in the presence of marked anemia [13] which can be later corrected.

Whatever the fluid indicated and employed—whether blood or blood substitutes—it is agreed that for shock after injury, early adequate and effective amounts are required to save lives. It is easier to prevent severe shock than to correct it, and protracted shock may result in irreparable injury as a result of the tissue anoxia. Civilian casualties, as noted previously, must have prompt treatment available by prepared resuscitation teams and centers, so that efficient use may be made of stores of blood or substitutes. For local civilian purposes blood or blood substitutes can be provided in any indicated form: Bank blood, serum or plasma, in the wet, frozen or dry state. If our troops are in action within a distance which can be reached easily by airplane or other rapid means of transportation, any of the forms of fluids available for civilian use can be transported without deterioration.[18] However, in a World War with armed forces so far flung, a perfectly stable transportable blood substitute is required. This product must deteriorate very slowly or not at all, must require no refrigeration or other care, and must be ready for instant use under any circumstances. The dry, easily reconstituted, sterile plasma, as now supplied to our armed forces, fulfills all these requirements.

The great interest in shock and the development of blood substitutes in this country has led to the study of many substances which might be so employed. Gum acacia, gelatin-saline, hemoglobin solution, pectin, amino-acid solution, casein digestates, modified animal plasma protein solutions, ascitic fluid—all have been or are being investigated. Experiments with the extraction of human albumin from plasma have resulted in another excellent stable blood substitute now also available to our military forces. Thus for present war needs, adequate amounts of dry human plasma or stable solution of human albumin are the blood substitutes of choice.

Finally, as noted above, centers of population "exposed to war hazards" [10] must be ade-

14. Amberson, W. R.: Blood Substitutes. Biol. Rev., 12, 48-86, 1937.
15. Levinson, S. O.; Neuwelt, F., and Necheles, H.: Human Serum as a Blood Substitute in the Treatment of Hemorrhage and Shock. J. A. M. A., 114, 455-461, February 10, 1940.
16. Levinson, S. O.; Rubovits, F. E., Jr., and Necheles, H.: Human Serum Transfusions. J. A. M. A., 115, 1163-1169, October 5, 1940.
17. Report of the Blood Transfusion Association, New York City, pp. 75-87, January 31, 1941.
18. DeGowin, E. L., and Hardin, R. C.: A Plan for Collection, Transportation and Administration of Whole Blood and Plasma in Warfare. War Medicine, Vol. 1, No. 3, 326, May, 1941.

quately prepared for the treatment of casualties by the establishment of Blood Banks for storing reserves of blood substitute, or to supply whole blood for transfusion when necessary. Under conditions of highly mobile warfare, the preparation of adequate stores of stable blood substitutes will save untold lives, for it is agreed that the outcome of casualties depends on early surgical care and adequate preliminary shock treatment with blood substitutes. Until a synthetic or other more easily obtained blood substitute is discovered, plasma protein solutions approach the ideal—a "protein fluid to replace protein fluid lost".

50 Baldwin Avenue

DESCRIBES SIMPLE BREATHING EXERCISES FOR SWIMMERS WITH SINUS TROUBLE

There is no reason why those who suffer from sinus trouble should be denied the pleasures and health benefits to be derived from swimming, Charles L. Sawin, Indianapolis, declares in an article in the August issue of *Hygeia, The Health Magazine* in which he describes some simple breathing exercises that will make it possible for one to swim without letting water enter the nose or throat.

"By swimming the crawl, or the breast stroke," he explains, "with your face turned toward the bottom of the pool most of the time you will find that an air pocket can be formed in the nasal passages that will prevent the water from forcing its way into the head, despite the fact that your nose is several inches under the surface. * * *

"Suppose you try breathing in the following manner: Inhale quickly through the mouth, place your face in the water, close your mouth and force a slow but steady stream of air out through your nose for the entire time that your face remains under the surface. This steady exhalation prohibits the entry of pool water. Time your breathing so that you lift your face from the water a split second before having completely exhausted your supply of air. If you do not do this, you will find yourself inhaling water, a most painful mistake!

"In order to perfect this rhythm of breathing, stand in shallow water, exhale slowly, turn the head to one side and inhale. Continue this exercise until it is second nature for you to exhale whenever your face is in the water."

If the sinus condition is serious two things should be avoided at all times, Mr. Sawin observes. The victim should not swim or float on his back, because the nose is then in such a position that no precautions can be taken which will keep the water from running down into the sinuses. Diving to any depth exceeding three or four feet should also be avoided, since the increased pressure in deep water tends to irritate the nasal passages. If breathing exercises are too difficult, the author recommends that the swimmer obtain a nose clip, which will keep the pool water out of the sinuses.

INTESTINAL OBSTRUCTION AS A PHASE OF CARCINOMA OF THE CERVIX

In 74 squamous-cell carcinomas of the cervix which came to necropsy the incidence of carcinomatous obstruction of the bowel was 12.1 per cent. Intestinal obstruction was the immediate cause of death in 6.7 per cent of this series. In five cases the intestinal obstruction initiated the clinical picture. Obstruction also develops insidiously in treated cases, with symptoms so obscure that alertness is required for its recognition. Colostomy is an effective palliative measure and rectal involvement deserves vigorous treatment, for an occasional so-called cure may be obtained. A plea is made for early detection and prompt, adequate treatment of obstructive intestinal lesions arising from carcinoma of the cervix, to effect better palliation and secure longer survival.—(Author's Abstract.) Bjarne Pearson, M.D., and Manuel Garcia, M.D., Surgery, 11:636-643, April, 1942. (Clinical Abstracts, 1942.)

STRICTURE OF THE RECTUM *

Frank C. Yeomans, M.D., F.A.C.S.
Professor of Proctology, New York Polyclinic Medical School and Hospital, New York City

During the past decade new interest has arisen in stricture of the rectum due to the recognition of lymphogranuloma venereum as the chief etiological factor of inflammatory stricture.

Stricture of the rectum is an organic constriction of the bowel lumen which may be congenital or traumatic but which is usually the result of infection, either specific or non-specific.

This paper is based upon 119 personally observed cases of stricture, eight of which were congenital, fifteen traumatic (including post-operative), nine secondary to fistula, and eighty-seven inflammatory.

Congenital anomalies of the terminal colon are rare. They are usually discovered soon after birth and prompt measures of relief are employed. However, an emergency operation, such as colostomy, may tide over the crisis but leave the stricture for correction months or years later. Data on the eight cases in this series are shown in the table. Two of the patients were boys with imperforation of the anus, one having a rectal outlet into the bladder and the other into the urethra.

Traumatic stricture may follow ulceration and infection from a foreign body such as an enterolith, perforation of the bowel by a foreign body with subsequent infection, caustic and superheated injections, clumsy instrumentation, and operations for hemorrhoids, fistula and resection of the rectum. Application of radium in the rectum or the vagina may result in an indolent, painful ulceration of the rectum, rarely leading to stricture formation.

Stricture should never follow hemorrhoidectomy if two cardinal rules are observed: (1) leaving a longitudinal strip of intact mucosa between adjacent hemorrhoids, and (2) digital dilatation twice weekly, beginning the seventh day after operation. Rarely blind internal, but more frequently blind external fistula, by an encircling infiltration, causes stenosis of the bowel at the anorectal line. Nine examples of this have occurred in this series.

Some degree of stenosis at the line of union almost invariably follows resection of the rectum with end-to-end anastomosis. Causal factors are absence of the peritoneum, interference with the blood supply, and infection. A short, annular, cicatricial stenosis at the outlet frequently follows perineal excision of the rectum for carcinoma, but it is easily corrected by a simple plastic operation—dissection of the scar tissue and suture of the mucosa to the skin.

INFLAMMATORY STRICTURE

These may result from *simple, non-specific* infection by various strains of B. coli, streptococci and staphylococci, with destruction of the mucosa and fibroplastic replacement of the muscular coat. Chronic ulcerative colitis (non-specific) is the chief clinical example of simple infection causing stricture.

Specific acute infections are amebic and bacillary dysentery and gonorrheal proctitis; the *chronic* are tuberculosis, actinomycosis, syphilis and lymphogranuloma venereum. So long as the infection is limited to the mucosa stricture does not develop. Fortunately this is usually true for all of the acute specific infections, and after healing the mucosa appears normal, or pale, pliable scars mark the sites of superficial ulceration.

Amebic infection, in the temperate zones at least, usually at first attacks the mucosa of the distal colon. Unless it is recognized early and specific treatment given, an amebic granuloma may form, and the erroneous diagnosis of carcinoma be made, as I observed in three instances. If the true nature of the disease is not recognized and specific therapy is neglected, amebic ulcers become secondarily infected and a stricture may result. This occurred in two cases in this series.

Tuberculosis of the intestine, in adults, is

* Read before the Section on Gastro-Enterology at the 176th Annual Meeting of The Medical Society of New Jersey, Atlantic City, N. J., April 22, 1942.

practically always secondary to a pulmonary lesion, either active or quiescent. The small bowel and the cecum are the chief sites of tuberculous stricture of the intestines, only comparatively few occurring in the rectum. Of the seven cases of rectal involvement in this series, only two patients were treated surgically, one of whom survived over three years after colostomy.

Actinomycosis of the tubes and ovaries of a nineteen-year-old girl, by perirectal infiltration, produced a lengthy stenosis of the bowel lumen.

Syphilis. Before the recognition, in the last decade, of the rôle of lymphogranuloma venereum in the causation of inflammatory rectal stricture, syphilis was regarded as the chief etiological factor. Clinical experience supports the view that gummata, obliterating endarteritis and, according to Riedel, a proliferation of the intima of the rectal veins even to their obliteration, result in ulceration of the mucosa. Unless the ulcer is healed, there is a rapid production of connective tissue which, by its contraction, produces a stricture.

In this series, prior to 1932, there were twenty-four cases—eight males and sixteen females, sixteen white and eight colored—considered to be of syphilitic origin. The Wassermann blood test was positive in eighteen, negative in three, and not done in three; or, a positive reaction in 85 per cent of the twenty-one cases tested. Of eighteen cases seen after 1932 and considered syphilitic, there were seven males and eleven females, five white and thirteen colored. The Wassermann was positive in thirteen, negative in two, and not done in three; or, a positive reaction in 86 per cent of the fifteen cases tested. The Frei antigen skin reaction was negative in the three cases in which the test was made.

Lymphogranuloma Venereum. In 1913, Durand, Nicolas and Favre [1] described lymphogranuloma inguinale as probably a venereal disease, and in 1925 Wilhelm Frei [2] reported his skin reaction to the intracutaneous injection of an antigen prepared from pus aspirated aseptically from a fluctuating inguinal bubo. Since then a voluminous literature has appeared, so that now it can be stated positively that lymphogranuloma venereum is the chief cause of inflammatory stricture of the rectum.

The specific agent is a filtrable virus in the form of microscopic cytoplasmic granules having a predilection for lymphatic structures, and is transmitted by sexual contact. After an incubation period of a few days to three weeks, the initial genital lesion appears, commonly as an oval vesicle on a soft erythematous base and rarely as an ulceration. Frequently the primary lesions are evanescent and escape notice. Two to six weeks later the inguinal lymph nodes, in men, become discretely enlarged and matted together, finally breaking down into multiple abscesses which perforate the tense overlying skin. This acute phase may be marked by malaise, fever and mild leucocytosis.

Superficial adenopathy is rare, in women. Investigators are not fully in accord as to the precise mechanics of spread that result in stricture formation in women. Earlier investigators believed that from the primary lesion in the fourchette or posterior vaginal wall, the virus permeated the lymphatic structures in and about the rectum, finally resulting in mucosal ulceration and stricture formation. On the other hand, I favor the opinion of Grace [3] that, in the great majority of cases, the virus is deposited on the anal skin or rectal mucosa mainly by sexual contact. Thus of 128 cases of the anorectal variety of presumed lymphogranuloma venereum reported by Grace, 107 were stricture with proctitis (97 per cent Frei-positive), seven were stricture without proctitis (70 per cent Frei-positive), and fourteen were proctitis without stricture (63 per cent Frei-positive). The clinical history in the majority of cases of rectal infection in men also reveals that the disease was contracted by pederasty, that is, by direct contact with the rectal mucosa.

Frei Skin Test. Frei used human antigen (1925), Grace and Suskind [4] introduced mouse brain antigen (1934), and Rake, McKee and

1. Durand; Nicolas, J., and Favre: Lymphogranulomatose inguinale subaiguë d'origine génitale probable, peut-etre vénérienne, Bull. et mem. Soc. med. d. hop. de Paris, 35:274, 1913.
2. Frei, Wilhelm: Eine neue Hautreaktion bei Lymphogranuloma inguinale, Klin. Wchnschr. 4:2148 (Nov. 5) 1925.
3. Grace, A. W.: Lymphogranuloma venereum, Bull. New York Acad. Med. 17:627 (Aug.) 1941.
4. Grace, A. W., and Suskind, F. H.: Successive transmission of virus of lymphogranuloma inguinale through white mice, Proc. Soc. Exper. Biol. & Med. 32:71 (Oct.) 1934.

Shaffer[5] (1940) provided lygranum antigen, produced by growing the virus in the yolk-sac of the developing chick embryo. Lygranum and mouse brain antigen avoid the disadvantages of human antigen but appear to be at least equally sensitive and specific.

Intracutaneous injection of 0.1 cc. of an inactivated virus on the flexor surface of the forearm produces a characteristic reaction in persons infected with lymphogranuloma venereum. A positive reaction is manifest in 48 to 72 hours as a reddish indurated papule, rarely a pustule, 7 to 10 millimeters in diameter, which may persist from one to three weeks after the inoculation. Cutaneous allergy persists for an indefinite period, probably throughout life.

Included in this series are twenty-one cases of rectal stricture—eight men and thirteen women, fourteen white and seven colored—in which the Frei test was positive in all, and the Wassermann was positive in nine and negative in twelve.

Since many patients are infected with both syphilis and lymphogranuloma venereum, the Frei skin test and the Wassermann blood test should be performed in every case of ulceration or stricture of the rectum.

Symptoms.—Characteristic symptoms of inflammatory stricture are progressive constipation, futile straining at stool and frequent passage of mucopurulent material with more or less blood. Symptoms of obstruction develop when the stricture has a small lumen or is tubular.

Diagnosis.—Over 90 per cent of strictures can be felt by the finger—the distal four inches of the rectum. Congenital and traumatic strictures are usually annular and ulceration is limited or absent. The length of the stricture and degree of ulceration can usually be determined by passing a proctoscope of one-half inch diameter through its lumen. If the lumen is not too narrow, a roentgen study with a barium enema may be made to (a) outline the stricture, (b) demonstrate others at a higher level, and (c) show the length of sigmoid available in case of operation. Carcinoma presents a characteristic nodular induration but if there is any doubt, biopsy should be done. In cases of stricture the pathologist usually reports "chronic inflammatory" or "chronic granulation tissue" and rarely "lymphogranuloma".

Prognosis.—With suitable treatment, the prognosis for uncomplicated congenital and traumatic stricture is favorable. Constant care and good management of inflammatory strictures, except the tuberculous, will usually insure a life of comparative comfort. A few patients can be cured by operation. If neglected, abscess, fistula, obstruction and toxemia lead to a fatal issue.

TREATMENT

Treatment is preventive, palliative, and operative. Proper operative technic and suitable postoperative care will prevent stricture after operations for hemorrhoids and fistula. The usual initial gross lesion of inflammatory stricture is an ulcer. Most ulcers in their early stages respond favorably to local and constitutional treatment, healing with a scar limited to the mucosa and submucosa, without marked constriction of the bowel lumen. Unfortunately this is seldom possible, as patients usually do not apply for treatment until the stricture is well developed.

If the patient with stricture gives a positive reaction to the Wassermann test or the Frei skin test or both, constitutional treatment should be given. Antiluetic therapy should be administered for its general systemic benefit until the Wassermann becomes negative, although there is no specific effect on the stricture. On the other hand, ulceration of the mucosa due to lymphogranuloma venereum is amenable to the sulfonamides. Sulfanilamide has been replaced by sulfathiazole, which is better tolerated and less toxic. The dose recommended is 1.5 grams three times daily for two weeks, then 1.0 gram three times daily for three weeks. This course is repeated after a rest period of three weeks. The bacteriostatic and virostatic effect of these chemicals results in gradual cessation of the mucopurulent discharge and healing of the anorectal lesions, but has no appreciable effect on the fibrous stricture.

5. Rake, Geoffrey; McKee, Clara M., and Shaffer, M. F.: Agent of lymphogranuloma venereum in the yolk-sac of the developing chick embryo, Proc. Soc. Exper. Biol. & Med. 43:332 (Feb.) 1940.

If the stomach does not tolerate the sulfonamides they may be administered by rectum. Marino injected one gram of sulfanilamide in 100 cc. of water four times daily and obtained a blood level of five milligrams of the chemical in 100 cc. of blood. Another effective method is to insufflate powdered sulfathiazole over the ulcerated area with an insufflator through a proctoscope.

While the patient is under treatment with the sulfonamides a frequent check-up of the urine should be made to detect kidney irritation or a tendency to stone formation, and regular examinations of the blood for evidences of deterioration, especially leucopenia.

Frei antigens have been used intracutaneously, hypodermatically and intravenously in



FIGURE 1
Lymphogranuloma venereum. Perianal involvement with stricture. Male, aged 34 years.

the therapy of lymphogranuloma venereum. The results have been encouraging in the glandular group and Kornblith [6] reported a good result in seven of twenty-five rectal cases treated intravenously, stating that "the disease did not progress after this form of treatment was instituted". I obtained a cure in a white man, aged 39 years, who had a primary anal lesion and fluctuating buboes, by hypodermic injections twice weekly, of human antigen in three series, beginning with 0.1 cc. and increasing by 0.1 cc. each dose to a maximum of 1.0 cc.

Palliative Treatment of the Stricture. Dilatation has a very important place in the management of strictures situated within 10 cm. of the anus. Frequently the patient can be carried along very comfortably without operation. After proctotomy, dilatation is essential to maintain patency. The safest and best dilators are the soft rubber Wales bougies in graduated sizes. When a No. 7 can be retained for fifteen minutes, the bowel lumen is adequate for free function. Dilatation is practiced every fourth day and is preceded by an irrigation of potassium permanganate solution, 1:8,000.

Electric diathermy, using Hégar bougies of graded sizes, has benefited a few patients in this series, but its benefits are not predictable.

Surgical Treatment. Surgical measures com-



FIGURE 2
Inflammatory (syphilitic) stricture of rectum, four inches in length, treated by dilatation and irrigations. Female, aged 36 years. Eight-year cure. (Yeomans, Proctology, D. Appleton-Century Co., 1936.)

prise proctotomy, colostomy, resection and excision. Cicatricial stricture of the anal canal may be incised under local anesthesia.

Proctotomy may be linear, internal or external. The latter is of little practical value. It consists of disarticulation of the coccyx and posterior incision of the stricture. Healing is

6. Kornblith, B. A.: Lymphogranuloma venereum; treatment of 300 cases, with special reference to the use of Frei antigen intravenously, Am J. M. Sc. 198:231 (Aug.) 1939.

slow and there is the danger of fistula at the site of incision. On the other hand, linear and internal proctotomy are very valuable measures for strictures within reach of the finger. With the patient under spinal anesthesia, the face of the stricture is exposed with retractors inserted on each side. Then, with a diathermy electrode, the stricture is incised its entire length posteriorly and on each side. Bougies are then passed until the lumen is the desired size of one and one-eighth inches. A vulcanite tube of the same caliber is left *in situ* for two days. Thereafter dilators are passed daily for two weeks and then at longer intervals for six months to a year.

Permanent colostomy is indicated for fibrous strictures of the tubular type, involving three to five inches of the bowel or the entire rectum, practically constituting a "fibrosis of the rectum", and especially when the stricture is complicated by abscesses and fistulae.

Resection of the rectum has been accomplished successfully in a few cases of uncomplicated fibrous stricture situated one or more inches above the anal canal. The technic is that of the original Kraske resection for carcinoma of the rectum—excision of coccyx, resection of strictured area and end-to-end anastomosis.

Perineal excision of the strictured rectum may be performed according to the technic of perineal extirpation of the rectum for carcinoma. In two instances in which I did perineal excision for stenosing tubular rectitis the results were excellent. One patient was a 31-year-old Negress, the other a white man aged 49 years.

Abdominoperineal excision of the rectum with permanent colostomy has been employed successfully in a few reported cases. The technic is practically that of Miles for carcinoma of the rectum but the dissection is much more difficult because of the perirectal inflammatory fibrosis.

RESULTS OF TREATMENT

In the accompanying table, 119 cases of stricture are classified and important features of each group are summarized. Of the 98 patients treated by various methods, three died, 73 (74.5 per cent) were improved, and 22 (22.4 per cent) were cured.

| Classification | No. of Cases | Average Age | Sex | | Race | | Wassermann | | | Frei. | | | Situation | | | Form | | | Treatment | | | | | | | | Results | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Male | Female | White | Colored | Positive | Negative | No Report | Positive | Negative | No Report | Anal Canal | Within 5 Cm. | 6 to 10 Cm. | Over 10 Cm. | Valvular | Annular | Tubular | Medical or None | Diathermy | Dilatation | Proctotomy or Incision | Colostomy | Excision | Died | Improved | Cured |
| Congenital | 8 | 6 mos.-12 yrs. | 7 | 1 | 8 | | 1 | 4 | 3 | | 1 | 7 | 7 | 1 | | | | 4 | | 3 | 1 | 3 | 4 | 1 | | | 7 | 1 |
| Traumatic and Perirectal | 15 | 23-59 | 6 | 9 | 15 | | | 8 | 7 | 1 | 5 | 9 | 12 | 1 | 1 | 1 | | 11 | | | | 7 | 8 | | | | 5 | 9 |
| Following Fistulas | 9 | 28-48 | 6 | 3 | 9 | | | 8 | 1 | 2 | 2 | 7 | 5 | 1 | 2 | 1 | 1 | 8 | | 3 | | 1 | 5 | | | | 2 | 4 |
| Inflammatory | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A. Nonspecific Infection | 14 | 30-69 | 7 | 7 | 10 | 4 | | 11 | 3 | | 4 | 10 | 2 | 4 | 7 | 1 | 1 | 12 | 1 | 3 | 1 | 3 | 7 | | | | 8 | 3 |
| B. Amebic | 2 | 30 & 46 | 2 | | 2 | | | 2 | | | 1 | 1 | | 2 | | | | 2 | | 1 | 1 | | | | | | 2 | |
| C. Tuberculous | 7 | 23-70 | 3 | 4 | 6 | 1 | | 6 | 1 | | 3 | 4 | | 3 | 4 | | | 6 | 1 | 5 | | | 1 | 1 | | 2 | 1 | |
| D. Actinomycotic | 1 | 19 | | 1 | 1 | | | 1 | | | | 1 | | 1 | | | | | 1 | 1 | | | | | | 1 | | |
| E. Syphilitic | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Before 1932 | 24 | 34 avr. | 8 | 16 | 16 | 8 | 18 | 3 | 3 | | | 24 | | 16 | 7 | 1 | | 8 | 16 | 3 | | 13 | 5 | 2 | 1 | | 19 | 2 |
| 2. After 1932 | 18 | 20-57 | 7 | 11 | 5 | 13 | 13 | 2 | 3 | | 5 | 13 | 3 | 10 | 4 | 1 | | 15 | 2 | 5 | | 6 | 3 | 4 | | | 11 | 2 |
| Lymphogranuloma Venereum | 21 | 23-57 | 8 | 13 | 14 | 7 | 9 | 12 | | 21 | | | | 13 | 6 | 2 | | 17 | 4 | 2 | | 8 | 7 | 3 | 1 | | 18 | 1 |
| Total | 119 | | 54 | 65 | 86 | 33 | 41 | 57 | 21 | 24 | 21 | 76 | 29 | 52 | 31 | 7 | 2 | 83 | 25 | 23 | 2 | 41 | 40 | 11 | 2 | 3 | 73 | 22 |

Table classifying 119 cases of stricture of the rectum and showing the results of treatment.

555 Park Avenue

DISCUSSION BY JULIUS GERENDASY, M.D., ELIZABETH, N. J.

I shall only discuss the most common of rectal stricture, namely that due to the virus of lymphogranuloma venereum. It is fairly frequent in hospital ward practice. One has only to bear this in mind and do the Frei test in all suspicious cases to make the diagnosis.

The various manifestations of the disease are still confused. The gynecologist usually notices only the genital form or the Eshtiomene; the surgeon the rectal stricture and the G.-U. specialist the bubo, and each thinks each form is a separate clinical entity, when as a matter of fact all are manifestations of the same systemic venereal disease.

The presence around the genitalia or rectum of multiple foci of suppuration, fistulation, rectal discharges, elephantiasic swellings and ulcerations, in a certain type of patient, should suggest lymphogranuloma venereum. As Grace has pointed out with regard to the rectal form, the stricture, characteristically begins at the muco-cutaneous junction and extends upward in a tubular fashion for several inches. Even without the signs enumerated above, all cases of ulceration of the rectum and left half of the colon associated with diarrhea, also atypical ileitis, should have the benefit of the Frei test.

In a large tuberculosis hospital, where we see on an average of thirty patients a clinic day, we have seen only about five or six cases of this disease in the past seven years. Incidentally this rarity applies likewise to cancer of the lower colon. We have seen only one case of rectal stricture due to tuberculosis, although we have treated several tuberculous ulcerations of the rectum.

As in syphilis, lymphogranuloma venereum occurs in three stages. The first stage or evanescent small papular vericular (usually) genital lesion. The second stage of lymphatic involvement or ulcerative elephantiasic form. Between the two a close relationship exists. And finally the chronic fibrotic stage after months or years.

It is claimed that intensive chemotherapy may abort the first stage. The results with chemotherapy, especially in rectal strictures in the second stage, are sometimes so spectacular as to suggest, in my opinion, eradication of secondary infection rather than the elimination of the virus. Possibly a mixed infection (lues) explains the poor results in other cases. Rectal diathermia with Hegar dilators, as mentioned by Dr. Yeomans, is a valuable adjunct, but is usually best in the treatment of the chronic fibrotic stricture.

A word of caution is necessary when rectal dilators are used. In a recent case the resident ruptured the rectum by too forcible passage of a Wales Bougie and the patient died of general peritonitis.

I appreciate the privilege of discussing Dr. Yeomans' excellent presentation.

A LESSON FROM A DEATH CERTIFICATE

NUMBER FIFTY-TWO

Patient, 41 years old, appearing to be 65. Grav v, para iii. Short senile woman. At four months blood pressure 226/130. Weight 184 pounds. Systolic murmur. Marked edema. Intrauterine death of foetus, at eight months last pregnancy seven years ago. Hypertension for 13 years.

This pregnancy continued until eighth month when patient had severe abdominal pain of sudden onset. After a few hours dead foetus was delivered. Considerable bleeding followed by shock and death a few hours later in spite of treatment.

Some of us feel there is only one thing to do with a case of this kind: Induce labor or abortion at once. Perhaps religious belief interfered; however, if the seriousness of the case were known it is probable that permission would be granted. It has been done. After delivery of foetus and placenta uterus might have been packed for these cases of abruptio placentae nearly always bleed unless packed.

A. W. BINGHAM, M.D.

MATERNAL MORTALITY STATISTICS IN NEW JERSEY FOR 1942

MATERNAL WELFARE ARTICLE NUMBER EIGHTY-ONE

By ARTHUR W. BINGHAM, M.D., F.A.C.S., East Orange, N. J.
Chairman, Committee on Maternal Welfare of The Medical Society of New Jersey; and
Chief Advisory Obstetrician, Bureau of Maternal and Child Health,
State Department of Health

The Committee on Maternal Welfare of The Medical Society of New Jersey is proud to announce that the maternal mortality rate for 1942 dropped to 1.9 per 1,000 or 19 per 10,000 live births. (See Figure I.) This is particularly gratifying under the present conditions; the shortage of physicians due to the war, the over-crowding of hospitals, and the increase in the number of births from 64,469 in 1941 to 80,812 in 1942. Figure II indicates the causes of maternal deaths. Toxemia and puerperal hemorrhage were the two largest groups in 1942.

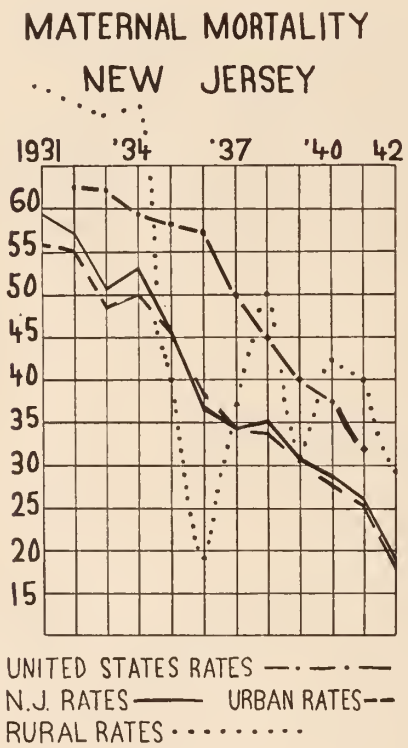


FIGURE I

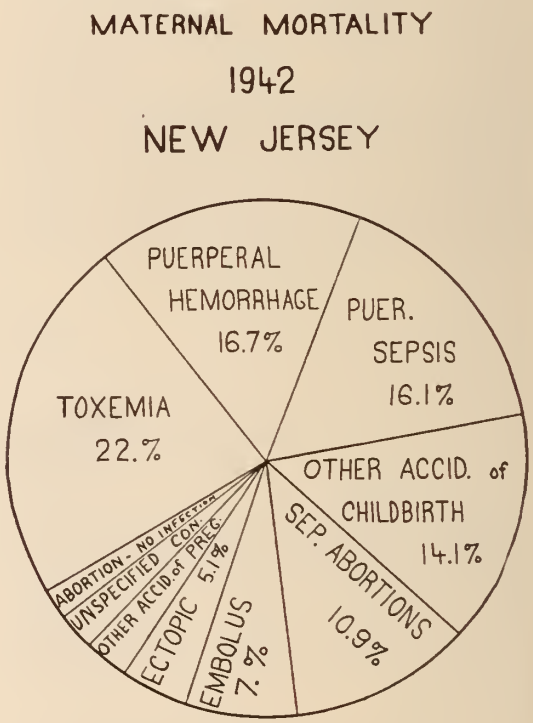


FIGURE II

The percentage of deliveries in hospitals is still increasing, the latest report showing 92 per cent cared for in hospitals in 1941. This was the highest percentage for any State in the Union. Sixty-nine per cent of the hospitals reporting more than 1,000 live births in 1942 had maternal mortality rates below the State average. Two of these hospitals had no death connected with pregnancy.

However, there are still a number of avoidable deaths. The graphs and maps which are based on case histories indicate where some of the weaknesses are and should be checked. Each county Committee on Maternal Welfare and the staff of each hospital should study these charts carefully to avoid future complications. Figure III shows the maternal mortality rate for each county in 1942. The shaded counties have rates above the State average

and the white counties have rates below the State average. The great difference in mortality rates is largely due to the fact that the rural counties have only 300 to 1,900 births a year, therefore each death will give these counties a proportionately higher rate. The urban counties varied from 2,000 to 16,208 live births in 1942. The county Committees on Maternal

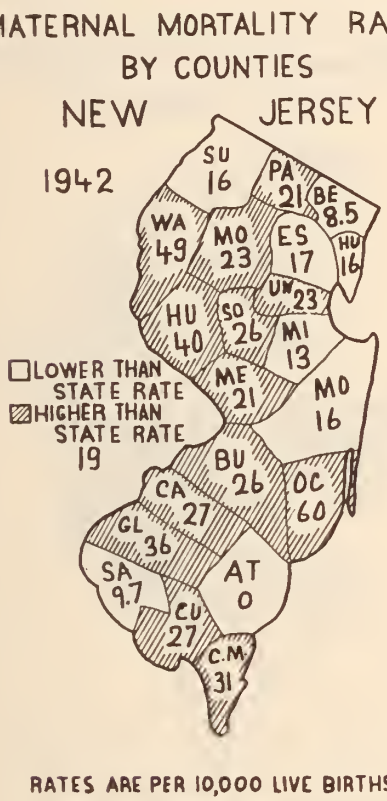


FIGURE III

INFECTION DURING CHILDBIRTH AND PUERPERIUM

In spite of the large increase in the number of births in the State there were four less deaths from infection. The majority of these cases followed cesareans, as was true in 1941. (See Figure IV.) In the group of deaths from puerperal sepsis following cesareans 41 per cent were elective. Sixteen per cent of all the

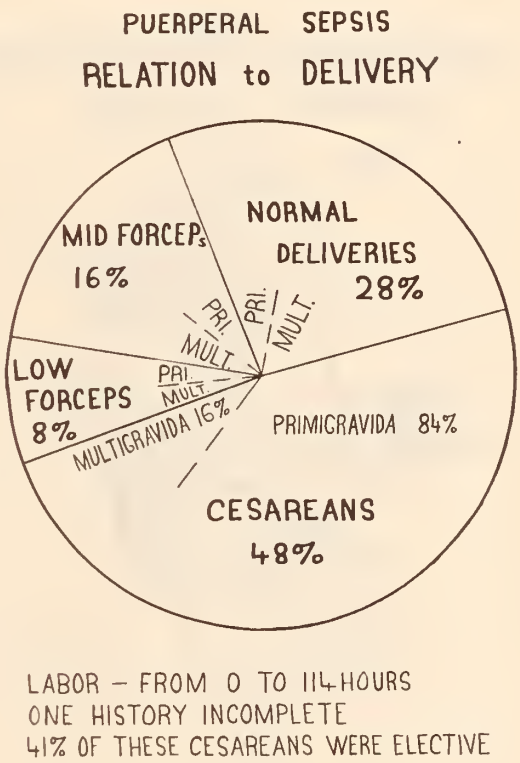


FIGURE IV

Welfare in the rural counties should study their rates over a period of years to get the true picture as there is a trend in some counties toward a higher rate in toxemia and septic abortion deaths. In 1941 and 1942 the rural counties also had a higher average for deaths from puerperal hemorrhage and other accidents of childbirth. In 1942 the urban counties had a higher average mortality rate for puerperal sepsis. One urban county had no maternal death in 1942.

septic deaths had had mid forceps deliveries with labors varying from 20 hours to 114, most of them 55 hours or over. One of the low forceps deliveries had had an attempted surgical induction two weeks previous because of toxemia. Another case had been in labor over 30 hours. Most of the normal deliveries had short labors and some had hemoglobins as low as 45 per cent. One case in this group was delivered at home. One case with a history of three hours' labor and normal delivery developed phlebitis and died.

The mortality rate from puerperal sepsis was 3.0 per 10,000 live births in 1942, the lowest record in the State's history. (See Figure V.) In 1941 it was 4.6 and in 1932 it was 20 per 10,000 live births.

The rural counties, with over 10,000 live births in 1942, had the remarkably low mortality rate of 1.9 per 10,000 live births for this classification as compared with 7.8 in 1941.

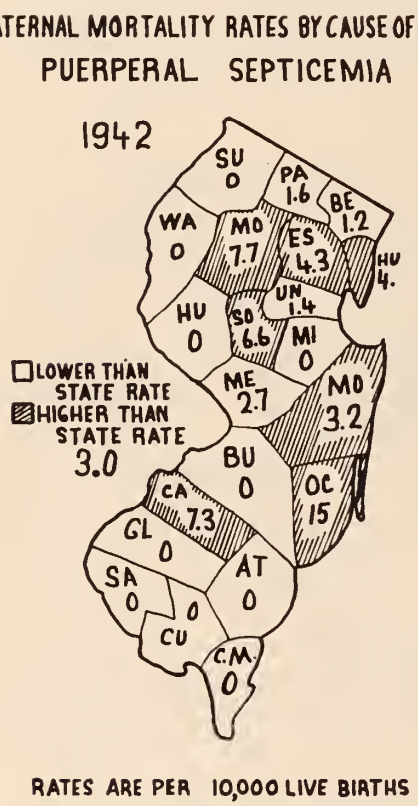


FIGURE V

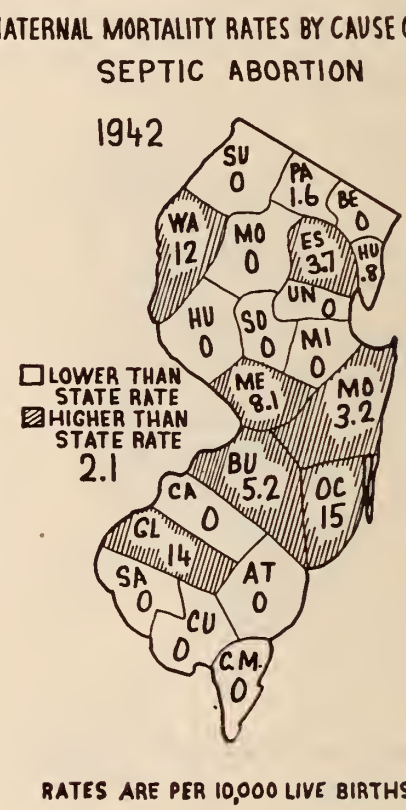


FIGURE VI

Eight of the ten rural counties had no death from sepsis.

The urban counties also had a new low record, 3.2 per 10,000 live births, but this was above the average for the State. This was mainly due to sepsis following normal deliveries and cesareans. (See Figure IV.) Two urban counties had no death from puerperal sepsis in 1942 with 6,289 live births. The eight rural counties with no septic death had 7,969 live births.

SEPTIC ABORTION

While there was a marked drop in the mortality rate for septic abortion, 2.1 in 1942 as compared to 4.6 in 1941, the rates continue to be too high in some of the counties. Criminal abortions are still a major problem in some of the urban counties and self-induced abortions in some of the rural counties. This is a matter that should be taken up by the local county Committee on Maternal Welfare. (See Figure VI.)

TOXEMIAS OF PREGNANCY

There was a slight decrease in the mortality rate for toxemias as a whole in 1942 in the State but there were proportionately more deaths due to eclampsia and albuminuria in the urban counties. The mortality rate for all toxemias in New Jersey was 4.2 in 1942, 5.1

in 1941, and 11 per 10,000 live births in 1932. The toxemias of pregnancy not only had the highest percentage of deaths (see Figure II) but contributed to a large extent to raising the mortality rates from sepsis, hemorrhage, other accidents of childbirth (complicated deliveries), embolism, other accidents of pregnancy, post partum hemorrhage. The 1942 mortality rate for this classification showed a slight rise, 3.2 per 10,000 live births as compared with 3.1 in 1941. In 1932 the rate was 7.3 per 10,000. The increase in rate was due to more deaths from post partum hemorrhage in the urban counties. The rural counties showed a

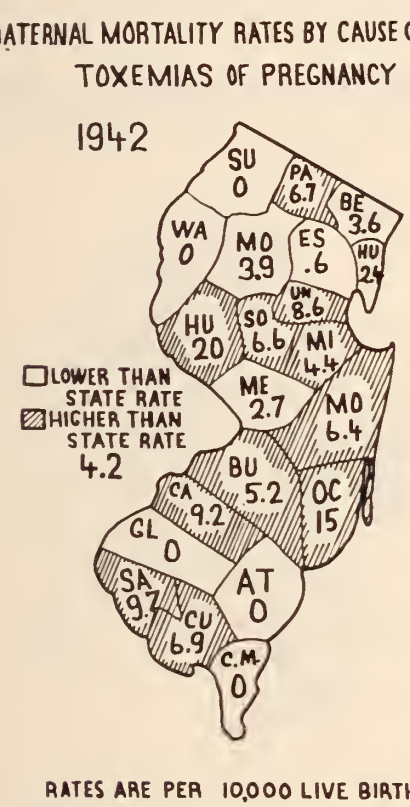


FIGURE VII

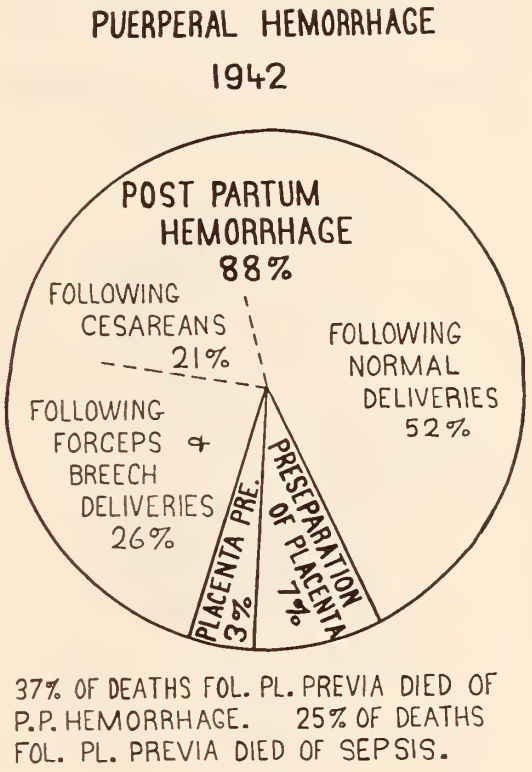


FIGURE VIII

and fetal mortality. Only through careful preventive prenatal care can these rates be reduced further. The prenatal period should be accepted as the period for improving the patient's general condition so she will be better able to go through the third trimester and childbirth with the least amount of complications. A great deal can still be accomplished. Figure VII indicates the mortality rates in each county and should be carefully studied by each Committee on Maternal Welfare.

PUERPERAL HEMORRHAGE

In this classification are the deaths from placenta previa, preseparation of placenta, and marked decrease, 6.5 in 1941 to 4.9 in 1942. (See Figure IX.)

Eighty-eight per cent of the cases in this group died of post partum hemorrhage, which was 28 per cent higher than in 1941. (See Figure VIII.) Fifty-two per cent of deaths from post partum hemorrhage followed normal deliveries. Fifty per cent of these cases were primigravida with labors varying from eight to sixteen hours. There was one case of twins and two of the cases were toxic.

The multigravida post partum hemorrhage deaths varied from para i to para vi. Two cases in this group were delivered at home including one set of twins.

Three cases of placenta previa, all cesareans, died of post partum hemorrhage. Two of these cases were elective cesareans. Three cases, high or mid forceps deliveries, died of post partum hemorrhage. Two of these cases had retained placenta. Two cases of low forceps delivery, both long labors and primigravida, died of post partum hemorrhage. One breech delivery, multigravida, died of post partum hemorrhage. One elective cesarean, done to sterilize patient because of previous cesarean, died of post partum hemorrhage.

One patient died as a result of placenta previa. This was an elective cesarean.

Two patients with histories of labor up to seventeen hours died from preseparation of placenta. Both of these cases were toxic.

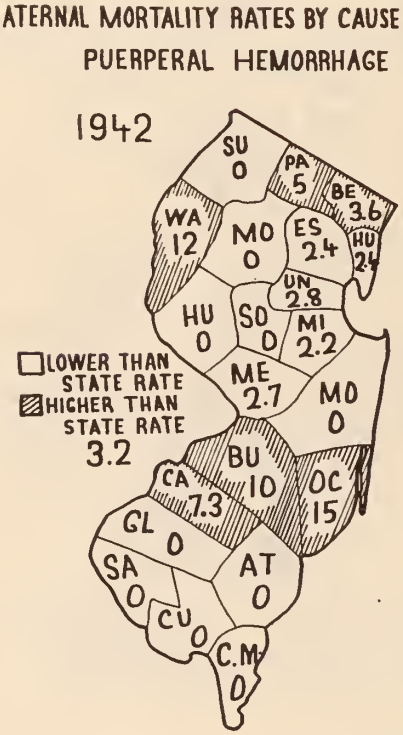


Figure IX

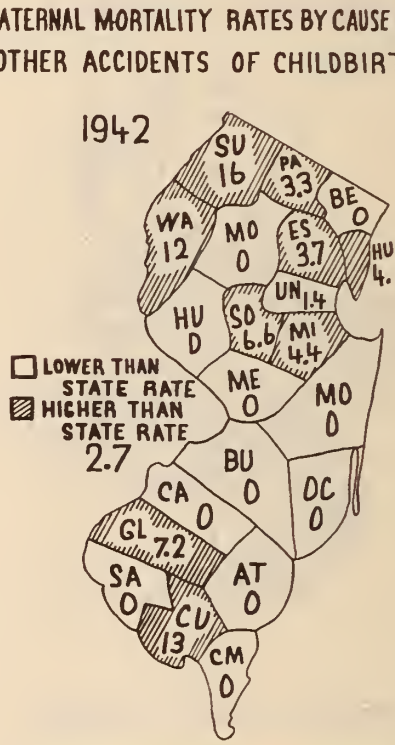


Figure X

OTHER ACCIDENTS OF CHILDBIRTH

In this classification are found the various complications that occur resulting from abnormal deliveries, through error in judgment in timing medication or interference, difficulty with anesthesia, and post operative pneumonia. The mortality rate for this group was 2.7 per 10,000 live births in 1942, a new low for New Jersey. In 1941 the State rate was 3.7 and in 1932 the State rate was 7.8 per 10,000. The mortality rate for the rural counties increased from 5.2 to 5.9 while the urban counties decreased from 3.6 to 2.2 per 10,000. Six out of eleven urban counties with 24,741 live births had no death in this classification. This indicates a marked improvement for the urban counties. (See Figure X.)

All the cases in this group were at term or over. One-third of the cases were cesareans: four elective; and, one cesarean following rupture of the uterus after eight hours' labor, previous cesarean; one. cesarean followed attempted forceps delivery after 26 hours' labor; one cesarean following 33 hours' labor, aspirated vomitus. Most of these patients died of shock.

Twenty-two per cent of the cases had had high or mid forceps deliveries. One patient was in labor eight hours, all others over 44 hours. These patients went into shock and died.

Twenty-two per cent were breech deliveries including three versions, one resulting in rupture of uterus and one inversion of uterus. There were two low forceps deliveries. One had had 20 hours' labor and took anesthetic poorly. The second case had had 14 hours' labor and died of shock.

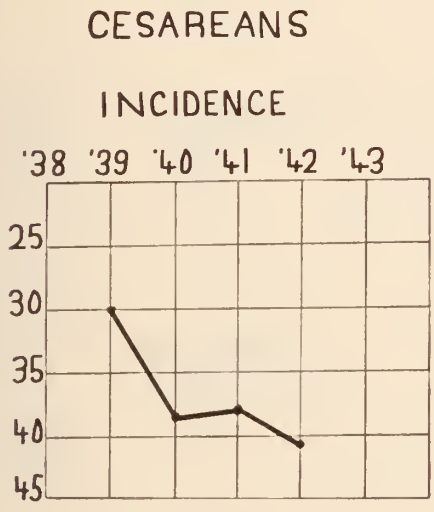


FIGURE XI

In the ruptured uterus group three had had previous cesareans and one was a primigravida with a very large baby. One patient died undelivered as a result of rupture of the uterus.

There were two normal deliveries of babies. One mother died of aspirated vomitus and one death was due to shock following inversion of uterus.

CESAREANS

The incidence of cesareans in hospitals in New Jersey for 1942 was one in 41 cases and in 1941 was one in 38 cases. (See Figure XI.) Incidence of cesareans for the State as a whole was one in 45 in 1942. Mortality following cesareans was 2.2 in 1942, which was slightly higher than in 1941 when the rate was 1.8 per cent in the hospitals. (See Figure XII.)

Puerperal sepsis is still the main cause of death in these cases. However, the increase in the mortality rate was due to post partum hemorrhage, shock, and embolism. (See Figure XIII.)

Eight cesareans were done because of placenta previa; of these, seven cases were elective cesareans. One patient had had several hours' labor and died of post partum hemorrhage. Causes of death following elective

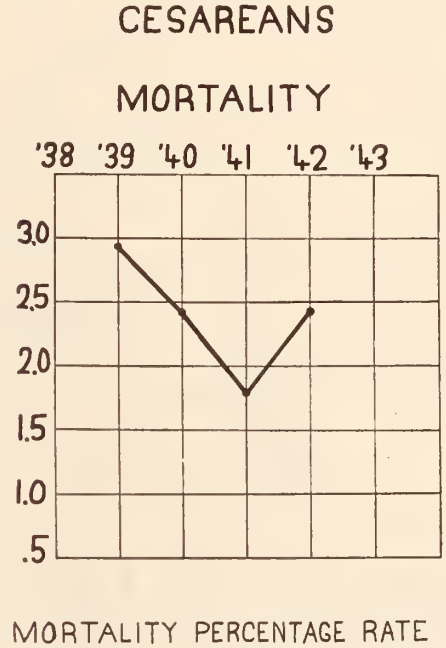


FIGURE XII

cesareans were: two post partum hemorrhage, two sepsis, one yellow atrophy of liver, one embolus, and one placenta previa.

In the second largest group, no progress or inactive labor, there were seven cases. Labors varied from 26 hours in one case where there had been attempted delivery to 48 hours. Six cases died of sepsis and one case died of shock, there had also been difficulty with the anesthetic.

Toxemia was given as the reason for the cesarean in seven cases. These were all elective cesareans but two patients died of sepsis, one of shock, one of embolus, and three of eclampsia.

Disproportion was given as the reason for cesarean in four cases. Two of these cases were elective cesareans, one died of shock and one died of embolus. The other two cases had 48 and 52 hours of labor and died of sepsis.

Preseparation of placenta was given as the reason for cesarean in four cases. One case was an elective cesarean and the patient died of toxemia. One died of post partum hemorrhage. Two patients died from preseparation of placenta, they were also toxic.

Hypertension was given as the reason for cesarean in two cases. One died of nephritis and one of shock.

Two patients had elective cesareans to be sterilized. One was toxic and died of sepsis. The other patient had had a previous cesarean and died of post partum hemorrhage.

Contracted pelvis was given as the reason for cesarean in one case. This was an elective cesarean and the patient died of embolus.

Ruptured uterus was the reason for one cesarean. This patient had had previous cesarean and after eight hours' labor uterus ruptured.

One case had an elective cesarean because of previous cesarean and died of embolus.

There was one cesarean because of necessary exploratory operation. This patient died of intraäbdominal hemorrhage and shock.

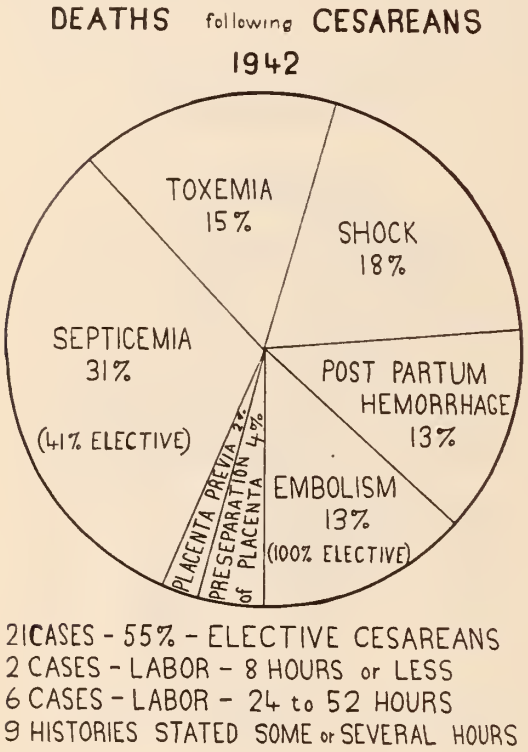


FIGURE XIII

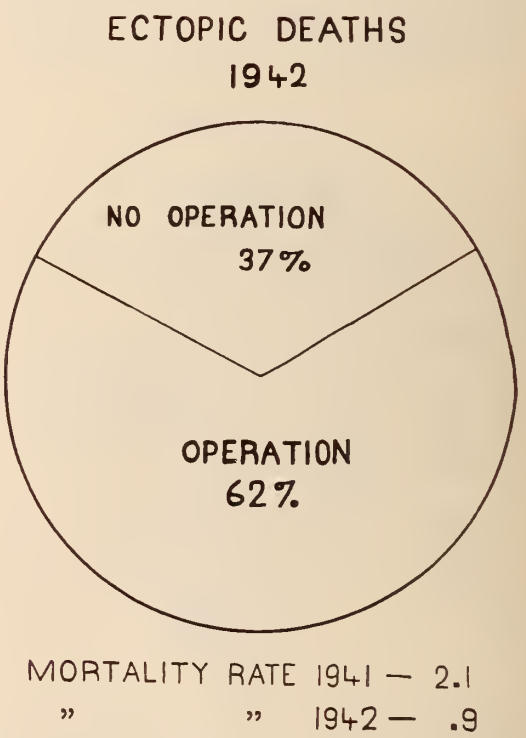


FIGURE XIV

ECTOPIC GESTATION

The histories of these cases usually present the same picture, late diagnosis. (See Figure XIV.) This chart is particularly interesting in comparing it with 1941. In 1941 64.7 per cent of these deaths had no operation and the mortality rate was 2.1 per 10,000 live births. Fifty per cent of the cases operated died of sepsis. In 1942, 37 per cent of these deaths had no operation and the mortality rate dropped to .9 per 10,000 live births. Early diagnosis can reduce this mortality rate further.

EMBOLISM

The mortality rate for embolism increased from .7 in 1941 to 1.3 in 1942. This rise in rate was due to an increase of these deaths following elective cesareans.

RECORD OF COUNTIES
1942
PRINCIPAL CLASSIFICATIONS

	PUERPERAL SEPTICEMIA	SEPTIC ABORTIONS	TOXEMIA OF PREGNANCY	HEMORRHAGE	OTHER ACCID OF CHILDBIRTH	WHITE	SHADED
ATLANTIC						5	0
BERGEN						4	1
BURLINGTON						2	3
CAMDEN						2	3
CAPE MAY						5	0
CUMBERLAND						3	2
ESSEX						2	3
GLOUCESTER						3	2
HUDSON						3	2
HUNTERDON						4	1
MERCER						4	1
MIDDLESEX						3	2
MONMOUTH						2	3
MORRIS						4	1
OCEAN						1	4
PASSAIC						2	3
SALEM						4	1
SOMERSET						2	3
SUSSEX						4	1
UNION						4	1
WARREN						2	3

WHITE BLOCKS — LOWER THAN STATE RATE
SHADED BLOCKS — HIGHER THAN STATE RATE

FIGURE XV

RECORD OF COUNTIES

Figure XV is a record of how the counties stand regarding the principal classifications. All county Committees on Maternal Welfare should check this list to see where they stand and how they can improve their rates.

COMMENTS

Are certain fundamental principles always borne in mind in giving prenatal care? This study raises the following questions:

1. Do you advise your patient regarding diet, exercise, and clothes?
2. Do you take the diastolic as well as systolic blood pressure at each visit?
3. Do you check the hemoglobin during the second trimester?
4. Do you know the gain in weight, especially during the first seven months?
5. Do you know if the fetus is settling into the pelvis?
6. Do you know the physical condition of your patient?

The maternal mortality rate can be lowered by further reducing toxemia and anemia, which too often lead to complications arising at the time of delivery or during the post natal period. Puerperal sepsis following cesareans and post partum hemorrhage are often the causes of preventable deaths. Too many ectopic pregnancies are not diagnosed in time. Deaths following criminal or self-induced abortions remain problems of some counties. All county Committees of Maternal Welfare are urged to hold conferences to study the histories of their maternal deaths.

While this study of maternal deaths shows some weaknesses, the low maternal mortality rate for 1942 is certainly most encouraging. It is the result of the excellent coöperation of the physicians, nurses, hospitals, Bureau of Maternal and Child Health, and the Department of Institutions and Agencies.

OUR GOAL

"Adequate Supervision and Care for Every Expectant Mother in New Jersey."

144 Harrison Street

USE OF SACCHARIN FOR SWEETENING

Sugar rationing and new emphasis on weight reduction have doubtless increased the use of saccharin for sweetening purposes. Renewed interest in the possible harmful effect of this substance is an apparent corollary. Earlier investigations of saccharin, however, have failed to reveal dangerous side-actions except from extremely large doses. Likewise the evidence does not reveal any reason why saccharin cannot be used continuously in average sweetening doses for an indefinite period. Many patients have taken saccharin for years without harmful effect.—J. A. M. A.

STATE ACTIVITIES

1943 ANNUAL MEETING

The 177th Annual Meeting was held under circumstances quite different from those to which we have been accustomed. The scientific program was necessarily abbreviated and the social contacts and functions were minimized. Considering the difficulties with which we were faced, the attendance was proportionately greater than that of other years. The census shows that 155 Delegates attended the first session of the House and 188 Delegates the final session; 127 members at the first panel discussion on Burns and 141 members at the second on Virus Pneumonia. This large representation was partially due, no doubt, to the fact that this year we did not have the boardwalk distractions of former years. The main social function of the meeting was the Luncheon at which the ladies of the Auxiliary were the hostesses. In honor of the 1,278 members of our Society who have left their homes and practices for duty with our armed forces and our four gold star members who have made the supreme sacrifice for their country, the Auxiliary presented the Society with a service flag which will be displayed outside the State Headquarters in Trenton.

It is hoped that next year it will be possible to resume our former meeting program with fuller scientific and business sessions, scientific and technical exhibits, and welcome back many of our members who were unable to attend this year.

REGISTRATION

County	Delegates	Members	Total County Registration	Woman's Auxiliary
Atlantic	3	2	5	6
Bergen	7	1	8	1
Burlington	6	2	8	7
Camden	9	5	14	10
Cape May	3	..	3	..
Cumberland	3	2	5	..
Essex	67	68	135	25
Gloucester	4	..	4	3
Hudson	25	10	35	10
Hunterdon	1	2	3	..
Mercer	8	3	11	4
Middlesex	11	2	13	3
Monmouth	6	4	10	..
Morris	10	4	14	..
Ocean	2	..	2	1
Passaic	11	4	15	1
Salem	2	1	3	..
Somerset	4	3	7	..
Sussex	1	..	1	..
Union	21	9	30	2
Warren	3	1	4	..
Totals	207	123	330	73

SUMMARY

Members	330
Auxiliary	73
Guests	22
Total Registration	425

ROOM DEDICATED TO DR. ANDREW F. McBRIDE

On Monday evening, May 25, 1943, "The McBride Room" in the Paterson Savings Institution was dedicated to Dr. Andrew F. McBride, Chairman of the Board of the Bank, who has been outstanding in the professional and civic life of Paterson for more than half a century. The dedication was highlighted by the unveiling of a striking oil portrait of Dr. McBride, painted by James McBey, an internationally known artist and etcher. The new room is to be used not only by the personnel of the bank but will be available for public meetings of a civic, cultural and patriotic nature.

Dr. Francis H. Todd of Paterson, close personal friend of Dr. McBride, spoke with affection and pride on behalf of Dr. McBride's professional associates.

The Rt. Rev. Msgr. L. A. McBride, brother of Dr. McBride, gave the invocation, which was followed by: Address of welcome, C. Kenneth Fuller, President of the bank; tribute, Vincent Vandervoort, for the Board of Managers, and Dr. Francis H. Todd, for Dr. McBride's associates; dedication, D. Leonard Malcolm; impressions, James McBey; acknowledgment, Dr. Andrew F. McBride; and benediction, Msgr. McBride.

Dr. McBride is a Fellow of The Medical Society of New Jersey, serving as President in 1929, and a Past President of the Passaic County Medical Society. He now holds the positions of Trustee of The Medical Society of New Jersey and Delegate to the American Medical Association.

HONOR TO DR. EAGLETON

Rutgers University on its 177th Anniversary Commencement, paralleling our own 177th Annual Meeting, conferred on a Fellow of The Medical Society of New Jersey, Dr. Wells Phillips Eagleton, honoris causa, the degree of Doctor of Science.

We liked best "the spirit of sympathy and human understanding which you have brought to the thousands of sufferers whom you have served. * * * For these attainments, for the many contributions to human betterment which you have made in other fields as well."

The citation follows:

RUTGERS UNIVERSITY
New Brunswick, New Jersey
Office of the President

Wells Phillips Eagleton:

For over fifty years you have served, with exceptional skill and fidelity, in the ministry of healing. Your strict adherence to the highest ideals of the profession, your rare skill in medical research, your technical expertness and the spirit of sympathy and human understanding which you have brought to the thousands of sufferers whom you have served—these have earned for you the respect of physicians everywhere and the admiration and affectionate regard of all those who have known you and known of you.

For these attainments, for the many contributions to human betterment which you have made in other fields as well, the Trustees of the University have directed me to confer upon you, honoris causa, the degree of Doctor of Science.

Robert C. Clothier.

Conferred at the 177th Anniversary Commencement of Rutgers University, May 23, 1943.

GONOCOCCUS CULTURE STATIONS IN NEW JERSEY

In the February, 1943, issue of *The Journal* of The Medical Society of New Jersey there appeared an article entitled "Gonococcus Culture Facilities Offered to New Jersey Physicians". Below is a revised list of the culture stations which are coöperating with the State Health Department in providing this service.

Specimen tubes may be obtained at any of the following stations and must be delivered to the incubator at the station *within three hours* after the slant has been streaked. *It is emphasized that to obtain satisfactory results physicians must observe carefully the instructions which accompany each specimen tube.*

Asbury Park—Bureau of Health
Atlantic City—Atlantic City Hospital
Bayonne—Bayonne Hospital
Belleville—Department of Health
Bloomfield—Health Department, Town Hall
Bound Brook—Bound Brook Hospital
Bridgeton—Bridgeton Hospital
Camden—Cooper Hospital
Camden—Belleview Hospital
Camden—West Jersey Homeopathic Hospital
Cranford—Hampton Laboratory, 321 Casino Ave.
Dover—District Health Office, 16 W. Blackwell St.
East Orange—Health Department
East Orange—East Orange General Hospital
Elizabeth—Alexian Bros. Hospital
Elizabeth—Health Department
Elizabeth—St. Elizabeth's Hospital
Elizabeth—Elizabeth General Hospital
Englewood—Englewood Hospital
Hackensack—Health Department, 346 State St.
Hillside—Health Department
Irvington—Health Department
Lakehurst—U. S. Naval Air Station, Dispensary
Lakewood—Health Department, Municipal Building
Lakewood—Paul Kimball Hospital
Linden—Health Department, City Hall
Long Branch—Monmouth Memorial Hospital
Long Branch—Board of Health
Maplewood—Health Department, Municipal Building
Mays Landing—District Regional Health Office
Millville—Millville Hospital
Montclair—Health Department, 65 Chestnut St.
Morristown—All Souls' Hospital
Morristown—Morristown Memorial Hospital
Mount Holly—Burlington County Hospital
Newark—St. Barnabas Hospital
Newark—St. James Hospital
Newark—St. Michael's Hospital
Newark—Presbyterian Hospital
Newark—American Legion Hospital
Newark—Beth Israel Hospital
Newark—Columbus Hospital
Newark—Newark Memorial Hospital
Neptune—Fitkin Memorial Hospital
Neptune—Neptune Twp. Board of Health

New Brunswick—Middlesex Hospital
New Brunswick—St. Peter's Hospital
New Monmouth—Middletown Health Center
Newton—Newton Memorial Hospital
Nutley—Department of Health, Municipal Building
Orange—Orange Memorial Hospital
Orange—Health Department
Passaic—Passaic General Hospital
Passaic—Beth Israel Hospital
Passaic—St. Mary's Hospital
Passaic—Physicians Laboratory Service, 199 Monroe St.
Phillipsburg—Warren Hospital
Pinewald—Royal Pines Hospital
Princeton—Princeton Hospital
Princeton—Health Department
Rahway—Rahway Hospital
Red Bank—Riverview Hospital
Red Bank—Monmouth County Nurses Association
Riverside—Zurbrugg Hospital
Somers Point—Shore Memorial Hospital
Somerville—Somerset Hospital
Summit—Health Department, 71 Summit St.
Trenton—St. Francis Hospital
Trenton—City Board of Health
Trenton—Mercer Hospital
Trenton—McKinley Hospital
Union—Union County Health Unit No. 1, 363 Chestnut St.
Vineland—Newcomb Hospital
Weehawken—North Hudson Hospital
Westfield—Dr. Jessie Read (Pvt. Lab.)
Westfield—Board of Health

Note: If your community is not included in the above list and gonococcus culture facilities are not otherwise readily available, we suggest that you discuss the matter with your local health officer or communicate with the State Health Department.

A culture station must have a refrigerator and incubator which are accessible at all times.

WITH NEW JERSEY MEDICAL WRITERS

It is requested that any New Jersey physician who publishes an article outside the state, notify the Editorial Office in Trenton, giving the title of the paper and the name of the periodical, as well as the month, date, volume and page number. It would also be helpful to this office if members would notify us of articles published by their colleagues.

Drill, Victor A., Ph.D., and C. Boyd Shaffer, Ph.D. (Princeton)
Serum cholesterol, serum phosphatase, and bromsulphalein retention in experimental hyperthyroidism. Gastroenterology 1: 308-315, Mar. 1943.

Ewens, Arthur E. (Atlantic City)
Experimental staphylectomy; its promise of epochal assistance in dealing with the problem of "colds" and sinusitis. The Eye, Ear, Nose and Throat Monthly 21 (7): 203-208, Aug. 1942.
Staphylectomy for the relief of "colds" and sinuisitis. Clinical Medicine 50 (4): 100-102, April 1943.

Goldstein, Hyman I. (Camden)
Ulcer and cancer of the stomach in the Middle Ages—Avenzoar, Averroës, Franciscus (of Piedmont), Benivieni. Rev. Gastroenterol. 10(3): 157-162, May-June 1943.

Hulett, Albert G. (East Orange), Lt. Col., Med. Corps, USA, The Port Surgeon, 11th P. E.
Disinfection of dishes and cooking utensils in messes. Mil. Surgeon 92 (3): 276-281, Mar. 1943.

Klugman, Jules, B.S. See Loeb, William A.

Kruger, Alfred L. (Jersey City)
Gastric acidity in pulmonary tuberculosis. Am. J. Digest. Dis. 10: 111-114, Mar. 1943.

Loeb, William A., and Jules Klugman, B.S. (Veterans' Administration, Lyons)
Sulfathiazole gauze drain; its preparation and use. Med. Bull. Vet. Admin. 19: 316-317, Jan. 1943.

Newman, Meta R. Pennock (Fanwood)
Twenty-first annual meeting of the Association of Women in Public Health. Med. Woman's J. 50: 8, Jan. 1943.

Pratt, Arthur G. (Camden), with Edward F. Corson of Philadelphia
"Red moss" dermatitis: Contact with sponges affecting oystermen. Arch. Derm. & Syph. 47: 574-579, Apr. 1943.

Reznikoff, Leon (Secaucus)
1. Progress in psychiatry—treatment of mental disorders with electric shock. Clinical Medicine 50 (1): 17-20, Jan. 1943.
2. Comparison of metrazol convulsive therapy with electric shock in treatment of schizophrenia: Evaluation of results obtained in treatment of 100 schizophrenic patients with electric shock. Arch. Neurol. & Psychiat. 49: 587-493, Apr. 1943.

Satulsky, Emanuel M. (Elizabeth)
Dermatitis venenata caused by the Manzanillo tree. Arch. Derm. & Syph. 47: 36-39, Jan. 1943.

Shaffer, C. Boyd. See Drill, Victor A.

Warter, Peter James (Trenton), with Joseph S. Hepburn and Gladys Rosenstein of Philadelphia
Liver function in arthritis, measured by the hippuric-acid test. Rev. Gastroenterol. 10: 126-127, Mar.-Apr. 1943.

Wolf, I. J. (Paterson)
Prevention of rickets with single massive doses of vitamin D. J. Pediat. 22: 396-417, Apr. 1943.

DR. HARRISON S. MARTLAND RECEIVES THE EDWARD J. ILL AWARD

On Thursday, May 20, 1943, at the Annual Meeting of the Academy of Medicine of Northern New Jersey, a large and enthusiastic audience witnessed the bestowal of the Edward J. Ill Award on Dr. Martland.

OPENING REMARKS BY DR. EDWARD W. SPRAGUE, PRESIDENT

Tonight we are gathered here for the particular purpose of paying honor to one of our own, of whom we are rightfully most proud. In 1939 the Academy of Medicine, under the leadership of the President of the Academy



at that time, Dr. Henry Barkhorn, created the Edward J. Ill Award—"This Award shall be given at such times as the Council deems wise to that Doctor from Northern New Jersey who merits it for his extraordinary services as a physician and as a citizen."

The Award has been granted to outstanding men in our profession. It was created as an honor to Dr. Edward J. Ill and its first recipient was Dr. Wells P. Eagleton, followed by Dr. Max Danzis and last year to Dr. Edward Zeh Hawkes and this winter to Dr. Arthur W. Bingham, and now tonight to another eminent man in the ranks of medicine, Dr. Harrison S. Martland, in recognition of his services to the public and the profession.

For many years Dr. Martland has been in close association with Dr. Libman of New York City. Out of that relationship has grown an understanding, a friendship and a high respect of each for the other and it is fitting tonight that we have with us Dr. Libman, who is a prominent diagnostician and consultant and a well-known pioneer in the field of cardiology and blood stream infection. He is Professor Emeritus of Clinical Medicine at Columbia University. It will be a pleasure to listen to Dr. Libman, as he speaks from the heart.



IN APPRECIATION — DR. LIBMAN

Dr. Libman delivered an inspirational address, drawing the attention of the membership and of the other friends of Dr. Martland to his work in the community and to the advances in scientific medicine predicated upon the research Dr. Martland has done.

Dr. Libman also drew attention to the fact that he had had a similar privilege when the Harrison S. Martland Lecture was established by The Essex County Anatomical and Pathological Society and expressed a desire to help to honor Dr. Martland again in the future.

DR. SPRAGUE INTRODUCING DR. FRANCIS CARTER WOOD

One of the great difficulties in making this Award has been the choosing of the man to give the citation. The recipient has so many friends, admirers and well-wishers in this and other communities that a choice was difficult. While we knew there were many men here at home and elsewhere in the United States and Canada who knew Dr. Martland well and would be delighted to be here tonight to make this citation, we felt we should have someone who has known Harrison from his early days and who has seen the results of his work and the widespread influence it has brought about in the scientific and forensic fields of medicine, so we happily selected a man in the field of research and the laboratory, pathologist and attending physician at St. Luke's Hospital, New York, and one who in his reply to our request said—"I am delighted to accept and would not miss it for the world!" I am happy to present another great friend of Dr. Martland, the Director Emeritus of the Institute for Cancer Research at Columbia University, Dr. Francis Carter Wood.

CITATION BY DR. FRANCIS CARTER WOOD

It gives me the greatest pleasure to say a few words to you who are gathered together tonight to confer upon Dr. Harrison S. Martland the Edward J. Ill Award, not only because I knew Dr. Edward J. Ill for thirty years or more, but also because I have known Martland ever since he entered the College of Physicians and Surgeons, New York City, in 1901. The Academy of Medicine of Northern New Jersey honors itself in giving Dr. Martland the Ill Award. Dr. Ill was a man of extraordinary mentality and retained his keenness and interest in things medical to the end of his long life, so that it seems to me that this award in his name is a great compliment to Harrison Martland. On the other hand, from the medical point of view, Martland has been one of Newark's outstanding citizens. Going to Newark after two years' service in the Russell Sage Laboratory, he was in 1909 made Pathologist to Newark City Hospital, and since 1925, as everyone knows, has been Chief Medical Examiner of Essex County. I think there is no question that he has made the office of Chief Medical Examiner the most important one in the country, except possibly for that of New York City, which had the advantage of a very large budget, so that my old friend, Dr. Charles Norris, could do work on a larger scale than has been done here, but I am certain that the work in New York is no better done than that done in Newark. You may assume without any discussion that Martland is one of the outstanding experts in forensic medicine and pathology. He also knows a great deal about clinical medicine and diseases of the blood, and in directing that most important contribution on the study of the cases of radium poisoning which were investigated in his office, he has shown that he is not without acquaintance with physical chemistry.

One of his remarkable characteristics, aside from his medicine, is his ability to work and teach, and the fact that hours do not count. I rather suspect that I was influential in getting him appointed as Director for the Graduate Fortnight at the New York Academy of Medicine, and I used to see him there when the performance was on early in the morning and late at night. He was indefatigable in making those Graduate Fortnightly demonstrations superb from a teaching point of view, and he and his colleagues were always ready to stand by their own exhibit and talk all night. One would have thought that care of his Newark job was a sufficient burden, and his willingness to undertake the terrific task of organizing the Graduate Fortnight Exhibit showed how capable of working he was when his heart was in it. Not only has he been a teacher of students and physicians, but he has occasionally ventured into literature, as a very amusing little book on Sherlock Holmes demonstrates. It is true that he talks somewhat about Sherlock and then gives a lot of illustrations from his own Newark material to supplement his ideas concerning the great detective. In the midst of busy days and nights he has taken the time to publish over 35 papers, in all of which his wide knowledge is displayed, giving a solidity to the discussion which is always lacking in the papers of those cellulose-graphite workers who occupy so much space in our medical journals. You never can talk to Martland ten minutes without learning something new and interesting. The enormous amount of work which he has done and the many pathological observations which he has made on different types of disease and injury make him sound. As old Francis Delafield used to say when he heard some particularly good paper, "That is a fine piece of work—it is a deadhouse paper." Of course he meant that the foundation of the paper was pathological.

Dr. Martland is still young. He is much beloved in this community by the members of the profession. The establishment of the Martland Lectures under the auspices of the Essex County Anatomical and Pathological Society is an appreciation of his great capacity and his high intellectual position in the city in which he has chosen to do his life work. The fact

that a different group is giving him their highest award tonight should afford him the greatest of pleasure and furnish him with ample stimulus for further activities.

PRESENTATION BY DR. EDWARD W. SPRAGUE

From time immemorial the medical profession has occupied a high place in society and in the minds of men. We have grown great men in the profession in New Jersey. We have outstanding men of science and practice in our midst, but we have had no one who has devoted himself more to basic pathology and to the teaching of medicine than has Harrison S. Martland. Dr. Eagleton and Dr. Hawkes, with Dr. Richard Connolly and others, were instrumental in and deserve our thanks for bringing him to us as Pathologist at the Newark City Hospital in 1909. Then and there he began to stimulate our interest in acquiring more knowledge of pathology and disease processes by giving lectures with demonstrations of gross and microscopic changes. During his early years here he gave one of his illustrated lectures on arteriosclerosis at the Newark Public Library. This lecture, I think, did much to turn the minds of the physicians who were present to scientific interest in even the most common diseases. Dr. Martland has had the faculty of interesting those who have been fortunate enough to come under his influence in the truth in medicine. He has shown us, especially in surgery, our failures, and that in the vein of no uncertain criticism, all of which has been and is to the ultimate good of our science and improvement of ourselves. He has been of great value and help in consultation to the troubled physician. In 1925 he was made Chief Medical Examiner of Essex County. At that time some of us hoped he would not accept the position as we were afraid it would take too much of his time from the scientific sphere of medicine, but we were wrong. He has carried his many tasks with great fervor, has accomplished great things in each field and has made the Medical Examiner's Office a strong institution for the benefit of the public and for the advancement of medical science. Meanwhile, he has gone exhaustively into pathology, has published many papers on a great variety of subjects and has blazed the trail of science in understanding many diseases.

He is known especially for his outstanding work in radium poisoning and chemical poisoning in certain occupations and in the prevalence of occupational diseases. He first directed the attention of the profession to repeated brain injury under the title "Punch Drunk". He has been particularly interested in the transmission of tumors and in blood stream infections, especially thrombosis in puerperal sepsis. Every field has attracted his alert and avid interest and with all that he has devoted hours and hours of his time to medical education, as exemplified by his well-attended bimonthly clinical conference. He has delved deeply into the field of sudden deaths and ballistics. For several years he has been Associate Editor of The American Journal of Surgery and Professor of Forensic Medicine at the New York University College of Medicine.

Now, this man is most real and most human and most deserving of all the honors we can show him. It is particularly fitting that this Award be given by the institution of which Dr. Martland has been President and to which he has given so much of his time in teaching, and I am sure tonight, perhaps with more interest than ever, we are looking forward to his address: "Development of Medicine in New Jersey".

On February 4th, 1943, the Council of the Academy voted unanimously that this Award be given to Harrison S. Martland at the Annual Meeting in May, for his extraordinary services as a physician and as a citizen. We have the greatest affection for you, Harrison, and take great pride in your success and achievements. We all know you well and we have caused to be inscribed upon this Plaque our opinion of you—

Renowned Pathologist,
Dynamic Teacher,
Eminent Civic Benefactor.

As President of the Academy of Medicine of Northern New Jersey, it is my privilege and pleasure and real satisfaction to present this Award to you with our great respect and our affection.

SPECIAL "MAILING-ADDRESS" BULLETIN

Delivery of your mail may be expedited if you include our "Delivery Number" as part of our address:

THE MEDICAL SOCIETY OF NEW JERSEY
222 West State Street
Trenton 8, New Jersey

SUMMARY OF NURSING FACILITIES IN NEW JERSEY

The May issue of The *Journal*, on page 198, stated that "11,000 nurses were inactive and available in New Jersey". We wish to acknowledge that this was a mistake. The correct figures are depicted in the following summary of a recent survey on nursing facilities in New Jersey conducted by the United States Public Health Service:

Questionnaires distributed	16,179
Questionnaires returned	12,381
Employed in other States	1,967
Employed and living in New Jersey	9,303
Inactive but available	1,296
Inactive and not available	2,050

SUPPLEMENTARY LIST OF MEMBERS NO. 2

The figures in parentheses refer to County Societies as follows: (1) Atlantic, (2) Bergen, (3) Burlington, (4) Camden, (5) Cape May, (6) Cumberland, (7) Essex, (8) Gloucester, (9) Hudson, (10) Hunterdon, (11) Mercer, (12) Middlesex, (13) Monmouth, (14) Morris, (15) Ocean, (16) Passaic, (17) Salem, (18) Somerset, (19) Sussex, (20) Union, (21) Warren.

ACTIVE MEMBERS

Adelman, Benjamin B., 190 Clinton av., Newark (7)
Allen, Raymond N., 144 Harrison st., E. Orange (7)
Alture, Siegmund S., 927 S. Wood av., Linden (20)
Black, LeRoy W., 33 W. Pass av., Rutherford (2)
Bookstaver, Barnet S., 241 Cedar lane, Teaneck (2)
Brophy, Francis X., 55 Gifford av., Jersey City (9)
Carr, Alexander M., S. Main st., Metuchen (12)
Clarke, Francis M., 116 New st., NewBrunswick(12)
Covino, Louis L., Army (7)
Crowley, Joseph W., 4005 Westfield av., Camden (4)
Decker, Frederick H., Frenchtown (10)
Downs, Louis S., 143 Roosevelt av., Carteret (12)
Fadden, Francis J., Jr., 275 Engle st., Englewood (2)
Fost, William H., 107 Franklin st., Belleville (7)
Gallo, James S., Army (16)
Giordano, William C., 855 Broad st., Ridgefield (2)
Grant, William F., Navy (7)
Grimes, Jesse R., 214 Wash av., Dumont (2)
Guillium, William H., 505 4th av., Asbury Park (13)
Halpern, Herman, 143 Engle st., Englewood (2)
Harden, Albert S., Jr., Army (7)
Harrington, Walter L., 104 S.Munn av.,E.Orange(7)
Hewitt, John G., 630 Glen av., Westfield (20)
Hill, John A., 511 Cedar av., Allenhurst (13)
Hofer, Clarence J. M., 463 Main st., Metuchen (12)
Holtz, Harry M., Army (7)
Howley, Barth M., Jr., Navy (12)
Jenkins, R. Jewett, 683 High st., Newark (7)
Klapper, Lester L., 421 W. 7th st., Plainfield (20)
Lang, Louis, 947 E. Jersey st., Elizabeth (20)
Lease, Henry J., 111 74th st., North Bergen (9)
Lifland, Bernard D., 70 Shanley av., Newark (7)
MacDonald, Edward O., 719Locust st.,RoselleP'k(20)
McBride, Hesser G., 254 N. Grove st., E. Orange (7)
Morrill, James P., Jr., Army (16)
Moss, Harry J., 111 Harrison st., East Orange (7)
Nash, Herman S., 865 S. 11th st., Newark (7)
Prather, John W., 155 Wash av., Dumont (2)
Read, William T., Jr., Cooper Hospital, Camden (4)
Richardson, Arthur H., 60 Orange rd., Montclair (7)
Ringewald, Robert H., 284 Broad av., Leonia (2)
Robinson, Anne W., 385 Morris av., Springfield (20)
Salmon, Leon T., Lambertville (10)
Thompson, Minturn R., 530 W.Broad st.,Westf'd(20)
Vandersluis, Harold H., 86 S. Main st.,ParkRidge(2)
Van Urk, Frederick T.,442 Lexington av.,Clifton(16)
Weimann, Max L., 803 Station av., Haddon Hgts.(4)
White, Hugh M., 901 Summit av., Jersey City (9)
Wiener, David, 196 Weequahic av., Newark (7)
Wurzel, Milton, Army (7)

ASSOCIATE MEMBERS

Berney, Irving, 31 Lincoln Park, Newark (7)
O'Neill, Charles L., Jr., Navy (7)
Racz, George, Roosevelt Hospital, Metuchen (12)
Rogers, James A. R., 274 Carroll st., Paterson (16)
Spagnola, Peter J., Veterans Adm., Lyons (12)

JAMES EWING, M.D.

HONORARY MEMBER, THE MEDICAL SOCIETY OF NEW JERSEY

In the midst of the world turmoil of the day, the passing of a civilian creates little interest or commotion. But in the demise of James Ewing, M.D., the whole civilized world pauses to consider the work of this world figure.

As a young instructor at the College of Physicians and Surgeons of New York, he gave early promise of things to come. His earnestness, deep regard for the truth and insatiable desire to know the hidden things of Medicine, impressed those, even the students, around him, with his latent power and greatness. Thus, early in his career, he became a man who inspired others to greater and better work.

His scientific knowledge and ability which he freely gave in the interest of humanity were only equaled by his modesty. The scientific world of Medicine is much the richer for his work on neoplastic diseases and their management. In this way, during his life, he added a wealth of knowledge to the whole subject of malignant and allied diseases.

He received many honors from universities, scientific societies, and governments, but greater than all of these, is the deep sense of loss now felt by those who called him "friend". Among these are members of the Staff of the Elizabeth General Hospital and Dispensary.

Its members will never forget the kind and patient manner in which he listened to our plans for a clinic for malignant diseases. His advice and deep interest spurred us on to greater efforts, resulting in the establishment of the James S. Green Memorial Clinic.

Here is another monument to James Ewing, small though it may be, in comparison to many, yet its influence and benefits extend widely to many of our citizens and to the medical profession.

Recognizing our debt to him, we desire to record our deep sorrow at his passing and to rejoice that in such places as the James S. Green Memorial Clinic his work and spirit will live on.

Therefore, be it resolved that the Staff of the Elizabeth General Hospital and Dispensary extend its sympathy to his family and to the colleagues of Dr. Ewing of the Memorial Hospital of New York in their great bereavement.

And, therefore, be it further resolved that these resolutions be spread upon the minutes of the Staff and that they be published in *The Journal* of The Medical Society of New Jersey, and a copy sent to his family and to his colleagues at the Memorial Hospital of New York.

Z. LAWRENCE GRIESEMER, M.D.,
Vice-President, Medical Board
CHRISTOPHER A. BROKAW, M.D.,
Secretary, Medical Board
CHARLES H. SCHLICHTER, M.D.
WILLIAM O. WUESTER, M.D.
ARTURO R. CASILLI, M.D.
Committee.

OBITUARIES

DR. THOMAS A. CLAY

Dr. Thomas A. Clay, one of Paterson's outstanding physicians and Director of the Board of Freeholders, died on March 13, 1943, at the age of 63, following a long illness.

Dr. Clay was born on January 29, 1880, in Paterson. He received the degree of Doctor of Medicine at the Medical College of Columbia University in 1903. In 1908 Dr. Clay was County Coroner; from 1906 to 1913, Medical Inspector of the schools; from 1923 to 1928, Director of the Paterson Clinic of the State Rehabilitation Commission; and Chairman of the American Red Cross.

Dr. Clay served in the Medical Corps in World War I. He was on the staffs of the Hope Dell Hospital, Preakness, St. Joseph's Hospital and the Paterson General Hospital. He was a Fellow of the American College of Surgeons, a member of The Medical Society of New Jersey and the American Medical Association, and at the time of his death was President of the Passaic County Medical Society.

DR. JOHN DE ROSA

Dr. John DeRosa, 43, died on April 22, 1943.

Dr. DeRosa received his medical degree in England in 1927. Dr. DeRosa, an active fraternalist, was physician of the Paterson Panthers professional football team. He was also a member of the Passaic County Medical Society, The Medical Society of New Jersey and the American Medical Association.

DR. CARL H. ILL

A heart attack was the cause of the death of Dr. Carl H. Ill, member of a prominent North Jersey family of physicians and surgeons, on March 28, 1943. At the time of his death Dr. Ill was working on the lawn of his summer home in Mantoloking.

Dr. Ill was born in Newark, July 3, 1892. He attended Newark schools and was graduated from Princeton University in 1914 and from the College of Physicians and Surgeons of Columbia University in 1918. Before beginning practice in Newark in 1919, Dr. Ill was a member of the staff of Roosevelt Hospital in New York. He specialized in obstetrics and gynecology and was on the staffs of St. Barnabas and St. Michael's Hospitals. He was also on the consulting staff of physicians of Essex Mountain Sanatorium at Verona.

Dr. Ill was a member of the State and Essex County Medical Societies, American College of Surgeons, New York Obstetrical Society, Maternal Welfare Committee of the State Society, the Essex Club and a Trustee of Newark Museum.

MAJOR ROBERT A. KILDUFFE

Major Robert A. Kilduffe, 58, U. S. Army Medical Corps, died suddenly on April 5, 1943, at White Sulphur Springs, W. Va., where he was serving as Chief of the Laboratories at Ashford General Hospital.

Major Kilduffe was born in Philadelphia. He was graduated from the University of Pennsylvania Medical School in 1913. In 1917 he was commissioned a first lieutenant in the Medical Corps, U. S. Army. He served as Chief of Bacteriological Division and Epidemiologist on the staff of the Chief Surgeon in the Central Medical Department Laboratories, AEF, in France. After World War I Major Kilduffe practiced medicine in Chester. In 1924 he moved to Atlantic City and became Director of Laboratories at the Atlantic City Hospital; Serologist, Municipal Hospital for Venereal Diseases; Pathologist, Atlantic County Hospital for Mental Diseases; Pathologist and Serologist, Betty Bacharach Home for Crippled Children, and Pathologist for Jewish Seaside Home for Children.

Major Kilduffe was a member of the Atlantic County Medical Society, The Medical Society of New Jersey, The American Society of Bacteriologists; Fellow of the American Medical Association, the American Society of Clinical Pathologists and Councilor for New Jersey for this Society; and

Councilor for the New Jersey Society of Technicians.

DR. DAVID H. MENDELSOHN

Dr. David H. Mendelsohn of Paterson died suddenly from a heart attack at Miami Beach, Fla., on April 7, 1943. Dr. Mendelsohn was born in Kurland, Russia, in 1889, and came to Paterson at the age of five years. He was graduated from Jefferson Medical College in 1911.

In 1912 Dr. Mendelsohn was named Assistant Surgeon at the Barnert Memorial Hospital and in 1921 he became Chief of the Surgical Service. He was also Chief Surgeon at the Daughters of Miriam Home for the Orphans and the Aged in Clifton, and had been on the staff of the Eye, Ear and Nose Infirmary. Many of Dr. Mendelsohn's papers on abdominal surgery were widely quoted among medical groups of the nation.

Dr. Mendelsohn was a Fellow of the American College of Surgeons, a life member of the American Medical Association of Vienna, and a member of the Society of Surgeons of New Jersey, Passaic County Medical Society, The Medical Society of New Jersey and the American Medical Association.

DR. ROBERT J. MONTFORT

Dr. Robert J. Montfort of Elizabeth died on April 4, 1943, following a long illness. He was 78 years old and had practiced for 47 years until ill health forced his retirement in 1939.

Dr. Montfort was born in Mattewan, now Beacon, N. Y. He was graduated in 1890 from the Medical School of the University of New York City, which later was absorbed by Columbia University. He was a member of the Union County Medical Society, The Medical Society of New Jersey and the American Medical Association.

DR. PAUL E. RAUSCHENBACH

Dr. Paul E. Rauschenbach of Paterson died on February 23, 1943. On February 15 he suffered a heart attack brought on by overwork. Pneumonia developed later and caused his death.

Dr. Rauschenbach was born in Saxony on June 30, 1872. He was graduated from the University of Virginia Department of Medicine in 1904. For many years Dr. Rauschenbach was head of the Orthopedic Clinic at the Paterson General Hospital, which he founded. The major portion of his life was devoted to the care and cure or rehabilitation of crippled children. He was a star athlete and physical culture advocate and for many years was recognized as one of the greatest all-around gymnasts in the United States.

Dr. Rauschenbach was a member of the Passaic County Medical Society, The Medical Society of New Jersey and the American Medical Association.

DR. A. BURTON SHIMER

Dr. A. Burton Shimer, a practicing physician in Atlantic City for 45 years, died on April 23 from a heart attack.

Dr. Shimer was born at Martin's Creek, Pa., on March 9, 1869. He was graduated from the Philadelphia College of Pharmacy in 1894 and from the University of Pennsylvania Medical School in 1897. Dr. Shimer was one of the first internes at Atlantic City Hospital and was a member of the staff of that institution for 25 years.

He was a member of the Atlantic County Medical Society, The Medical Society of New Jersey and the American Medical Association.

DR. DAVID N. SHIPPEE

Dr. David N. Shippee of Midvale died on April 6, 1943, after a two-year illness. He was born in Macopin on August 23, 1873, and was graduated from Baltimore Medical College (now the University of Maryland) in 1894. He immediately began his practice in Wanaque, which he continued until his retirement in 1935. During that time he was a member of the courtesy staffs of St. Joseph's and Paterson General Hospitals. Before retiring, Dr. Shippee was a member of the Passiac County Medical Society and The Medical Society of New Jersey.

Dr. Shippee was former health officer, school physician and member of the Board of Education of old Pompton Township. He was surgeon for the Erie Railroad, as well as former surgeon for Ringwood and Sterling Mines and Wanaque Valley Paper Company.

DR. THEODORE F. THOMPSON

Dr. Theodore F. Thompson, 54, prominent Lakewood physician, died from embolism, aggravated by a heart condition, at his home on May 23, 1943. Dr. Thompson had practiced medicine for the past 25 years, 22 of which had been in Lakewood. He was considered the outstanding obstetrician of Ocean County.

Dr. Thompson was graduated from the University of Maryland School of Medicine in 1918, and in 1935 he took a post-graduate course in obstetrics at Polyclinic Hospital in New York.

Dr. Thompson was a member of the Ocean County Medical Society, the State Medical Society, the American Medical Association, and the Randolph Winslow Surgical Society of the University of Maryland. He was past Chief of Staff of the Paul Kimball Hospital, Chief of Obstetrics at Paul Kimball for a number of years, and served as school physician in Lakewood for several years.

VACANCY IN MOUNTAIN CAMP

There is a vacancy in the position of Camp Physician at Pocono Highland Camps, Marshall's Creek, Pa., where children's summer camps are operated. The position is open to a physician who would be interested in this eight-week assignment. Application should be made to Bertram U. Weinberg, 16 Johnson Avenue, Newark, N. J.

COUNTY SOCIETY REPORTS

BURLINGTON COUNTY

T. Bruce Dickson, M.D., Reporter

The regular monthly meeting of the *Burlington County Medical Society* was held on April 8, 1943, at Moorestown.

The guest speaker was DR. JOSEPH STOKES, JR., of the University Hospital in Philadelphia. He discussed what is being done in regard to investigation and control of epidemic diseases of the United States Army. There is a commission of civilian physicians helping the Surgeon General on contagious diseases. This commission is divided into committees, each committee doing research work on a certain disease or a group of allied diseases. The findings of these committees are reported directly to the Surgeon General. Dr. Stokes touched lightly on several contagious diseases and briefly outlined what was being done and what had been accomplished. Rheumatic heart disease has been very definitely linked to the streptococcus group. Interesting studies are being carried out on the several types of meningitis, anterior poliomyelitis and typhus fever. In closing, Dr. Stokes mentioned several chemicals which are being tried in order to stop cross-infections which occur in public gatherings.

CUMBERLAND COUNTY

H. S. Branin, M.D., Reporter

The April meeting of the *Cumberland County Medical Society* was held April 13, 1943, at the Cumberland Hotel, Bridgeton.

The meeting was called to order by PRESIDENT THALHEIMER.

The minutes of the Executive Committee meeting and of the last Society meeting were read and approved.

A letter was read from the U. S. Department of Agriculture in regard to medical services to be rendered the Migratory Labor Camp. DRS. LOPER and SCOTT were indorsed by the Society for this work.

After much discussion the Society decided not to accept the Medical-Surgical Plan.

The annual election then followed. The results were:

President: DR. F. M. RAMSEY
Vice-President: DR. MARY BACON
Secretary: DR. H. G. MILLER
Treasurer: DR. H. H. WILSON
Reporter: DR. H. S. BRANIN
Censor: DR. CHARLES SHARP

Executive Committee: DR. L. J. KAUFFMAN, DR. H. B. WALKER, DR. J. FRANKLIN REEVES

Delegates to the State Society: DR. H. G. MILLER; Alternate, DR. MARY BACON

Nominating Committee: DR. H. G. MILLER; Alternate, DR. H. B. WALKER

Following the election of officers, DR. HARRY L. ROGERS, recognized Allergist of Jefferson Hospital, addressed the Society on "Present-Day Conception of Allergy". His paper proved very interesting and instructive.

GLOUCESTER COUNTY

Clarence A. Bowersox, M.D., Reporter

The regular monthly meeting of the *Gloucester County Medical Society* was held at the Woodbury Country Club on May 20, 1943.

DR. CHESTER I. ULMER's resignation as Secretary, due to his ill health, was accepted with regret.

DR. RALPH K. HOLLINSHED made a few remarks in his capacity as the future State Society President. He stated that it is important to hold monthly meetings during war times in order to meet any emergencies that might arise among the physicians in the county. He advised relocation of doctors in areas where physicians are lacking. The medical resources of the community should be pooled, especially as to night calls. The Medical Practice Commission should distribute medical care to prevent the socializing of medicine in the future.

The following officers were elected:

President, DR. WILLIAM HARRIS
First Vice-President, DR. JOSEPH HUGHES
Second Vice-President, DR. T. M. GAIRDNER
Secretary, DR. C. A. BOWERSOX
Treasurer, DR. DON B. WEEMS
Historian, DR. DOROTHY ROGERS
Reporter, DR. C. A. BOWERSOX

The scientific program was presented by Dr. James Shipman, Associate Professor of Ophthalmology, University Graduate School of Medicine, whose topic was "Common Eye Injuries".

Dr. Shipman stated that the normal eye is able to withstand considerable trauma. It is protected by the bony framework, eyelashes and tears. The most common injuries are:

1. Foreign bodies in the eyes. The foreign body must be removed carefully, and it is quite important to have the patient look downward when everting the upper lid. Always examine the cornea for abrasions after applying one per cent aqueous mercurochrome. Holocaine is the best anesthetic. A sharp instrument should never be used. Apply a patch over night.

2. Abrasions of the cornea. This type of injury is always very painful. Two per cent mercurochrome is applied in order to discover the extent of the injury. Ice compresses and holocaine are again applied.

3. Perforations of the eye. This type of wound should be definitely recognized by the doctor. The history is always important.

4. Chemical burns. Always dilute with cold water or boric acid at once. Evert lids and flush under them. Do not apply patches, but keep the eyes exposed. Irrigate every hour and apply olive oil. Use ice compresses for the first two days. Dilate the pupils in every case with homatropine.

HUDSON COUNTY

Harry J. Perlberg, M.D., Reporter

The regular meeting of the *Hudson County Medical Society* was held on April 6, 1943, at the Masonic Club, Jersey City.

The meeting was called to order by the President, Dr. Thomas McG. Brennock, at 9:45 p. m.

Dr. S. A. Cosgrove requested the endorsement of the following resolutions:

"At a regular meeting of the Medical Milk Commission of the County of Hudson held at 88 Clifton Place, Jersey City, N. J., on Friday, March 26, 1943, the following resolutions were introduced and unanimously passed:

"Whereas, Certified milk was introduced, and the methods of its production were devised, specifically for the purpose of providing a sanitarily safe product for the nutrition and treatments of infants, young children, and sick and invalid adults; and

"Whereas, This has always been the single objective of the production of certified milk by medically devised methods and practices; and

"Whereas, By statute in this and many other domestic and foreign jurisdictions, the production of certified milk has been specifically placed and maintained under wholly medical auspices; and

"Whereas, This Commission for 32 years has continuously certified almost all the sources of certified milk in this State as well as, from time to time, several important similar sources of production in other States; and

"Whereas, Its sale in this jurisdiction has always been largely predicated upon its prescription by physicians for the specific purpose originally outlined herein; and

"Whereas, It is understood that there are current impressions and allegations that certified milk constitutes only a variety of special commercial 'premium milks';

"Now, Therefore, Be It Resolved, That this Commission testify from its long experience in the supervision of the production and sale of certified milk, that such impressions and allegations are false. Certified milk remains as always, a product produced and distributed under direct medical auspices for specific clinical uses in large part directly by medical prescription. Its elimination as such would be a distinct detriment to the health resources of communities in which it is now available; and

"Be It Further Resolved, That a copy of this preamble and resolution be forwarded to the Secretary of the American Association of Medical Milk Commissions for such use as that organization may find wise in combating the above erroneous impressions and allegations wherever they may arise or exist."

The resolution was approved.

Dr. A. J. Conty nominated the following Nominating Committee to serve in 1944: Dr. J. L. Evans, Dr. E. M. Kiely, Dr. C. J. Larkey, Dr. E. J. Daly, Dr. J. A. Botti.

Dr. Mortimer D. Speiser, Assistant Clinical Professor of Obstetrics and Gynecology, New York University College of Medicine, New York, spoke on "Diseases of the Vulva", with a demonstration of actual photographs by colored lantern slides.

MIDDLESEX COUNTY

Alex M. Carr, M.D., Reporter

The March meeting of the *Middlesex County Medical Society* was held at the Roosevelt Hospital, Metuchen, on March 17, 1943. The meeting was called to order by the President, Dr. Joseph H. Kler, and the minutes of the previous meeting were read and approved.

The following were elected to Associate membership: Dr. George Racz, Metuchen, and Dr. P. Spagnola, Lyons.

Dr. J. Walter Levering, Attending Surgeon, Abington Memorial Hospital, Abington, Pa., spoke on the subject "Consideration of the Acute Abdomen". A discussion of the paper followed.

The April meeting was held at the Hotel Pines, Metuchen, on April 21, at 6:30 p. m. This was a joint meeting of the doctors and manufacturers of Middlesex County, with the doctors being the dinner guests of the manufacturers.

A Forum on Absenteeism in Industry was conducted. Dr. Robert Goodhart, Chairman, Committee on Food and Nutrition, War Production Board, Washington, D. C., spoke briefly on problems of absenteeism in war production, covering mainly the following causes: personal, transportation, housing, food, materials, importance of job, and relation to war. He stated that absenteeism due to illness is due in 90 per cent of the cases to colds and medical causes, and in 10 per cent to accidents. He gave no remedies as the study is not complete.

Professor Walter Peabody, Associate Professor of Economics, Rutgers University, New Brunswick, spoke on "The Economic and Sociological Causes of Absenteeism".

A question and answer period followed the principal speakers. The following took part in the discussion: Dr. Lemuel C. McGee, Chief Surgeon of the Hercules Company; Dr. S. H. Hinton of E. I. duPont de Nemours Company, Dr. J. Mallory Carlisle of Merck & Company and Chairman of the Industrial Health and Hygiene Committee of The Medical Society of New Jersey, Dr. Arthur F. Mangelsdorff of the Calco Chemical Company, and several manufacturers of Middlesex County.

OCEAN COUNTY

Frederick N. Bunnell, M.D., Reporter

A meeting of the *Ocean County Medical Society* was held May 12, 1943, at the Royal Pines Hospital. The meeting was called to order by the President, Dr. Carl Menge, at 9:30 p. m.

Dr. Frederick N. Bunnell, Nominating Committee Chairman, read the following nominations:

President, L. Roberts Carmona
Vice-President, Carmine Pecora
Secretary, Abraham Goldstein
Treasurer, Blackwell Sawyer
Reporter, William E. Dodd

Delegate to State Nominating Committee, to serve in 1944: Dr. William E. Dodd

Alternate to State Nominating Committee, to serve in 1944: Dr. Adolph Tobin

Delegates to State Convention: DR. WILLIAM E. DODD, DR. ABRAHAM GOLDSTEIN, DR. ADOLPH TOBIN
Alternates to State Convention: DR. CARMINE L. PECORA, DR. FREDERICK N. BUNNELL, DR. EUGENE HERBENER

PASSAIC COUNTY

Theodore Rothman, M.D., Reporter

The regular meeting of the *Passaic County Medical Society* was held on April 20, 1943, at the Freeholders' Meeting Room in Paterson. DR. CHARLES J. MURN, President, presided.

The application of James A. R. Rogers, M.D., of Paterson was approved for membership.

Dr. Murn announced that he had appointed a committee of which he is Chairman and the members are DRS. VOSBURGH, GRAHAM and SULLIVAN to collect at least $18.75 from each member for the project proposed by DR. ELIAS J. MARSH, President of The Medical Society of New Jersey, to establish a fund for research.

Dr. Murn also announced that certificates for extra foods under the O. P. A. ruling must hold the details as to how much food is required and how long a period. No doctor's certificates for patients will be honored unless these details are given.

A memorial resolution on the death of DR. THOMAS ARTHUR CLAY was read by DR. JOSEPH R. ORAM.

The speaker of the evening was DR. JOSEPH H. GLOBUS, Assistant Professor of Neuro-Anatomy at the New York University, Editor of the Journal of Neurology, and President of the American Neuro-Pathological Society. His topic was "Practical Approach to Diagnostic Problems in Neurology". Dr. Globus gave a fine talk in which he fully traced the history of neurology, spoke of the contribution of psychiatry to neurology and mentioned the newer procedures. He then grouped the newer diseases under four headings:

1. Inflammatory Disease. He particularly stressed the virus diseases and called attention to the condition acute aseptic meningitis, which has a very good prognosis.

2. Neo-plasms. His comments were based on his own personal observations of many years and he differentiated between primary brain tumors and metastatic brain tumors.

3. Degenerative Disease. He mentioned multiple sclerosis and he said that in his own personal experiences foreign protein injections had definitely helped in multiple sclerosis.

4. Malformation. He stressed the problem of internal hydrocephalus in children.

His talk was very lucid and interesting to the group present. Dr. Rothman led the discussion and the meeting then adjourned.

The Annual Meeting of the *Passaic County Medical Society* was held on May 18, 1943, at 9 p. m. at the Freeholders' Meeting Room in Paterson. DR. MURN presided.

The following is the list of officers for the next year:

President, CHARLES J. MURN
First Vice-President, WILLIAM SULLIVAN
Second Vice-President, HARRY WOLFSON
Secretary, JOSEPH E. MOTT
Treasurer, THEODORE K. GRAHAM
Reporter, THEODORE ROTHMAN

Member of Board of Censors (3 years): FRANK W. ASH, SIGURD W. JOHNSEN
(1 year) LOUIS G. SHAPIRO

PRESIDENT MURN thanked the Society for his election to office and paid tribute to DR. THOMAS ARTHUR CLAY, the deceased President. He made a plea for unity of the profession in the days that lie ahead.

DR. FRANK BARLOW, Chief of Traumatic Surgery at the Wright Aeronautical Plant, spoke on the "Modern Treatment of Wounds and Use of Blood Plasma". Dr. Barlow gave a very interesting talk on the treatment of burns and particularly the first aid treatment. He spoke of chemical burns and also the treatment of fresh wounds.

Dr. Barlow is one of our members who interned at the Saint Joseph's Hospital in Paterson, and has been with the Wright Aeronautical Plant as the Medical Director since its inception. He has had tremendous experience as a result of this connection and gave the profession some original contributions to the treatment of burns. The Society was enthusiastic in its reception of one of its "old boys" who has done such fine work.

UNION COUNTY

Frederic B. Western, M.D., Reporter

The *Union County Medical Society* held its Annual Meeting at the Muhlenberg Hospital, Plainfield, on April 14, 1943. Following the opening of the meeting by DR. GEORGE SEYMOUR, President, the minutes of the regular meeting of March 10, of the Executive Committee meeting of April 12 and the resolutions on the death of DR. ROBERT J. MONTFORT were read and accepted.

DR. GEORGE T. BANKER, Treasurer, reported on 1942 expenditures and read in detail the 1943 budget. This was accompanied by a letter from the auditor which stated that the cash receipts and disbursements correctly presented the financial operations of the Union County Medical Society for the year under review. It was moved that the Treasurer's report and budget be accepted.

The Executive Secretary of the Society, Miss Louise Rogers, presented a report on the Medical Service Bureau which showed that for the past twelve months the Bureau received old bills totaling $29,449.89 and new budget cases totaling $855.50. During the year $7,662.86 was received. It was pointed out that one of the hospitals in the Society is now using the Bureau for collections of old accounts with very satisfactory results. It was moved that this report be accepted.

DR. DAVID BIBER of Union was elected to membership.

It was moved that Miss Rogers be reappointed Executive Secretary.

The request was made that the Executive Committee consider some modification of the Medical-Surgical Plan which might be acceptable to the County Society.

Dr. Seymour recognized a quorum, and the Secretary, Dr. Fred Lathrop, read the list of officers offered by the Nominating Committee. The following officers were elected:

President, Irving Lerman
First Vice-President, Elton W. Lance
Second Vice-President, M. G. Bensley
Secretary, Frederick W. Lathrop
Treasurer, George T. Banker
Reporter, Frederic B. Western

Trustee: George T. Banker—1946
Board of Censors: George L. Orton—1948
Public Health Committee: C. C. Carpenter—1944 (unexpired term), Frances Arthur—1948
Public Relations Committee: S. H. Davis—1948
Legislative Committee: W. F. Phelan—1948
Finance Committee: George A. Seymour—1945 (unexpired term), A. M. Paulson—1946
Scientific and Literary Committee: J. Mallory Carlisle, J. J. Labow, F. B. Western
State Nominating Committee: Watson B. Morris, Thomas J. Walsh (Alternate)
Delegates (term expires 1946): R. J. Walsh, J. G. Boyes, R. M. Nittoli, C. A. Brokaw, F. B. Western, N. W. Burritt, W. B. Morris, H. S. Murphy, N. B. Stanton, L. J. Ward
Alternates (term expires 1946): A. F. Ackerman, I. Stein, W. F. Phelan, H. C. Stillwell, L. H. Salvati, H. J. Konzelmann, J. A. Quin, A. M. Paulson, J. A. McGeary, Jessie Read
Alternate (term expires 1944): M. B. Rosenblatt

Dr. Seymour, as retiring President, expressed his appreciation to the various committees for carrying on their work in spite of the fact that so many of the members have entered active service, and his hope that when the absent members return they will find their Society functioning in as healthy a condition as when they left.

Dr. Irving Lerman of Elizabeth, the new President, accepted the chair from Dr. Seymour and announced that due to wartime restrictions the May meeting will be a business meeting instead of the usual outing.

The Society met on May 12 at the Ilderan Club in Rahway. Dr. Lerman, President, called the meeting to order.

The minutes of the April 14 meeting and the minutes of the Executive Committee meeting of May 10 were read and approved. Resolutions on the death of Dr. Fiske Wood were read and accepted.

The following communications were received:

Letter from Mr. George G. Bradbee, Chairman of Health and Public Welfare, Winfield, requesting that all communicable diseases in Winfield be reported to the Township Office, 300 Wavecrest Avenue, Winfield, N. J., LInden 2-4207.

Letter from Lt. Martin A. Angelo, M.C., Headquarters Belle Mead Quartermaster Depot, Belle Mead, N. J., asking the coöperation of all physicians in this county to fight absenteeism. Dr. T. J. Walsh moved that the Secretary write to Dr. Angelo and tell him that it is the custom and habit to give certificates only when the person is actually ill. Dr. Quin seconded the motion.

Dr. Lerman introduced Mr. R. O. Hauck, B.S., M.S., formerly instructor, Columbia University College of Pharmacy and now chief chemist at Bilhuber-Knoll Corp., Orange, N. J., who presented a most interesting and informative paper on "Drugs: Influence of the War on Present and Future Needs". Mr. Hauck stressed the strides made in the United States toward providing practically all drugs needed which were formerly obtained from other countries.

The following were elected to membership: Drs. S. M. Alture, Linden; J. G. Hewitt, Westfield; L. L. Klapper, Plainfield; Louis Lang, Elizabeth; E. O. MacDonald, Roselle Park; Anne W. Robinson, Springfield, and M. R. Thompson, Westfield.

The following amendment to the Constitution was submitted by Dr. Watson B. Morris:

> Article XIV. Section 3. For the transaction of the ordinary business of the Society, 25 members shall constitute a quorum; but for scientific, literary, or memorial purposes, a quorum shall be presumed. For the election of members, officers, and State delegates, for altering the Constitution and By-Laws, or for reprimand, suspension or explusion of a member, 40 members shall be a quorum. This for the duration of the War and six (6) months thereafter.

No action was taken on this amendment which will be published in the next Bulletin and voted on at the September meeting.

Dr. T. J. Walsh moved that the Delegates to the State Society be instructed to favor Dr. Frank G. Scammell for Second Vice-President. Seconded by Dr. Watson B. Morris.

The recommendation made by the Executive Committee on May 10 that a resolution be offered by our Delegates to the House of Delegates at the Annual Meeting requiring the Secretary of the Board of Trustees of the State Society to keep a file for permanent record of the action of all the committees of the Board of Trustees was moved and seconded.

SUMMIT MEDICAL SOCIETY

Carroll S. Thomson, M.D., Secretary

The fifth meeting of the *Summit Medical Society* was held at The Canfield, March 30th, 1943. Twenty-four members were present.

Dr. Frederick M. Smith of New York City read a paper on "Compound Fractures, Use of the Sulfa-Drug, and Some Misconceptions of Same".

A collation followed the meeting.

The sixth meeting of the Summit Medical Society was held at the Canfield Tea Rooms, on Tuesday evening, April 27th, at 9:00 p.m. There were twenty-eight members and one guest present.

The subject "Recent Advances in Cardio-Vascular Diseases" (illustrated) was presented by Dr. E. H. Macpherson of Millburn.

WOMAN'S AUXILIARY

18TH ANNUAL MEETING

Mrs. Lodovico Mancusi-Ungaro, Chairman of Publicity

The 18th Annual Meeting of the Woman's Auxiliary to The Medical Society of New Jersey took place Tuesday and Wednesday, May 25th and 26th, at the Essex House in Newark. Mrs. J. Howard Hornberger of Roebling, the out-going President, presided.

After the invocation by the Rev. R. B. Cunningham of the First Reformed Church of Newark, the 65 delegates from the State were welcomed to Newark by Mrs. Asher Yaguda, who until Monday was President of the Essex County Medical Auxiliary.

Mrs. C. Chester Chianese of Trenton then read a brief memorial service for the ten members who have died this year. As the names of these members were called, the Misses Angela and Betty Ann Clarken, the young daughters of Dr. and Mrs. Joseph Clarken of Newark, extinguished the candles that had been lit in honor of the departed members.

Dr. Elias J. Marsh, the out-going President of The Medical Society of New Jersey, spoke of the three-fold purpose of the Benevolent Fund: for Fellowship; to do good for someone; and the harder honor of receiving good when in need. He spoke of the fact that the State of New Jersey has no Scientific Fund to put at the disposal of talented physicians of our State, and of the need of starting such a fund.

Mrs. Hornberger read the President's annual report, and following this the County Presidents gave reports of the work of each individual county. It was remarkable to note the wholehearted coöperation of all the County Auxiliaries in the war effort.

After a luncheon in the Starlight Room the Woman's Auxiliary presented to The Medical Society of New Jersey a service flag whose single large star represented the 1,282 physicians of New Jersey in the service of their country, four of which should now be represented by a gold star.

The following slate was elected for the year 1943-1944:

President, Mrs. Asher Yaguda, Essex
President-Elect, Mrs. David B. Allman, Atlantic
First Vice-President, Mrs. James J. McGuire, Mercer
Second Vice-President, Mrs. Chester I. Ulmer, Gloucester



MRS. ASHER YAGUDA

Mrs. Yaguda, of Newark and Marlboro, wife of Dr. Yaguda, prominent Newark pathologist, who is now serving overseas in the Naval Medical Corps, was installed as President of the Woman's Auxiliary to The Medical Society of New Jersey on May 26, at the close of the 18th Annual Meeting in Newark. Mrs. Yaguda is Past President of the Woman's Auxiliary to the Essex County Medical Society; served as Chairman of Press and Publicity for the State Auxiliary in 1941-1942; and is a member of the Committee on Organization for the Auxiliary to the American Medical Association.

Recording Secretary, Mrs. Banks Baker, Camden
Corresponding Secretary, Mrs. Samuel W. Hausman, Monmouth
Treasurer, Mrs. Thomas P. McConaghy, Camden
Directors for three years: Mrs. William E. Dodd, Ocean; Mrs. James H. Mason, Atlantic

Chairmen of Committees:

Arrangement: Mrs. A. E. Jaffin, Hudson
Archives: Mrs. A. F. Moriconi, Mercer
Arts and Hobbies: Mrs. I. R. Beir, Atlantic
Bulletin: Mrs. Ralph Buchanan, Warren
Entertainment: Mrs. James H. Mason, III, Atlantic

Finance: Mrs. Chester I. Ulmer, Gloucester

Historian: Mrs. William E. Dodd, Ocean
Co-chairman, Mrs. Harry V. Hubbard, Union

Legislation: Mrs. Samuel Alexander, Bergen

Medical Preparedness: Mrs. S. Bernard Kaplan, Essex

Nominations: Mrs. J. Howard Hornberger, Burlington

Organizations: Mrs. Don Epler, Essex

Parliamentarian: Mrs. Andrew C. Ruoff, Hudson

Press and Publicity: Mrs. Lodovico Mancusi-Ungaro, Essex

Printing: Mrs. James J. McGuire, Mercer

Program: Mrs. Richard J. McDonald, Passaic

Public Relations, Mrs. Maclyn Baker, Essex

Resolutions: Mrs. R. J. Faulkingham, Middlesex

Revisions: Mrs. G. E. McDonnel, Burlington

COUNTY AUXILIARIES

Atlantic County

Mrs. Charles Hyman, Press and Publicity Chairman

The regular meeting of the *Woman's Auxiliary to the Atlantic County Medical Society* was held on Friday afternoon, April 9th, at 2 p.m. in the Atlantic City Hospital Solarium. The President, Mrs. David B. Allman, presided. There were seventeen members present.

The speaker of the afternoon was Miss Elizabeth Murray, Home Economist of the Atlantic City Electric Company. Her subject was "Nutrition with Rations".

Camden County

Mrs. Gordon F. West, Publicity Chairman

The Public Relations Meeting of the *Woman's Auxiliary to the Camden County Medical Society* was held March 16th at the Camden Woman's Club with Mrs. Max Weimann, Public Relations Chairman, presiding. There were about one hundred present, representing the different clubs and organizations in the county.

Mrs. Hornberger, State President, and Mrs. Henry R. Tatem, County President, extended greetings.

Dr. Thomas K. Lewis gave a talk on "Socialized Medicine" and Mr. Grant McCubbin, local representative of the Red Cross, spoke on "The Red Cross Program in Time of War". Following the speeches a demonstration of volunteer services of the Red Cross was given by uniformed leaders, with a description of the duties of each.

Tea was served by the Hospitality Committee, of which Mrs. Henry B. Decker is Chairman.

Essex County

Mrs. Lodovico Mancusi-Ungaro, Chairman of Publicity

On Monday afternoon, April 26, the *Woman's Auxiliary to the Essex County Medical Society* gave a Desert Luncheon at the Academy of Medicine, Newark, in honor of Mothers of Physicians. April has always been the traditional month for this occasion, and while many social formalities have been dispensed with, it was felt that this was a privilege and an honor not to be foregone. The President, Mrs. Asher Yaguda, presided and an interesting variety of character portrayals was given by Bertha Miller Bergman.

During the recent 1943 War Fund and Roll Call Drive of the American Red Cross, various members of our Auxiliary filled positions of importance. Most prominent of our members was Mrs. Henry C. Barkhorn, Vice-Chairman of the Newark Chapter of the American Red Cross and Chairman of the Woman's Division of the War Fund and Roll Call Drive. Other prominent members were: Mrs. J. Irving Fort, Chief of Staff-Assistants, Mrs. Don Epler, Mrs. Asher Yaguda, who took charge of all the booths in the City of Newark, and Mrs. Lodovico Mancusi-Ungaro, a captain in the Woman's Division under Mrs. Barkhorn. Three booths were manned by wives of physicians.

New honors have come to two past presidents of our Auxiliary. Mrs. Roy Van Ness has been elected Recording Secretary of the Contemporary Club of Newark and Mrs. Don Epler has been elected Chairman of Public Affairs.

Hudson County

Mrs. James M. Murphy, Chairman Press and Publicity

The Auxiliary met Monday April 5th, 1943, at the Young Women's Christian Association, Jersey City, at 1 p. m. In the absence of our President, Mrs. Ruoff, Mrs. Arthur O. Largay, our former President, presided. Twenty-one were present.

The following officers were elected:

President, Mrs. S. G. Scott
President-Elect, Mrs. Edward A. Murphy
First Vice-President, Mrs. Merrill Swiney
Second Vice-President, Mrs. Logan Owen
Recording Secretary, Mrs. Joseph Murray

Mrs. Scott has kindly consented to take office in the Fall, as Mrs. Joseph J. Ruvane, President-Elect, is unable to serve due to illness.

Another War Bond ($1,000) was ordered purchased. In order to be able to buy more bonds and to increase our General War Fund, it was decided to hold a Patriotic Bridge and Tea, Saturday, May 22nd, at Hotel Pierre in New York. Mrs. William Freile will be General Chairman with a committee of 16 assisting her.

The members reported the various fields of war work in which they were occupied. These included courses completed in First Aid, Nutrition, Home Nursing and Refresher Courses for Nurses. Some are serving in the Home Service Division of the Red Cross, in the Motor Corps, in Canteen duty, assisting in laboratories, teaching First Aid and home nursing. Others work on rationing boards, in wool salvage, in production work, knitting, sewing, and surgical dressings, and selling stamps and bonds in the theaters and banks. An interesting account of the close connection between the Red Cross Production Unit in Bayonne and the Naval Base was given.

Warren County

Mrs. Herman Baldauf, Reporter

The *Woman's Auxiliary to the Warren County Medical Society* met May 18 at the home of Mrs. William Varney, Washington. Mrs. Varney and Mrs. Charles Potter were the hostesses.

Mrs. F. A. Shimer, President, conducted the business meeting and appointed the following committees: Publicity for Medical Journal, Mrs. Herman Baldauf, Belvidere; Publicity for Newspapers, Mrs. Guernsey West, Phillipsburg; Scrap Book, Mrs. Ralph Buchanan, Phillipsburg; Medical History, Mrs. Paul Drake, Phillipsburg; Bulletin, Mrs. Phillip Kassow, Alpha; Public Relations, Mrs. William Varney, Washington; Welfare, Mrs. Russell Stone, Phillipsburg, Mrs. Charles Potter, Washington, Mrs. Herman Baldauf, Belvidere; Red Cross, Mrs. Emery Krauscz, Phillipsburg; Program and Entertainment, Mrs. Ralph Buchanan, Mrs. Homer Bloom, Mrs. Russell Stone, Phillipsburg; Mrs. Charles Potter, Washington; Mrs. Clyde Marlett, Belvidere.

Funds from the recent card party made it possible for the Auxiliary to reach the goal set to furnish a room in the wing of the Warren Hospital. The room has been selected and arrangements are going forward toward completion.

The next meeting will be held at the home of Mrs. Baldauf, Belvidere, on June 15.

Cards were played and prizes awarded during the afternoon. Refreshments were served. Attending were Mrs. Shimer, Mrs. Bloom, Mrs. Stone, of Phillipsburg; Mrs. Marlett, Mrs. Baldauf, of Belvidere, and the hostesses of Washington.

OBITUARY

MRS. MARY DODD BINGHAM

On March 25, 1943, Mrs. Mary Dodd Bingham of East Orange died suddenly of a stroke. She was the wife of Dr. Arthur W. Bingham, well-known obstetrician.

Mrs. Bingham was a member of the East Orange Woman's Club, Board of Directors of the Visiting Nurses Association of the Oranges and Maplewood, National Organization for Public Health, State Organization for Public Health Nursing. She was President of the Fresh Air Society of the Oranges until a week before her death.

Dr. Arthur W. Bingham died on May 18. Survivors are a son, Walter A. Bingham of East Orange; two daughters, Mrs. Lawrence A. Norton of Llewellyn Park and Mrs. Henry M. Kennedy of South Orange; five grandchildren; a brother of Mrs. Bingham, George W. Dodd of East Orange, and a sister, Miss Emma H. Dodd of West Orange.

BOOKS RECEIVED FOR REVIEW

OPERATING ROOM TECHNIQUE. By Edythe Louise Alexander, R.N. Pp. 392 with 221 illustrations. St. Louis, C. V. Mosby Company. 1943. $3.75.

FLYING MEN AND MEDICINE: The Effects of Flying Upon the Human Body. By E. Osmun Barr, M.D. Pp. 254. New York, Funk & Wagnalls Company. 1943. $2.50.

NEUROSURGERY AND THORACIC SURGERY. Prepared and edited by the Subcommittee on Neurosurgery and Thoracic Surgery of the Committee on Surgery of the Division of Medical Sciences of the National Research Council. Military Surgical Manual, v. 6. Pp. 310, illustrated. Philadelphia, W. B. Saunders Company. 1943. $2.50.

GYNECOLOGY, with a Section on Female Urology. By Lawrence R. Wharton, Ph.B., M.D. Pp. 1006 with 444 illustrations. Philadelphia, W. B. Saunders Company. 1943. $10.00.

DOCTOR IN THE MAKING; the Art of Being a Medical Student. By Arthur W. Ham, M.B., and M. D. Salter, M.A., Ph.D. Pp. 179, illustrated. Philadelphia, J. B. Lippincott Company. 1943. $2.00.

BRUCELLOSIS IN MAN AND ANIMALS. By I. Forest Huddleson, D.V.M., M.S., Ph.D. Contributing authors, A. V. Hardy, M.S., M.D., Dr. P.H.; J. E. Debono, M.D., M.R.C.P.; Ward Giltner, D.V.M., M.S., Dr. P.H. 2d ed. Pp. 379. New York, The Commonwealth Fund. 1943. $3.50.

(The) Inner Ear, Including Otoneurology, Otosurgery, and Problems in Modern Warfare. By Joseph Fischer, M.D., and Louis E. Wolfson, M.D. Pp. 421. New York, Grune and Stratton. 1943. $5.75.

(The) Kenny Concept of Infantile Paralysis and Its Treatment. By John F. Pohl, M.D., and Sister Elizabeth Kenny, with a foreword by Frank R. Ober, M.D. Pp. 366. Minneapolis, Bruce Publishing Company. 1943. $5.00.

Manual of Industrial Hygiene and Medical Service in War Industries. Issued under the auspices of the Committee on Industrial Medicine of Division of Medical Sciences of the National Research Council. Prepared by the Division of Industrial Hygiene, National Institute of Health, United States Public Health Service. William M. Gafafer, D.Sc., Editor. Pp. 508. Philadelphia, W. B. Saunders Company. 1943. $3.00.

Hope Deferred. By Jeanette Seletz. Pp. 536. New York, The Macmillan Company. 1943. $2.75.

Manual of Otology, Rhinology and Laryngology. By Howard Charles Ballenger, M.D., F.A.C.S. 2d ed. Pp. 334 with 114 engravings and 3 color plates. Philadelphia, Lea & Febiger. 1943. $4.00.

Primer of Allergy; a guidebook for those who must find their way through the mazes of this strange and tantalizing state. By Warren T. Vaughan, M.S., M.D. 2d ed. St. Louis, C. V. Mosby Company. 1943. $1.75.

First Aid; Surgical and Medical. By Warren H. Cole, M.D., F.A.C.S., and Lieut. Col. Charles B. Puestow (M.C.), Army of the United States. Illustrated by Carl Linden in collaboration with Tom Jones of the Illustration Studios of the University of Illinois College of Medicine. 2d ed. Pp. 351. New York, D. Appleton-Century Company. 1943. $3.00.

Convulsive Seizures; How to Deal with Them. A Manual for Patients, Their Families and Friends. By Tracy J. Putnam, M.D. Pp. 168. Philadelphia, J. B. Lippincott Company. 1943. $2.00.

BOOK REVIEWS

First Aid, Surgical and Medical. By Warren H. Cole, M.D., F.A.C.S., and Charles B. Puestow, B.S., M.S., M.D., Ph.D., F.A.C.S. Pp. 351. New York, D. Appleton-Century Company. 1942. $3.00.

First Aid, Surgical and Medical fills a definite need that heretofore has been overlooked in the necessity for treatment of the first aid problem from the aspect of its application to the lay public.

While it is understood that all doctors, nurses and first aid specialists have a basic understanding of first aid principles, it cannot be denied that the first aid procedure consistent with war problems represents a field that necessarily needs special treatment. In this advanced guide Cole and Puestow have set forth a comprehensive and enlightening text that should prove of great assistance to the first aid specialist, nurse, medical student and medical practitioner alike.

In this reader's opinion the book should not only be used as a constant reference by the groups previously mentioned, but should be a required reference for all present student nurses and medical students.

F. W. O'Brien, Manager
Office of Workmen's Compensation
Court Reporters of New Jersey.

Mental Illness: A Guide for the Family. By Edith M. Stern and Samuel W. Hamilton, M.D. Pp. 134. New York, The Commonwealth Fund. 1942. $1.00.

This book was written evidently to fill a need which the writer felt existed urgently. She has dedicated it to "the thousands of anxious men and women who have mentally ill relatives, in the hope that they will find some comfort and practical guidance in these pages".

Sooner or later nearly everyone comes into contact with the problems of mental disorders and diseases and wants to get information regarding the handling and treatment of the mentally ill. Mrs. Stern has produced an informative book which will prove useful to the many people who are concerned about some relative or friend who suffers from a mental illness. Not only does it fulfill this need for those who want the information, but also it will save those who are entrusted with the care of these sufferers, time usually taken up by many explanations.

The book should be widely read and consulted.

C. C. Beling, M.D.

Practical Survey of Chemistry and Metabolism of the Skin. By Morris Markowitz, M.D. Pp. 196. Philadelphia, The Blakiston Company. 1942. $3.50.

The title of this book clearly states its contents, and the book is a most excellent one. The subject matter is divided into four parts: Part I includes the chemistry of the skin. Part II consists of the normal blood findings, and the pathologic changes found in various skin disorders. Part III consists of the general blood chemistry associated with skin diseases. Part IV is devoted to the discussion of the vitamins in various dermatoses, giving the approximate dosage. This section is excellent, as this phase of dermatology has not been discussed at length in most of the books on dermatology.

The book is well written in easily readable print, and the contents will be understandable to students and general practitioners who have not had any special training in dermatology. The bibliography is complete.

The book can be recommended as a valuable addition to any physician's library.

Bart M. James, M.D.

Fractures. By Paul B. Magnuson, M.D., F.A.C.S. 4th ed. Pp. 511. Philadelphia, J. B. Lippincott Company. 1942. $5.50.

This is a revision of an already masterful work on fractures. It presents an illuminating description of the early care, transportation and treatment of compound fractures. Inestimable help is given the physician treating traumatic cases in civilian practice, by the author's description of methods of treatment, and to the doctor working under battle conditions great guidance is afforded which surely will result in the saving of both life and limb. Each type of fracture is treated separately and individually. Much of importance is found in the treatment of wounds with sulfatherapy. Treatment of shock is given careful consideration. Descriptions of methods are greatly simplified and made understandable. Operative procedures are not described in detail, but their indications are mentioned. Physical therapy is adequately covered in a separate section.

The book can be recommended as offering a clear and concise description to anyone interested in the modern treatment of fractures.

EDGAR W. WEIGEL, M.D.

When Doctors Are Rationed. By Dwight Anderson and Margaret Baylous. Pp. 255. New York, Coward-McCann, Inc. 1942. $2.00.

When Doctors Are Rationed is a necessary and interesting addition to medico-lay books that have appeared covering various war problems. It will have particular interest to the lay public because it answers the questions that have confused the lay mind ever since the Procurement and Assignment Service received newspaper publicity. Probably the greatest service that this book renders is the manner in which it helps the lay person form an idea as to what alternative offers itself when the family doctor is called. This definitely fills a need that has been present for some time.

In pointing out the pitfalls of acceptance of the glib charlatans and the various lesser practitioners who exaggerate their abilities, it offers a definite service that not only obtains at these times but has been needed for many years past.

The semi-humorous method of pointing out the inaccuracies and indirections of diagnoses made by such practitioners is cleverly done and cannot fail to have its effect upon the reader.

In evaluating this book as a whole, I would say it can certainly be recommended without any reservations whatever, both as a medium for disseminating information badly needed by the lay public and at the same time offering interesting and diverting entertainment.

F. W. O'BRIEN, Manager
Office of Workmen's Compensation
Court Reporters of New Jersey.

Indigestion: Its Diagnosis and Management, with special reference to diet. By Martin E. Rehfuss, M.D. Pp. 556. Philadelphia, W. B. Saunders Company. 1943. $7.00.

In the preface the author states that "this book is written for the general practitioner. He is the clearing station for all the ills of the flesh, not the least of which is indigestion. It is safe to predict that the present world emergency will markedly increase the number of those who complain of this troublesome symptom. I have tried to put into simple form herein some of the lessons I have learned in nearly thirty years of active practice in gastroenterology." Perusal of the book reveals that Dr. Rehfuss not only has attained his goal but, in addition, he has turned out what the reviewer believes is a model compendium—a needed type of publication in these days of expensive and all-too-often discouragingly wordy, major text books in special fields of endeavor.

This is a small condensed work on the diagnosis and treatment of the commoner diseases of the stomach. As we studied this excellent monograph on the common causes of indigestion we could not help but think how much we owe to men like Dr. Rehfuss who are willing to take the time and trouble to put their personal knowledge into a short compendium and cover the subject so fully. There are twenty-nine fact-crowded chapters in the book and each covers adequately the various causes of indigestion. Some of the chapters of special interest are: Nervous Indigestion; Indigestion Due to Allergy; Indigestion of Old Age; Indigestion and Diet. There are excellent suggestions for diagnosis and treatment including dietary regulations.

The book meets all the requirements of a busy practitioner. It is a volume to be kept close at hand for repeated quick reference.

J. GERENDASY, M.D.

Infant and Child in the Culture of Today: The Guidance of Development in Home and Nursery School. By Arnold Gesell, M.D., and Frances L. Ilg, M.D., in collaboration with Janet Learned, M.A., and Loise B. Ames, Ph.D. Pp. 339. New York, Harper & Bros. 1943. $4.00.

Many branches of human research will be enriched by the publication of the findings recorded during years of observation at the Yale Clinic of Child Development. In three integrated sections this book presents the stages of physiological growth and concomitant personality development and acculturation of the child from birth to the time he is ready for school.

The dynamic treatment of the subject permits the reader to follow as in actual experiment the incursion of the environment of objects and of people on the child's awareness, from the first weak perception of his own hands to the time when he recognizes the demands of cultures and attempts to gain favor by compliance. This culture-influence is not a passive onlay on the infant. The forces that lead him to partake of his environment in a physical sense compel him to carry over the teachings of his social group to a behavioral sense. But he does more. He "goes abroad". He imitates the behavior of his playmates and adults outside the family circle and thus brings other cultures into his home. It is through the child that the wherewithal of coöperation is achieved.

Behavioral acculturation is equivalent to physiological maturation. But "acculturation can never

transcend maturation". The developmental approach to the study of child behavior requires an intimate knowledge of the growth process. There is a recurrent disequilibrium in this process. Child and culture come into conflict when the processes of natural growth and acculturation are not balanced. Experience has shown that self-regulation and self-adjustment may be trusted. The responsibility of the culture is to recognize the unique pattern of growth of the individual child and to temper guidance with a measure of control but not restriction.

We are deluged with plans for a post-war world. Here indeed is a chance to carry forward the evolution of democracy. The authors believe that "perhaps the most ameliorative social force that can be released in the years of reconstruction which lie ahead is an intensified conservation of the development of infants and young children".

Of inestimable value for those interested in child training and nursery school techniques are the outlines of behavior profiles showing the trend of maturation at various ages, as well as the several appendixes describing technical tools and equipment, and bibliography.

Doris Soibelman, B.Sc.

Sight Saver. By C. J. Gerling. Pp. 202. New York, Harvest House. 1943. $2.00.

This is not a medical book. It is a layman's book by an intelligent and well-informed layman. He answers briefly and accurately the curiosity laymen have for that important and much abused organ, the human eye. He combats with bare fists the quackery and fraud in the field of eye diseases and refraction, and on almost every page urges that "a competent physician or oculist be consulted promptly". The two and one-half pages devoted to the optometrist are good examples of his fairness and the accuracy of his information, and, coming from a layman, are much more acceptable to the laity than coming from a doctor.

The two pages of material under the caption "glaucoma" are as good as anything I have seen in the present nation-wide educational campaign on this dread disease.

The material is arranged after the fashion of a dictionary and almost every subject is freely cross-referenced, which makes it a book easy to consult.

The publishers would do medicine a real service if they see to it that a copy of this book is on the reception room table of every oculist in the country.

H. L. Harley, M.D.

Autonomic Regulations: Their Significance for Physiology, Psychology and Neuropsychiatry. By Ernst Gellhorn, M.D., Ph.D. Pp. 373. New York, Interscience Publishers, Inc. 1943. $5.50.

The book emphasizes the importance of the autonomic nervous system in regulating various adjustment reactions. It concerns itself largely with the autonomic nervous system and autonomic regulations. The relationship between hormones and the autonomic nervous system is investigated. In the light of their relationship the autonomic basis of the emotional process is analyzed. It considers the mutual relationship between the somatic and autonomic parts of the nervous system.

Part 1 takes up anatomical and physiological foundations.

In part 2 are considered adjustment reactions involving primarily the respiratory and circulatory systems (carbon dioxide, anoxia, asphyxia, hemorrhage, hypoglycemia and the regulation of the cerebral circulation).

In part 3 autonomic endocrine integration receives attention: e. g., the nervous regulation of the hormones of the hypophysis, and the sympathetico-adrenal and vago-insulin systems.

Part 4, under the heading of autonomic somatic integration, the rôle of the sympathetic and parasympathetic systems in anoxia, hypoglycemia and hemorrhage, the fundamental differences in the reaction of the autonomic and somatic nervous systems and their significance to adjustment reactions; the relation of the autonomic and somatic nervous systems particularly in relation to the carotid sinus; its significance for the problem of convulsions, and finally the autonomic basis of emotion are all well discussed and presented.

In part 5 the author considers results and applications under:

A. Physiological results
 1. Some principles of autonomic organization.
 2. Contributions to an organismic physiology.

B. Clinical results and applications
 1. Autonomic adjustment reactions in physiology and pathology.
 2. Adjustment reactions in general and spinal anesthesia.
 3. The autonomic nervous system and neuropsychiatry. Here an attempt is made to analyze experimentally the various procedures successfully used in the treatment of schizophrenia.

There is an excellent bibliography amounting to 1,100 items. The reviewer has drawn attention rather extensively to the contents of the book to give the reader an idea of its scope. At the present time, when one hears and reads so much on "psychosomatic medicine", it is good for us all to study a book such as this which contributes "organismic physiology" to serve us as a basis for clearer thinking on the intricacies of disease processes.

The book should be read by internists, psychiatrists and all those interested in the study of the autonomic system and its regulating and balancing mechanisms.

Christopher C. Beling, M.D.

Tuberculosis Abstracts

A Review for Physicians

ISSUED MONTHLY BY THE NATIONAL TUBERCULOSIS ASSOCIATION

Vol. XVI **June, 1943** **No. 6**

WHY sift the population for previously undiagnosed tuberculosis? The answer usually given points first to the benefits conferred on the individual whose tuberculosis is discovered early and treated promptly, next emphasizes the necessity for protecting public health through segregation of bacillary cases, and concludes with the sound economic principle of saving the money and resources of everyone concerned. Now that war demands threaten existing treatment facilities and, by the same token, might become reasons advanced for curtailing mass surveys, an argument is advanced that says the continued finding of cases in excess of available bed capacity is the best possible lever to use, not merely to maintain present beds, but to secure new ones. There seems to be no good excuse for slackening off our attack on the total tuberculosis problem simply because the bed problem has become acute. The clear indication is that if we blindly allow ourselves the luxury of finding less tuberculosis now, we most certainly shall find more tuberculosis later on.

TIME FOR MORE TUBERCULOSIS CASE FINDING—NOT LESS!

Case finding is the major activity of the Department of Health in New York City in the prosecution of its campaign to control tuberculosis.

In consideration of the known overcrowding in institutions in the city and the number of cases at home but in need of some form of institutional care, it is estimated that New York City needs 3,000 additional beds. As important as adequate beds may be in providing treatment or isolation for the active or infectious case, there is no cause to delay or curtail an aggressive case-finding program. That program during the past is responsible in large part for the beds now available and the present deficiency will only be met if there is a demonstrated need for them.

We must educate the lay public to a realization of the tuberculosis problem and how to solve it. People known to have been exposed must be reached, apparently healthy citizens must be screened and budget-making officials must be impressed and their support secured. Among our own professional groups nurses and physicians have to be won over, in many instances, to a sympathetic consideration of the problem and the employment of modern methods of discovery. Fortunately, although some older physicians remain unconvinced, medical students and younger doctors are being exposed to up-to-date teaching that is effective.

The basic program in case finding must start with a search for disease among those in close contact with an open case. This problem is particularly important where congested housing and similar opportunities for close contact exist. In order to make existing clinic facilities available for an increasing load of screening apparently healthy people drawn from groups of known high tuberculosis incidence, it has been necessary to develop a system that will do so without decreasing the effectiveness of the search among contacts.

Changes resulting in a saving of about 6,000 man-hours of labor per year have been introduced, without any apparent loss of efficiency in examining contacts. Previously, each new case admitted had the regulation history form completed, was given a physical examination; children were tuberculin tested using 0.1 and 1.0 mg. O.T. (Mantoux). Reactors were X-rayed, as were all adults above the age of fifteen. Rarely did more than 5-10 per cent reveal findings sufficient to call for further study.

The new procedure replaces the regular history with a 5 x 8 inch card providing space for contact history and presenting symptoms. A physician sees each case briefly. Complete examination is made only in those rare cases warranted by a suggestive history. Most cases proceed directly to the X-ray department. If the radiograph is negative, further

examination is not done unless the individual is over 10 years of age and recently exposed to open tuberculosis. Those with suspicious or manifest evidence of disease by radiograph are called back to the clinic for complete history, physical examination and other investigation and are supervised appropriately. Children between the ages of 3 and 10 with normal X-ray findings are not routinely supervised until they pass the latter age and then in accordance with their continued exposure to a bacillary case.

The application of these principles has resulted in reduction of the case-load carried in all clinics, permitting more attention to the significant cases and extending the use of clinic facilities in reaching others. There has been noted improved staff morale and greater satisfaction among the patients.

The mass survey, as a method of case finding, has been developed according to well conceived ideas based on demonstrated mortality and morbidity figures. Tuberculosis is more prevalent in tenement house areas and among the poor and unemployed than among those of better social or economic surroundings. In New York City the major problem in tuberculosis exists among the colored population. The mass survey of the colored of all ages is indicated.

Information gained from mass surveys in New York City has made it possible to indicate clearly where to expect most tuberculosis by age, sex, color and economic groupings. Highest yield came from a group of homeless and non-settled males, with 54 cases per 1,000, while the lowest was only one significant case per 1,000 among the pupils of a high school.

Coöperating with the Army since the very beginning of the draft in 1940, the Department of Health first carried the entire responsibility for personnel and X-ray examinations, soon shifted to the exclusive function of following up all resident men rejected at the area Induction Centres because of suspected pulmonary tuberculosis. This has given opportunity for seeing that proper supervision is provided in each case, and has been marked by close coöperation with and by the local draft boards. If a man fails to report after the induction board examination, a letter to the chairman of the board results in the issuance of an order to the delinquent to appear.

Today, national existence depends on national defense and this, in turn, on national fitness. One of the most serious problems confronting public health administrators is tuberculosis, a most communicable malady and one that invariably increases during periods of war. The safest defense, so far as tuberculosis is concerned, is to find the cases now and get them under supervision so that there will be less opportunity for advanced disease to develop and, thereby, less chance for the further spread of infection to others.

There are thousands of men and women now returning to jobs in industry after months or years of inactivity because of tuberculosis or because of other reasons such as unemployment. Sudden return to regular work may cause a relapse or stimulate latent lesions to flare up. Increased income, with increased recreational activities and irregular hours supplementing heavier occupational demands, may upset the balance in favor of tuberculosis. Therefore, it is of the utmost importance that case-finding programs be expanded at this time.

Summary

Case finding is the basis of tuberculosis control in the program of the New York City Department of Health. Three major efforts in case finding have been presented. Through these sources 799,659 persons were examined between 1933-40 with the result that 37,339, or 5 per cent, were found to have significant lesions.

In order to speed up the program, many of the previously standardized procedures were greatly simplified, permitting greater emphasis on the important contacts and cases rather than to scatter efforts equally among all patients admitted, a large majority of whom are in no practical need of intensive supervision. The mass survey principle has been applied to the district clinic.

It is the policy of the Department to intensify its case-finding program regardless of the availability of beds for all cases discovered.

There is an indicated need for more mass education of the public about the facts of tuberculosis. The undergraduate medical student and nurse need more education in this field, and the practicing physician, if thoroughly interested, could contribute more in the control program than is the experience at this time.

Case Finding in New York City, Herbert R. Edwards, M.D., American Review of Tuberculosis, March, 1943.

SUPPLIED BY

New Jersey Tuberculosis League

15 East Kinney Street, Newark, New Jersey

"Habit is a sort of Second Nature"

CICERO: De finibus, V. c. 50 B.C.

...and Petrogalar makes it easy to establish "habit-time" for bowel movement

One of the many reasons physicians like Petrogalar is that it helps to make "Habit Time" second nature with patients.

An *aqueous* suspension of mineral oil, Petrogalar brings effective, yet gentle relief. How? By adding unabsorbable fluid in the colon, Petrogalar brings about comfortable elimination with no straining . . . no discomfort. Furthermore, Petrogalar supplies moisture . . . retains moisture . . . counteracts excessive dehydration.

Miscibility and even dissemination are assured by the fine division of suspended oil globules.

Petrogalar is also pleasant to take. It may be thinned with water, milk or fruit juices.

Five types offer a choice in treating a wide range of conditions.

Try Petrogalar on your next group of patients.

*Reg. U. S. Pat. Off. Petrogalar is an aqueous suspension of pure mineral oil. Each 100 cc. of which contains 65 cc. pure mineral oil suspended in a flavored aqueous gel.



Supplied in 5 Types

Petrogalar Laboratories, Inc.
Chicago, Illinois

Petrogalar*

Promotes "Habit-Time" of Bowel Movement

REPRESENTATIVE FUNERAL DIRECTORS

OF THE STATE OF NEW JERSEY

Special and Dependable Service Day and Night. Special Attention Given to Hospital Calls, Train and Express Shipments.

PLACE	NAME AND ADDRESS	TELEPHONE
BLOOMFIELD	Peter J. Quinn Funeral Service, 320 Belleville Ave.	BLoomfield 2-1260
ELIZABETH	Aug. F. Schmidt & Son, 139 Westfield Ave.	ELizabeth 2-2268
MORRISTOWN	Raymond A. Lanterman & Son, 126 South St.	MOrristown 4-2880
NEWARK	Peoples Burial Co., 84 Broad St.	HUmboldt 2-0707
PATERSON	Robert C. Moore & Sons, 384 Totowa Ave.	SHerwood 2-3914
RED BANK	The Wordens—Albert, Harry & James, 60 E. Front St.	Red Bank 557
RIVERDALE	George E. Richards, Newark Turnpike	Pompton Lakes 164

RELIEVE TEETHING PAINS in Babies with CO-NIB

Mothers appreciate your prescription of CO-NIB because its quick-acting ingredients effectively soothe teething pains.

AN ETHICAL PRESCRIPTION AVAILABLE AT ALL PHARMACIES

Sample and literature on request.

Elbon Laboratories

MONTCLAIR, NEW JERSEY

COOK COUNTY

Graduate School of Medicine

(In affiliation with COOK COUNTY HOSPITAL)
Incorporated not for profit

Announces Continuous Courses

SURGERY—Two Weeks' Intensive Course in Surgical Technique starting June 28, July 12, July 26, and every two weeks throughout the year.

MEDICINE—Two Weeks' Intensive Course starting October 4. One Month Course in Electrocardiography and Heart Disease starting the first of every month, except August. Two Weeks' Course in Electrocardiography starting August 2.

FRACTURES & TRAUMATIC SURGERY — Two Weeks' Intensive Course starting October 18.

GYNECOLOGY—Two Weeks' Intensive Course starting October 18. One Month Personal Course starting August 2. Clinical and Diagnostic Courses.

OBSTETRICS—Two Weeks' Intensive Course starting October 4.

OPHTHALMOLOGY—Two Weeks' Intensive Course starting September 27. Course in Refraction Methods October 11.

OTOLARYNGOLOGY—Two Weeks' Intensive Course starting September 13.

ROENTGENOLOGY—Courses in X-ray Interpretation, Fluoroscopy, Deep X-ray Therapy every week.

UROLOGY — Two Weeks' Course and One Month Course available every two weeks.

CYSTOSCOPY—Ten-Day Practical Course every two weeks.

GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES.

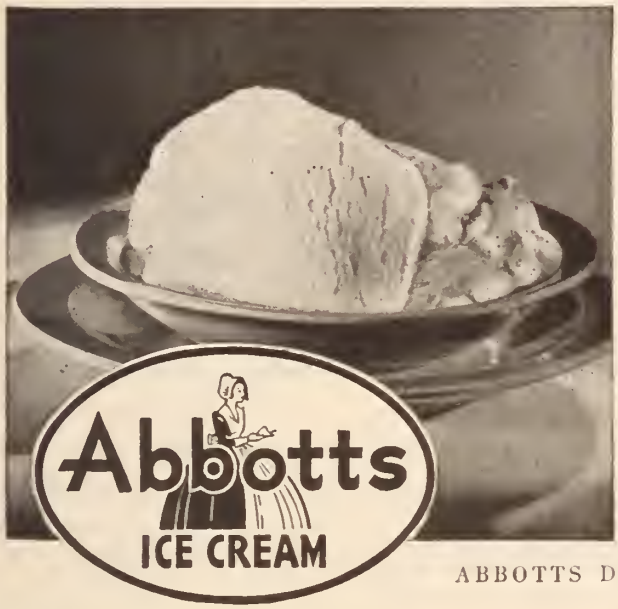
TEACHING FACULTY

Attending Staff of Cook County Hospital

Address: Registrar, 427 South Honore St., Chicago, Ill.

RECOGNIZED BY PHYSICIANS AS A

Fine Energy Food . .



Abbotts Ice Cream is rich in high-quality proteins, calcium and Vitamin A. It also contains Vitamins B_1, C, D and G.

We make it from our own deluxe Cream, produced under strict bacteriological laboratory control at our Country Creameries.

ABBOTTS DAIRIES, INC., *Philadelphia, Pa.*

The NEW YORK POLYCLINIC
MEDICAL SCHOOL AND HOSPITAL

(ORGANIZED 1881)
THE PIONEER POST-GRADUATE MEDICAL
INSTITUTION IN AMERICA

Obstetrics and Gynecology

A full time course. In Obstetrics: Lectures; prenatal clinics; witnessing normal and operative deliveries; operative obstetrics (manikin). In Gynecology: Lectures; touch clinics; witnessing operations; examination of patients pre-operatively; follow-up in wards post-operatively. Obstetrical and Gynecological pathology; regional anesthesia (cadaver). Attendance at conferences in Obstetrics and Gynecology. Operative Gynecology on the Cadaver.

EYE, EAR, NOSE and THROAT

A 3 months combined full-time refresher course consisting of attendance at clinics, witnessing operations, lectures, demonstration of cases and cadaver demonstrations; operative eye, ear, nose and throat on the cadaver; clinical and cadaver demonstrations in hronchoscopy, laryngeal surgery and surgery for facial palsy; refraction; roentgenology; pathology, bacteriology and emhryology; physiology; neuroanatomy; anesthesia; physical therapy; allergy, examination of patients pre-operatively and follow-up post-operatively in the wards and clinics.

For Information Address

MEDICAL EXECUTIVE OFFICER

345 West 50th Street **New York City**

PRESCRIPTION PHARMACISTS

TO THE MEMBERS OF

THE MEDICAL SOCIETY OF NEW JERSEY

Place	Name and Address	Telephone
AUDUBON	W. H. Tegeler, 315 Atlantic Ave.	Audubon 1037
CRANFORD	J. Walter Seager, 103 Union Ave. N.	CRanford 6-0700
ELIZABETH	Kerner's Prescription Pharmacy, 504 Court St.	ELizabeth 3-9497
HARRISON	Squier's Pharmacy, 234 Harrison Ave.	HArrison 6-2127
JERSEY CITY	Smith & Williams Prescription Phar., 343 Jackson Ave.	BErgen 3-2616
MONTCLAIR	Wm. J. McNulty, So. Fullerton Ave. & The Crescent	MOntclair 2-2014
MORRISTOWN	Carrell's Pharmacy, Inc., 31 South St.	MOrristown 4-0143
NEWARK	Marquier's Pharmacy. Sanford & So. Orange Aves.	ESsex 3-7721
NEW BRUNSWICK	Hoagland's Drug Store, 365 George St.	New Brunswick 49
SOUTH ORANGE	Taft's Pharmacy, 2 So. Orange Ave.	SOuth Orange 2-0063
WEST NEW YORK	The Owl Pharmacy, 6611 Bergenline Ave.	UNion 5-0384

THE ORANGE PUBLISHING CO.

PRINTERS

12 SOUTH DAY STREET ORANGE, N. J.

Telephone ORange 3-0048

CHANGE OF ADDRESS COUPON

In the event of a change of address or failure to receive the Journal regularly fill out this coupon and mail it at once to

The Medical Society of New Jersey, 222 W. State St., Trenton 8, N. J.

Change my address on mailing list

From

To

Journal is not being received

My correct address is

Date..... *Signed*....., *M.D.*

Belle Mead Sanatorium

BELLE MEAD :: NEW JERSEY

Under State License Since 1910

Sanatorium Phone BELLE MEAD, N. J. 21

● **For the individual care and modern treatment of nervous, mental, alcoholic, drug patients and general invalidism.**

FULL COOPERATION WITH REFERRING PHYSICIANS
RATES VERY REASONABLE FOR ATTRACTIVE ACCOMMODATIONS

●

J. C. KINDRED, M.D., *Consultant*
L. R. HARRISON, M.D., *Consultant*
MASON PITMAN, M.D. RUSSEL N. CARRIER, M.D.*
Medical Directors
*Military Service





WHIPPANY REST

(Formerly Whippany River Health Farm)

Licensed by State Department of Institutions and Agencies

Ideal for Chronic and Elderly Patients

Phone Whippany 8-0311

THERESA CUDDY SCOLA, R.N.
Directress

Whippany Road, Whippany, N. J.

Next Door to Seeing Eye

CHARLES B. TOWNS HOSPITAL

Serving the Medical Profession for Over 40 Years

For Alcoholism and Drug Addiction Exclusively

Definite Treatment • Fixed Charges • Minimum Hospitalization

293 CENTRAL PARK WEST, NEW YORK, N. Y. — Tel. SChuyler 4-0770

(*Hospital Literature*)

"INTERPINES"

GOSHEN, N. Y. Phone 117

ETHICAL — RELIABLE — SCIENTIFIC

Disorders of the Nervous System

BEAUTIFUL QUIET HOMELIKE WRITE FOR BOOKLET

FREDERICK W. SEWARD, M.D., Director

FREDERICK T. SEWARD, M.D., Res. Physician CLARENCE A. POTTER, M.D., Res. Physician

"The Glenwood" Sanitarium

Licensed for the care and treatment of

Nervous and mental disorders, alcoholism and drug addiction

Homelike surroundings, good nursing, psychiatric treatment and excellent food.

R. GRANT BARRY, M.D.

2301 NOTTINGHAM WAY

TRENTON, N. J.

Tel. 2-8053

Are You Entering the

ARMY or NAVY?

In addition to our regular services, we specialize in the collection of accounts for physicians who have temporarily given up practice to serve with the U. S. Armed Forces.

National Discount & Audit Co.

Herald Tribune Bldg., New York

ZEMMER

PRESCRIBE or DISPENSE ZEMMER PHARMACEUTICALS

Tablets, Lozenges, Ampoules, Capsules, Ointments, etc. Guaranteed reliable potency.

Our products are laboratory controlled. Write for catalogue. *Chemists to the Medical Profession*

THE ZEMMER COMPANY ★ OAKLAND STATION ★ PITTSBURGH, PENNSYLVANIA

NJ 6-43



AURORA

Founded by Robert Schulman, M.D.
(Since 1920)

A RESORT FOR HEALTH

For cardiovascular, metabolic, endocrinological and neurological disturbances.
Resident physicians. Complete physiotherapy department.

May we send you literature?

BENJAMIN SHERMAN, M.D., Medical Director
Morr. 4-3260 — On Route 24 **MORRISTOWN, NEW JERSEY**

Mountain View Rest, Inc.

Established
1 9 2 7

Roseland, New Jersey
P. O. Box 158

A HOMELIKE NEUROPSYCHIATRIC SANITARIUM, where reliable and individual care and treatment are available.

Descriptive Booklet on Request

Phones: Caldwell 6-1651
6-1652

MRS. DONALD ST. CLAIR, Directress

FAIR OAKS

SUMMIT **NEW JERSEY**

DR. THOMAS P. PROUT, Medical Director
DR. CAMELLA A. LOSADA
DR. CARROLL S. THOMSON

A sanatorium equipped with many of the facilities of the hospital, minus the hospital atmosphere, for the modern treatment and management of problems in neuropsychiatry. We have finished our fortieth year.

PSYCHO-THERAPY
PHYSIO-THERAPY
CLINICAL LABORATORY
BASAL METABOLISM
DIETETICS
HYDRO-THERAPY
OCCUPATIONAL THERAPY
ELECTRIC SHOCK THERAPY

Telephone: Summit 6-0143

HAVE YOU PATIENTS WITH ANY OF THESE CONDITIONS?

Registered Spencer Corsetiere

℞ Patient's Name Mrs. A. B. Smith

Address 351 West Street

Requires a Spencer Support or Appliance, Individually Designed, for the treatment of the specific condition checked.

Cardiac Syndrome	Sacroiliac Sprain	Femoral	
Enteroptosis	Scoliosis	Inguinal	
Fractured Vertebrae	Spondylarthritis	Umbilical	
Intervertebral Disc Extrusion	Spondylolisthesis	Ventral	
Kyphosis	POSTOPERATIVE	BREAST ✓	
Lordosis	Appendectomy	Amputation	
Lumbosacral Sprain	Cesarean Section	Mastitis	
Nephroptosis	Cholecystectomy	Nodules	
Obesity	Colostomy	Nursing	
Osteoporosis	Herniotomy	Prenatal	
Postpartum	Hysterectomy	Prolapsed Breast	
Postural Syndrome	Nephrectomy	Ptosis	
Prenatal	HERNIA	Stasis in Breast Tissues	
	Epigastric		

If condition is not listed please write here _____

Doctor's Signature Dr. R. S. M.

Date _____ Address Physicians Bldg.

Every Spencer is individually designed, cut and made to meet the needs of the one patient who is to wear it. All Spencers are light, flexible, comfortable, easily laundered—durable. Each Spencer is designed to improve the posture of the patient and to meet your specific requirements. The Spencer Corsetiere personally delivers to the patient the support you prescribe, adjusts it, and keeps in touch with patient to make certain that satisfaction is permanent. This saves the doctor from complaints of patients regarding fit or comfort.

Spencer Supports are never sold in stores. For a Spencer Specialist, look in telephone book under "Spencer Corsetiere" or write direct to us.

SPENCER *INDIVIDUALLY DESIGNED*

Abdominal, Back and Breast Supports

SPENCER INCORPORATED,
137 Derby Ave., New Haven, Conn.
In Canada: Rock Island, Quebec.
In England: Spencer (Banbury) Ltd., Banbury, Oxon.

May We Send You Booklet?

Please send me booklet, "How Spencer Supports Aid the Doctor's Treatment."

.....M. D.

Address D-6

IN VARICOSE ULCERS IT'S

CRURICAST

READY-TO-USE
UNNA'S BOOT BANDAGE
EFFECTIVE and ECONOMICAL

American Medical Ass'n ACCEPTED For Which It Is Given

Now you can use Unna's Paste in ready-to-use bandage form — *no heating, no painting, no messiness in your office.* As simply and quickly applied as a gauze roller bandage. CRURICAST combines support and local dressing in varicose ulcers and eczema, lymphedema, phlebitis, chronic thrombophletic induration. Excellent for partial immobilization.



10 yards long, 3" or 4" wide.

Introductory Offer
2 CRURICAST Bandages $1.00
(regular retail value $1.50)

Made by
E. K. DEMMEL COMPANY
59-11 67th Avenue, Brooklyn, N. Y.

86c out of each $1.00 gross income used for members benefit

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION

Hospital, Accident, Sickness

INSURANCE

For ethical practitioners exclusively
(57,000 Policies in Force)

$5,000.00 ACCIDENTAL DEATH $25.00 weekly indemnity, accident and sickness	For $32.00 per year
$10,000.00 ACCIDENTAL DEATH $50.00 weekly indemnity, accident and sickness	For $64.00 per year
$15,000.00 ACCIDENTAL DEATH $75.00 weekly indemnity, accident and sickness	For $96.00 per year

ALSO HOSPITAL EXPENSE FOR MEMBERS, WIVES AND CHILDREN

41 years under the same management

$2,418,000.00 INVESTED ASSETS
$11,350,000.00 PAID FOR CLAIMS

$200,000 deposited with State of Nebraska for protection of our members.

Disability need not be incurred in line of duty—benefits from the beginning day of disability.

Send for applications, Doctor, to

400 First National Bank Building Omaha, Nebraska



Wyeth's*

PHOSPHALJEL*

ALUMINUM PHOSPHATE GEL

Contains 4% Aluminum Phosphate

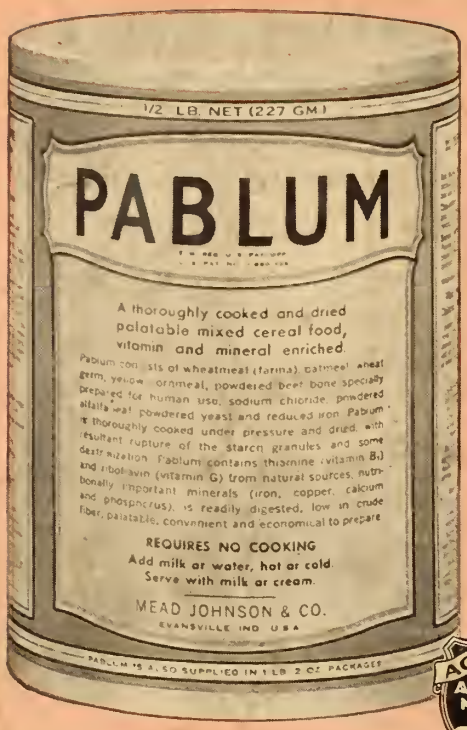
Supplied in 12 fluidounce bottles.

* REG. U.S. PAT. OFF.

Special Medication for Peptic Ulcer

JOHN WYETH & BROTHER, INC., PHILADELPHIA, PENNSYLVANIA

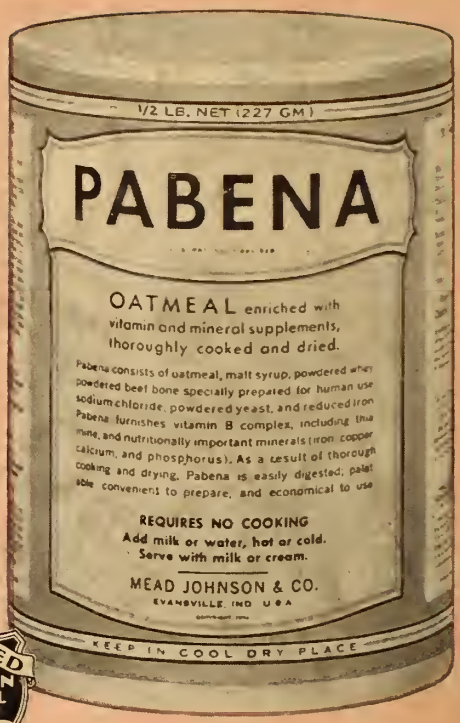
1932



8 oz.—1 lb. 2 oz.

ACCEPTED
AMERICAN MEDICAL ASSN.
Council on Foods

1942



8 oz. only

PABLUM, the pioneer precooked fortified infant cereal, now has a companion-product: Pabena is a precooked oatmeal cereal, lending variety to the infant's diet and offering the nutritional and convenient features of Pablum.

BOTH continue to be marketed and advertised only to physicians. Samples available on physicians' requests.

MEAD JOHNSON & CO., Evansville, Ind., U.S.A.

THE N.Y. ACADEMY OF MEDICINE
JUL 19 1943
LIBRARY.

THE JOURNAL

OF

THE MEDICAL SOCIETY OF NEW JERSEY

Place of Publication, Printing and Mailing:
12 SOUTH DAY STREET, ORANGE, NEW JERSEY

Entered as second-class matter, September 5, 1906, at the post office at Orange, New Jersey, under Act of March 3, 1879.

VOL. 40, NO. 7 JULY, 1943 Subscriptions, $3.00 per Year
Single Copies, 30 Cents

CONTENTS—Pages 257-296

EDITORIALS— Page

THE NEW WAGNER BILL 257

MESSAGE FROM THE PRESIDENT 258

MATERNITY CARE TO THE WIVES OF ENLISTED MEN 259

ORIGINAL ARTICLES—

OPIFERQUE PER ORBEM DICOR—Elias J. Marsh, M.D., Paterson, N. J. 260

ESSENTIAL PROCEDURES IN THE IMMEDIATE CARE OF FRESH MAJOR TRAUMATIC WOUNDS—J. M. Carlisle, M.D., Westfield, N. J. 263

TUBERCULOSIS IN WAR TIME AND AFTER—Emil Frankel, Trenton, N. J. 266

TRAUMATIC EPILEPSY—K. Winfield Ney, M.D., New York, N. Y. 270

PREGNANCY AND LABOR COMPLICATED BY HEART DISEASE—Maternal Welfare Article No. 82—Benno Tunis, M.D., Newark, N. J. 276

A LESSON FROM A DEATH CERTIFICATE 278

LEGISLATIVE NEWS—

The Wagner Bill—"Unified National Social Insurance System" 279

Resolution on the Wagner Bill, S. 1161 282

New Attack on Social Evil 282

STATE ACTIVITIES—

Welfare Committee Meeeting 283

Board of Trustees' Meeting 285

Affiliated Units 288

With New Jersey Medical Authors 288

Supplementary List of Members 289

Deceased Physicians in New Jersey 289

BULLETIN BOARD 290

WOMAN'S AUXILIARY—

Program of the Woman's Auxiliary 1943-1944 291

Report on the National Convention 291

Chairman of Press and Publicity 292

THE BOOK SHELF—

Books Received 293

Book Reviews 293

TUBERCULOSIS ABSTRACTS 295

Roster of Officers, Advertising Page 3A

Editorial and Executive Offices of the Society

222 WEST STATE STREET
TRENTON 8, N. J.
Tel. 5776

Acceptance for mailing at special rate of postage provided for in Sec. 1103, Act of Oct. 3, 1917, authorized July 29, 1918.

Copyright 1943 by
The Medical Society of New Jersey

PHYSICIAN'S INCOME PROTECTION

Our Physicians Special Policy—endorsed by the State Medical Society—will appeal to you also, if you investigate. Elimination of excessive acquisition costs and economy of operation makes possible our rate which is far below that of equally broad and dependable insurance.

Brief Outline of Coverage

Accident Benefits—from 1st day for 60 months for total disability.
Half benefits for partial disability, limit 6 months.
Dismemberment benefits up to $10,000.

Sickness benefits—from 8th day for 12 months, full benefits, *house confinement not required.*

Rate for $100 Monthly Benefit, up to age 50, $7.40 quarterly.

Slightly higher rates to age limit of 65. Policies available from $100 to $300 monthly
Additional provisions for accidental death benefit and hospital expense insurance.

Your State Medical Society Insurance Committee are sole arbiters for handling any claim requiring arbitration.

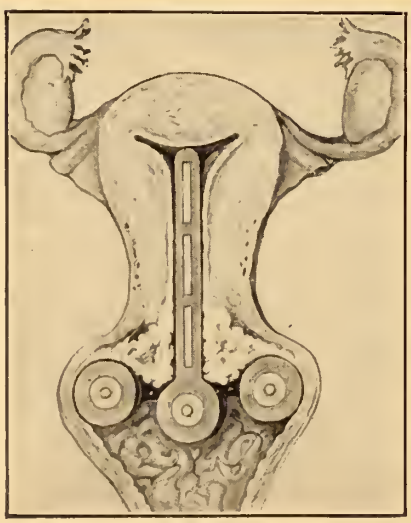
E. and W. BLANKSTEEN, Mgrs.

Authorized Representatives of The Medical Society of New Jersey

76 MONTGOMERY STREET **JERSEY CITY, N. J.**

Tel. Bergen 4-6051

IMPROVE YOUR RESULTS IN CANCER OF THE CERVIX



CONSISTENTLY high percentages of 5-year cures in Carcinoma of the Cervix are reported by institutions employing the French technique illustrated here. Ametal rubber applicators encase the heavy primary screens and provide ideal secondary filtration to protect the vaginal mucosa. Radium or Radon applicators for the treatment of Carcinoma of the Cervix and provided with Ametal filtration are available exclusively through us. Inquire and order by mail, or preferably by telegraph or telephone reversing charges. Deliveries are made to your office or hospital for use at the hour you may specify.

THE RADIUM EMANATION CORPORATION

GRAYBAR BUILDING Tel. MUrray Hill 3-8636 NEW YORK, N. Y.

THE MEDICAL SOCIETY OF NEW JERSEY

Founded July 23, 1766

PLACE OF PUBLICATION, PRINTING AND MAILING, 12 SO. DAY ST., ORANGE, N. J.
EXECUTIVE AND EDITORIAL OFFICES, 222 WEST STATE ST., TRENTON 8, N. J. TEL. 5776
MEDICAL SERVICE ADMINISTRATION, 31 CLINTON ST., NEWARK, N. J. TEL. MI 2-0675

EDITH L. MADDEN, *Acting Executive Officer*.....Trenton
HENRY A. DAVIDSON, *Editor, in Service A. U. S.*.....Trenton

MEDICAL SERVICE ADMINISTRATION OF NEW JERSEY
MEDICAL-SURGICAL PLAN OF NEW JERSEY
31 CLINTON ST., NEWARK, N. J.
Tel. MItchell 2-0675

NORMAN M. SCOTT, *Medical Director*
Executive Assistant, The Medical Society of New Jersey

OFFICERS

President, RALPH K. HOLLINSHED Westville
President-Elect, JOSEPH F. LONDRIGAN Hoboken
First Vice-President, SAMUEL ALEXANDER.....Park Ridge
Second Vice-President, FRANK G. SCAMMELL.....Trenton
Secretary, ALFRED STAHL Newark
Treasurer, GEORGE J. YOUNG Morristown

TRUSTEES

THOMAS B. LEE, *Chairman* (1945) Camden
ALDRICH C. CROWE, *Secretary* (1944) Ocean City
RALPH K. HOLLINSHED Westville
JOSEPH F. LONDRIGAN Hoboken
SAMUEL ALEXANDER Park Ridge
FRANK G. SCAMMELL Trenton
ALFRED STAHL Newark
GEORGE J. YOUNG Morristown
WILLIAM F. COSTELLO (1944) Dover
GEORGE W. FITHIAN (1944) Perth Amboy
JOSEPH G. COLEMAN (1944) Hamburg
DAVID W. GREEN (1945) Salem
HARRY R. NORTH (1945) Trenton
JAMES F. NORTON (1945) Jersey City
E. ZEH HAWKES (1946) Newark
J. HOWARD HORNBERGER (1946) Roebling
ANDREW F. MCBRIDE (1946) Paterson

COUNCILORS

First District (Union, Warren, Morris and Essex Counties).....CHRISTOPHER C. BELING, Newark (1945)
Second District (Sussex, Bergen, Hudson and Passaic Counties).....VINCENT P. BUTLER, Jersey City (1944)
Third District (Mercer, Middlesex, Somerset and Hunterdon Counties).....BARCLAY S. FUHRMANN, Flemington (1946)
Fourth District (Camden, Burlington, Ocean and Monmouth Counties).....S. EMLEN STOKES, Moorestown (1945)
Fifth District (Cape May, Cumberland, Atlantic, Gloucester and Salem Counties).....CHESTER I. ULMER, Gibbstown (1944)

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

Delegates

WELLS P. EAGLETON (1944) Newark
HILTON S. READ (1944) Ventnor
THOMAS K. LEWIS (1944) Camden
ANDREW F. MCBRIDE (1945) Paterson
LUCIUS F. DONOHOE (1945) Bayonne

Alternate Delegates

ELMER P. WEIGEL (1944) Plainfield
LANCELOT ELY (1944) Somerville
CLARENCE W. WAY (1944) Fort Monmouth
SPENCER T. SNEDECOR (1945) Hackensack
RALPH K. HOLLINSHED (1945) Westville

Milk extends protein ration

• WITH meat and cheese rationed, milk offers a real addition to wartime menus. A quart furnishes the same amount of protein as about five ounces of beef or liver and four ounces of American cheese. These proteins in milk are of high quality for building and repairing body tissue.

Suggest that your patients drink more milk. They'll like the tastier flavor of

SUPPLEE

A Division of National Dairy Products Corporation

Sealtest
HOMOGENIZED
(pronounced hoe-MAH-jen-ized)
VITAMIN D MILK



SAFE, CONVENIENT, when mother and baby must travel

The mother has only to measure out and place in dry, sterile feeding bottles, the prescribed amount of Similac powder for each individual feeding. The bottles containing the measured Similac powder are then capped, and can be conveniently carried, along with a thermos bottle of boiled water cooled to about blood heat. At feeding time it is necessary only to pour into one of the bottles containing the measured Similac powder, the prescribed amount of water, then shake until the Similac is dissolved, place a nipple on the bottle, and feed.



ACCEPTED AMERICAN MEDICAL ASSN.

A powdered, modified milk product especially prepared for infant feeding, made from tuberculin tested cow's milk (casein modified) from which part of the butter fat is removed and to which has been added lactose, olive oil, cocoanut oil, corn oil and cod liver oil concentrate.

SIMILAC

Similar to breast milk

M & R DIETETIC LABORATORIES, INC. • COLUMBUS, OHIO

Full-Motioned, Lifelike

ARTIFICIAL HUMAN EYES





We have the Enviable Reputation of "Really Knowing How" to produce that "Pleasing Cosmetic Effect" so desired by one wearing an Artificial Eye.

REFERRED CASES CAREFULLY ATTENDED

IT IS OF VITAL IMPORTANCE TO THE PATIENT'S FUTURE APPEARANCE THAT THE FIRST ARTIFICIAL EYE BE PROPERLY FITTED. IT IS IN THESE NEW CASES, WHERE UTMOST ATTENTION MUST BE GIVEN—AND OF WHICH WE HAVE MADE A SPECIAL STUDY.

Especially Made to Order Eyes by Skilled Artisans.
Also Eyes Fitted from Stock

SELECTIONS SENT ON MEMORANDUM UPON REQUEST.

FRIED AND KOHLER, INC.

"Specialists in Artificial Human Eyes Exclusively"

665 FIFTH AVENUE
near 53rd St.

NEW YORK, N. Y.
Tel. Eldorado 5-1970

"Pleasing Particular People for Over Forty Years!"



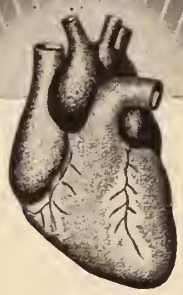
Giving the Heart a "Lift"

Cheplin's

EPINEPHRINE HYDROCHLORIDE

Solution 1:1000

A powerful hemostatic indicated for use as a heart stimulant



Because of its vasoconstrictor action, Epinephrine is indicated to relieve the paroxysm of Asthma; in the treatment of Urticaria, Angioneurotic Edema and protein disturbances causing local or general reaction, such as serum sickness and anaphylaxis; shock and collapse.

When used in conjunction with a local anesthetic it prolongs the anesthesia. DOSE: 0.125 to 1 cc. (2 to 16 minims.)

The action of Epinephrine Hydrochloride is exerted upon involuntary muscles. The most marked effect of its administration is the contraction of the smaller arterioles with consequent rapid rise of blood pressure. Epinephrine Hydrochloride is also valuable as an adjunct in local anesthesia. It causes blanching of the operative area, thus giving the surgeon a clear field. It also retards absorption of the anesthetic and thus prolongs the period of anesthesia.

HOW SUPPLIED

Cheplin's Solution Epinephrine Hydrochloride 1:1000 —is supplied in 1 cc. ampules for single doses, 12, 25, or 100 per box; 10 cc. or 30 cc. rubber-stoppered vials for multiple doses, and in 30 cc. (1 fl.oz.) bottles for topical application.

Write for catalog and prices

Cheplin's ampules and other biological products are built up to an "Accepted" standard—not down to a low price— OF HIGHEST QUALITY AND PURITY, YET ECONOMICAL IN PRICE.

Cheplin's

QUALITY PURITY INTEGRITY

QUALITY PURITY INTEGRITY

PHARMACEUTICALS and BIOLOGICALS

CHEPLIN BIOLOGICAL LABORATORIES, INC.

SYRACUSE, NEW YORK

A complete unit for Approved Contraceptive Technique



"THE KOROMEX SET COMPLETE"

Koromex Set Complete* is an attractively packaged unit containing the important items used for approved contraceptive technique. Identified by a removable label. To order or prescribe, merely write, "Koromex Set Complete, Diaphragm Size——".

Each Unit Contains...

KOROMEX DIAPHRAGM—Widely accepted as the outstanding diaphragm in use today. Durable. GUARANTEED FOR 2 YEARS.

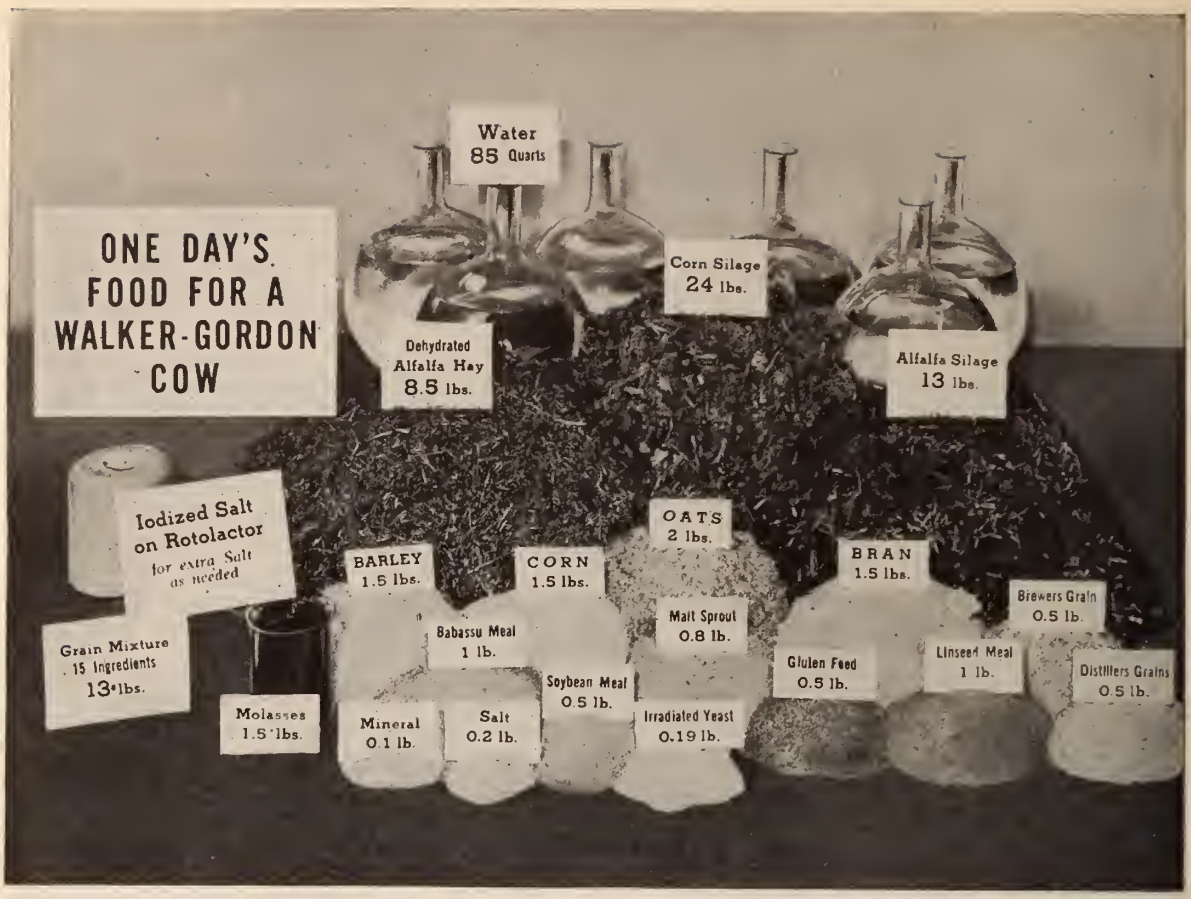
KOROMEX TRIP RELEASE INTRODUCER—Specially designed swivel tip facilitates usage. Gauged to take all size diaphragms.

KOROMEX JELLY and H-R EMULSION CREAM—Both preparations have equally high spermicidal value, but differ in degree of lubrication. Both are included so the patient may determine which preparation better meets her requirements and personal preferences

** Price of Koromex Set Complete is only that of the Koromex Diaphragm and Koromex Trip Release Introducer*

Holland-Rantos *Company, Inc.*

551 FIFTH AVENUE, NEW YORK, N. Y.



How many cows get a scientific ration like this?

THIS SCIENTIFIC daily ration was developed after years of study by the Walker-Gordon Laboratories.

It's remarkably rich in vitamins and health-giving minerals . . . And that's *one* big reason why Walker-Gordon cows produce a milk far superior to the type you get from cows that are fed in the ordinary, unscientific way.

Take Vitamin A, for example. The alfalfa fed a Walker-Gordon cow is not ordinary alfalfa, but a special dehydrated kind containing 700% more Vitamin A. *As a result, her milk contains 60% more Vitamin A than many ordinary milks.*

And though the quantity of some other vitamins varies in ordinary milk (according to the season and what the cows find to eat), *the vitamin content remains uniformly high in Walker-Gordon Certified . . . regardless of the time of year!*

Then, too, Walker-Gordon Certified is delivered fresher than ordinary milk. This, plus the cows' wonderfully balanced diet, makes its Vitamin C content higher . . . and gives it a much finer, richer taste.

So it's easy to see why more and more physicians recommend Walker-Gordon Certified to their patients. They believe it's well worth a few pennies extra to get this marvelously pure milk with all its added nutritional values.

WALKER-GORDON CERTIFIED

The World's Finest Milk



NO ABBREVIATION FOR PITUITRIN!

While abbreviations may save time, physicians who say "an ampoule of Pit" are never sure of getting PITUITRIN*. When PITUITRIN is specified by *its full name* medical men receive the original preparation of its kind, first offered to the profession by Parke, Davis & Company in 1909.

PITUITRIN contains an unusually low percentage of inert or irritating matter and will not deteriorate over long periods of time. Since an excess of acid is not required as a preservative, injection is practically painless.

Clinical results, based on millions of injections, have made PITUITRIN (brand of posterior pituitary injection—U.S.P.) specific for all prepartum and postpartum uses.

*TRADE-MARK REC. U. S. PAT. OFF.

PITUITRIN

PARKE, DAVIS & COMPANY

DETROIT • MICHIGAN

PROFESSIONAL LIABILITY PROTECTION

Afforded Members of

THE MEDICAL SOCIETY OF NEW JERSEY

Since 1921

FAULHABER & HEARD, INC.

Authorized broker to negotiate professional liability contracts for The Medical Society of New Jersey

CONSULT US

For Protection and Specialized Service

31 Clinton Street Newark, N. J.

Telephone MItchell 2-1294

FAULHABER & HEARD, Inc.

31 CLINTON STREET NEWARK, N. J.

Kindly send information on limits and costs of Society Professional Policy.

Name

Address

.....

For Prompt and Prolonged Symptomatic Relief of Hay Fever

PRIVINE*

HYDROCHLORIDE











*Trade Mark Reg. U. S. Pat. Off.

CIBA *Pharmaceutical Products, Inc.*

SUMMIT, NEW JERSEY

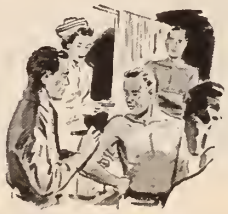


2153 Lederle employees and more than 500 former employees now in the armed forces, share the honor symbolized by the Army-Navy "E".

From research laboratory and production line more than fifty different therapeutic and prophylactic products are included in Lederle's steadily growing contribution to the war effort.



Sulfonamide Tablets in soldiers' kits.



Tetanus Toxoid for the production of active immunity to tetanus.



Life-saving blood plasma.



Blood typing for every soldier's identification tag.

LEDERLE LABORATORIES, INC., NEW YORK, N. Y. — A UNIT OF AMERICAN CYANAMID COMPANY



In your vicinity, this service is extended through the G-E offices and regional service depots listed herewith. You can rely on our factory-trained men in these offices to give you helpful technical information at all times.

That's how hundreds of x-ray laboratories feel about G-E's *Periodical Inspection and Adjustment Service,* which keeps their equipment in A-1 operating condition the year round.

Just as your automobile continues to give the most satisfactory and most economical performance, year after year, when competently serviced at regular intervals, so it is with fine x-ray equipment. To this end *P. I. and A. Service* has for thirteen years been extended to x-ray users everywhere through G-E's nationwide field organization. And continues despite difficulties imposed by today's wartime restrictions.

P. I. and A. is a tangible service. The owner of x-ray equipment actually contracts for it, stipulating the number of periodical equipment check-ups he desires the G-E Service Engineer to make during the year. And you'll find upon inquiring among those who have long used this service, that they consider it a negligibly low-cost insurance on their original investment. Yes, needed minor adjustments, when immediately attended to, help to prevent serious trouble and costly repairs.

NEWARK
965 Broad Street

TRENTON
1008 Hamilton Avenue

ARMY E NAVY

Today's Best Buy
U. S. War Bonds

GENERAL ELECTRIC
X-RAY CORPORATION
2012 JACKSON BLVD. CHICAGO, ILL., U. S. A.

Red Label and Blue Label KARO are Interchangeable in Milk Modification

Both in chemical composition and in caloric value these two types of KARO are practically identical. There is only a difference in flavor.

Either is equally effective in milk modification. Your patients may safely use either type, if the other is temporarily unavailable at their grocers'.



How much KARO for Infant Formulas?

The amount of KARO prescribed is 6 to 8% of the total quantity of milk used in the formula—one ounce of KARO in the newborn's formula is gradually increased to two ounces at six months.

CORN PRODUCTS REFINING CO.
17 Battery Place • New York, N. Y.

Excellence in War Production



FOR developing and producing Sterile Shaker Packages of Crystalline Sulfanilamide especially designed to meet military needs, for supplying Mercurochrome and other drugs, diagnostic solutions and testing equipment required by the Armed Forces, and for completing deliveries ahead of contract schedule—these are the reasons for the Army-Navy "E" Award to our organization.

Until recently our total output of Sterile Shaker Packages of Crystalline Sulfanilamide was needed for military purposes. As a result of increased production, however, we can now supply these packages for civilian medical use. The package is available only by or on the prescription of a physician.

Supplied in cartons of one dozen Shaker Packages each containing 5 grams of Sterile Crystalline Sulfanilamide, 30-80 mesh.



HYNSON, WESTCOTT & DUNNING, INC.
BALTIMORE, MARYLAND

With increased smoking

YOUR ADVICE TO SMOKERS

is increasingly important

In judging the irritant properties of cigarette smoke, it is good practice to consider the research conducted. In judging *research*, you no doubt consider its *source**.

PHILIP MORRIS claims of superiority are based *not* on anonymous studies, but on research conducted only by competent and reliable authorities, research reported by leading journals in the medical field.

Clinical as well as laboratory tests have shown PHILIP MORRIS to be definitely and measurably less irritating to the sensitive tissues of the nose and throat. May we send you reprints of the studies?



PHILIP MORRIS

PHILIP MORRIS & CO., LTD., INC.
119 FIFTH AVENUE, N. Y.

**Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154. Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60. Proc. Soc. Exp. Biol. and Med., 1934, 32, 241. N. Y. State Journ. Med., Vol. 35, 6-1-35, No. 11, 590-592*



● Because of the rapid advances which are being made in the vitamin field, and the increasing emphasis on vitamin therapy, Merck & Co., Inc. has prepared and distributed to physicians a series of *Vitamin Reviews,* containing up-to-date and factual information concerning these important substances.

A limited number of complete sets of these informative booklets have been gathered in a convenient slip-cover container, designed for ready reference in library or bookcase. Physicians may obtain these complete sets as long as the supply lasts. The coupon is for your convenience.

MERCK & CO., Inc., RAHWAY, N. J.

Manufacturing Chemists



N.J.S.M.J. 7-43

Merck & Co., Inc.
Rahway, N. J.

Please send me a complete set of "*Merck Vitamin Reviews*" in convenient slip-cover container.

Name.....M.D.

Street.....

City.....State.....



Make the Gift Worth the Giving

Your gift of Camels to a service man has this to commend it:

First, cigarettes are the gift keenly appreciated in the armed forces.

Second, Camel is the brand the men say they prefer above all others.*

So make your gift Camels—the cigarette millions favor among all brands for smooth mildness, mellow, appealing flavor.

Send Camels by the carton—the way they're featured at your dealer. See or telephone him today.

• • •

*With men in the Army, the Navy, the Marine Corps, and the Coast Guard, the favorite cigarette is Camel. (Based on actual sales records in Post Exchanges and Canteens.)

Camel

COSTLIER TOBACCOS

BUY WAR BONDS AND STAMPS



NEW REPRINTS AVAILABLE ON CIGARETTE RESEARCH—ARCHIVES OF OTOLARYNGOLOGY, FEBRUARY, 1943, PP. 169-173—MARCH, 1943, PP. 404-410. COPIES ON REQUEST.

Camel Cigarettes, Medical Relations Division, 1 Pershing Square, New York City

WHEN

is 100% efficiency obtained? ? ? ? ?

Answer: When the Ophthalmologist (Eye Physician) and Guild Optician recommend each other. Thus giving their patients the best visual acuity, essential in these trying times.



Guild of Prescription Opticians of New Jersey, Inc.

ASBURY PARK
ANSPACH BROS.
552 Cookman Ave.

ATLANTIC CITY
ATLANTIC OPTICAL CO.
2146 Atlantic Ave.
FOERSTER OPTICAL CO.
1708 Pacific Ave.
FREUND BROS.
1006 Pacific Ave.

CAMDEN
E. F. BIRBECK CO.
Fifth & Cooper Sts.
HARRY N. LAYER
106 N. 5th St.
J. E. LIMEBURNER CO.
535 Cooper St.
PELOUZE & CAMPBELL
116 N. Broadway

EAST ORANGE
ANSPACH BROS.
533 Main St.
HAROLD C. DEUCHLER
541 Main St.

ELIZABETH
BRUNNER'S
277 N. Broad St.

ENGLEWOOD
FRED G. HOFFRITZ
30 Park Pl.

HACKENSACK
HOFFRITZ & PETZOLD
315 Main St.

JERSEY CITY
WILLIAM H. CLARK
26 Journal Sq.

MONTCLAIR
STANLEY M. CROWELL CO.
26 S. Park St.
RALPH E. MARSHALL
5 Church St., Hinck Bldg.

MORRISTOWN
JOHN L. BROWN
57 South St.

NEWARK
ANSPACH BROS
1212 Raymond Blvd.
JAMES J. KEEGAN
33 Central Ave.
J. C. REISS
10 Hill St.
CHARLES STEIGLER
11 Central Ave.
EDWARD ANSPACH
20 Central Ave.

PATERSON
JOHN E. COLLINS
241 Market St.

PLAINFIELD
GALL & LEMBKE
633 Park Ave.
LOUIS E. SAFT
628 Park Ave.

RIDGEWOOD
RAY GRIGNON, OPTICIAN
17 N. Broad St.

SUMMIT
ANSPACH BROS.
382 Springfield Ave.
Room 212, Bassett Bldg.
HAROLD C. DEUCHLER
344 Springfield Ave.

UNION CITY
ARTHUR VILLAVECCHIA
1017 Summit Ave.

WESTFIELD
BRUNNER'S
206 Broad St.

Upjohn Diethylstilbestrol Perles

for easy control of dosage



ACTUAL SIZE

Rapid relief from vasomotor and mental symptoms of the menopause depends on careful control of dosage. With Upjohn Diethylstilbestrol Perles this dosage control is easy, flexible. For oral use there are now four Perles in different strengths from which to choose. Each Perle is color-coded. It bears a bright, quickly-identified color which helps the physician and the dispensing pharmacist to recognize the potency—light green, 0.1 mg.; green, 0.25 mg.; blue-green, 0.5 mg.; blue, 1.0 mg.

Upjohn Diethylstilbestrol Perles are indicated wherever an estrogenic effect is desired. They have been found of particular value, not only during the menopause, but in senile vaginitis, in gonorrheal vaginitis, and in relieving or preventing painful engorgement of the breasts during suppression of lactation.

"The therapeutic use (of Diethylstilbestrol) has been demonstrated to be effective for all those conditions recognized to respond to the natural estrogens." N. N. R.

Upjohn Diethylstilbestrol Perles are available in each of the four potencies in bottles of 100 and 500

Upjohn
KALAMAZOO, MICHIGAN

ANOTHER WAY TO SAVE LIVES . . . BUY WAR BONDS FOR VICTORY

ACCEPTED
AMERICAN MEDICAL ASSN
Council on Pharmacy and Chemistry

Zephiran

Trade Mark Reg. U. S. Pat. Off.

Brand of Benzyl-Trialkonium Chloride

CHLORIDE

HIGH GERMICIDAL POTENCY

LOW TISSUE TOXICITY

Plus

Properties of

ZEPHIRAN CHLORIDE

Detergent Properties
A Wetting Agent
High Tissue Tolerance
Penetration Ability
Rapid Action
Emollient Effect
Wide Application
Economy

A HIGHLY POTENT GERMICIDE with a low toxicity index is realized in ZEPHIRAN CHLORIDE, cationic detergent and germicide; a mixture of high molecular alkyl-dimethyl-benzyl-ammonium chlorides.

In an evaluation of germicides for clinical use by Hirsch and Novak,* using the phagocytosis inhibiting technic for determining toxicity, Zephiran Chloride was found to be germicidal in a 1:3970 concentration sterilizing infected blood completely, whereas the phagocytosis inhibiting concentration was shown to be 1:3370. The toxicity index of Zephiran Chloride thus is 0.85 as against an average of 5.2 for 70 per cent and 95 per cent alcohol and 900 for tincture of green soap.

*Hirsch, M. M., and Novak, M. V.: Evaluation of Germicides with Relation to Tissue Toxicity. Proc. Soc. Exper. Biol. and Med., June, 1942.

ZEPHIRAN CHLORIDE . . . Germicide for Surgery, Obstetrics and Gynecology, Urology, Dermatology, Eye, Ear, Nose and Throat, Sterile Storage of Instruments.

ALBA PHARMACEUTICAL DIVISION

WINTHROP CHEMICAL COMPANY, INC.

NEW YORK, N. Y. Successor WINDSOR, ONT.

OPTIMUM NUTRITION FOR BABY...

MINIMUM TIME FOR DOCTOR...



with this complete liquid infant formula!

BIOLAC SUPPLIES milk proteins, milk minerals, iron, and vitamins A, B_1, B_2 and D in amounts which equal or exceed recognized requirements for infants. Thus with the sole exception of vitamin C, Biolac provides *complete* nutrition for the bottle-fed baby.

Biolac is a real timesaver for overworked doctors, too! *No carbohydrate or other extra formula ingredients to calculate!*

Also, with Biolac there is less chance of upsets due to errors in preparing formulas. Less chance of formula contamination, too, because Biolac requires only simple dilution with boiled water, as you prescribe.

NO LACK IN BIOLAC

Borden's complete infant formula

● *Biolac is prepared from whole milk, skim milk, carbohydrates—Vitamin B_1, concentrate of Vitamins A and D from cod liver oil, and ferric citrate. It is evaporated, homogenized, and sterilized. For professional information, write Borden's Prescription Products Division, 350 Madison Avenue, New York, New York.*



CONFIDENCE

. . . BELIEF IN
TRUSTWORTHINESS

Confidence in Lilly products has grown out of an unbroken record of ethical dealing with the medical profession and an understanding of the Lilly policy of supplying only pharmaceutical preparations of highest quality and of unvarying potency.

Lilly

ELI LILLY AND COMPANY

INDIANAPOLIS, INDIANA, U.S.A.



THE JOURNAL
OF
THE MEDICAL SOCIETY OF NEW JERSEY

Published Monthly Since September, 1904

Whole Number of Issues, 467

Under the
Direction of the
Committee on Publication



Henry C. Barkhorn, M.D., Chairman

Henry A. Davidson, M.D., Editor
In Active Service A. U. S.

Place of Publication, Printing and Mailing—12 South Day Street, Orange, N. J.
Editorial and Executive Offices of the Society—222 West State Street, Trenton 8, N. J.; Tel. 5776

Each member of the State Society is entitled to receive a copy of The Journal every month.

Vol. 40, No. 7 July, 1943 Single Copies, 30 Cents
Subscriptions, $3.00 per Year

THE NEW WAGNER BILL

On June 3, 1943, Senator Wagner (for himself and Senator Murray) introduced a bill, S. 1161 (an identical replica of it, H. R. 2861, was introduced in the House on the same date by Mr. Dingell), extending the provisions of the Social Security Act and including a section, Title 9, setting up a system of "Federal Medical, Hospitalization, and Related Benefits".

This bill, if enacted, will effect a revolutionary change in and regimentation of the practice of medicine, and put the federal government in virtual control of the practice of medicine and of the practitioners of medicine, and also of hospitals.

Every employed person and his dependents would be eligible for the medical benefits of the System. This means, of course, that only the relatively small segment of the population who are self-employers and do not elect to be voluntary participants would remain as potential patients to be cared for in accordance with the present method of rendering medical care. It also means, except for a very few physicians, that the profession in order to obtain a livelihood would be obliged to become a cog in the wheel of the System.

Under the provisions of the bill payments to general practitioners for services shall be made on (a) a fee basis, (b) a per capita basis, (c) a salary basis and (d) a combination or modification of these bases as the Surgeon General of the United States Public Health Service may approve. Specialists designated by the Surgeon General shall be "entitled to the compensation provided for specialists". "The services of specialists shall ordinarily be available only upon the advice of the general practitioner."

The administrator of the scheme shall be the Surgeon General of the United States Public Health Service, who, under the bill, has virtually dictatorial powers. It is true that the Surgeon General will have a "National Advisory Medical and Hospital Council (referred to as the 'Council')". Your attention is directed to the extracts dealing with the compo-

sition and appointment of this Council. (See page 279 of this issue.) It will be noted that the appointments are made by the Surgeon General. There shall be sixteen members "selected from panels of names submitted by the professional and other agencies and organizations concerned with medical services * * * *and from among other persons, agencies or organizations informed on the need for or provision of medical, hospital, or related services and benefits.*" (Italics ours.) There is nothing in this section which states that any of these sixteen members *shall be* physicians.

To support the purpose embodied in the whole bill, which is to establish a "Unified National Social Insurance System" the employer and the employee shall each pay 6 per cent of the amount of the employee's salary or wages.

Title 9-A, "Federal Social Insurance Contributions", Subchapter B, is of especial interest to the profession for it deals with "Self-Employed Social Insurance Contribution for Old-Age, Survivors, Permanent Disability, and Medical and Hospitalization Insurance". Under this provision all physicians in private practice shall pay a social insurance contribution equal to 7 per cent of the market value of services in self-employment up to $3000. This means that physicians earning $3000 or more in any calendar year will pay 7 per cent of $3000, or $210. If their earnings are less than $3000 it will be 7 per cent of whatever amount they have earned.

MESSAGE FROM THE PRESIDENT

The proceedings of the 177th Annual Meeting of The Medical Society of New Jersey have been written into the pages of history.

Let it be said that in spite of the difficulties encountered, the meeting, on the whole, was a very satisfactory one.

The scientific sessions were well attended, and the meetings of the House of Delegates functioned smoothly, without undue discussion or debate, due largely to the efficient work of the Reference Committees.

With the advent of another administrative year we must look ahead and plan for the future.

Certain policies have been outlined by the House of Delegates. It will be our duty to see that these are carried out.

The Subcommittees of the Welfare Committee have work outlined for the coming year, and are proceeding in harmony with the evolution, and toward the successful culmination of their respective programs.

As the plans and programs of the State Committees mature and policies are established, each County Society will be kept informed as to their progress. This will be done so that each County Society may adapt the result of this work to fit the needs of their respective Counties. The Medical Needs of each community are best known by the local County Medical Society.

Certain fundamental principles must be kept in mind as we go forward with the work.

We must not forget that freedom and elasticity are essential for any scientific advancement. Furthermore, we must strive to maintain the free enterprise of individualism in the patient-physician relationship.

Just as the sick person is an individual, so the Doctor must remain an individual, and not become a pawn under government control.

We must remember that scientific freedom and socialized political medicine will not mix.

The threat of impending social and economic change is very real. The Medical Society and the individual physician

must be on the alert. Change will come, but if we as individual physicians do our work as we know it should be done, and strive to meet the obligations imposed upon us, there will certainly be need for less change.

The public *must* be served. We cannot ignore this fact. If for any reason a shortage of physicians exists in any given community, the County Medical Society should notify the Office of Procurement and Assignment and, if replacements are made, should see to it that due consideration is given to protecting the rights and privileges of physicians in the armed forces from their community.

In other communities where the shortage is not so acute, but where the burden is still heavy on each individual physician, the question of handling night calls should be studied by each County Society War Participation Committee. It has been suggested from some sources that all night calls might be taken by some central office, and that the physicians of the community arrange between themselves the matter of accepting the calls. Let it not be said that the Medical Profession of New Jersey is not able and willing to care for the medical needs of the people of the State.

As the work being done by the various State Committees progresses, considerable responsibility will fall on the Officers and Committees of the County Societies. The successful prosecution of our plans for the year depends upon each County Society functioning 100 per cent. Let us not relax in our efforts even though our ranks are depleted. It is only by concerted effort and perfect coördination that we will be able to keep the Practice of Medicine somewhere near the standard we would like it to be.

Ralph K. Hollinshed, M.D.

MATERNITY CARE TO THE WIVES OF ENLISTED MEN

The plans being put into effect to render maternity care to the wives of enlisted men of stated ranks, and also for the treatment of their infants is very worthy, and should receive the full sanction and coöperation of both the Hospitals and the Medical Profession.

Those who have served in the Armed forces in this or in former wars, know that soldiers are fully as apprehensive in regard to the welfare of those left behind as their families are about them. This movement is, therefore, quite apt to give comfort and reassurance both at home and abroad. Most hospitals already have provided care for women of similar means in civil life, and service of this nature can be rendered in their stride. In some cases hospitals will have to liberalize their courtesy privileges in order to accommodate the family physician who does not have a Hospital Staff appointment.

The State Maternal Welfare Committee's regulations should be an active safeguard in supervising the abnormal cases. The coverage is fully explained by the releases of the Bureau of Maternal and Child Health of the State of New Jersey. The compensation for both the hospitals and the attending obstetricians are very fair in the circumstances, and the mutual satisfaction given through the care of these cases will still further compensate those rendering it to these deserving patients.

Doctors can secure forms and adequate instructions through their local Board of Health, and should advise the hospital regarding the status of the cases prior to admission, so that proper classifications may be made. This is a real service which will be cheerfully given.

(See Welfare Committee report, page 283.)

OPIFERQUE PER ORBEM DICOR

PRESIDENTIAL ADDRESS*

Elias J. Marsh, M.D., Paterson

Members of the Society and Guests:

Those of you who are not familiar with our seal of the Society, may look at the first page after the cover of your program and you will see the legend on our seal, which I have taken as the title of my address, "Opiferque Per Orbem Dicor".

Those of you who have read the classic poets beyond the simple requirements of "pre-medical" Latin may recall the words, ascribed by Ovid to Apollo, which we have borne for a hundred and fifty years on our corporate seal. "The Art of Medicine is my discovery," said the god, *"and I am known throughout the world as one bearing aid,* and the virtues of all the herbs are known to me." For twenty-five centuries and more our profession has been recognized as bearers of aid to suffering humanity—bearing it gladly, according to our lights and our ability, as our contribution to the making of a happier world. We know well that, despite our best efforts, pain and disease are still the common lot; that our science and our practice still share the imperfection of all human activities; and that both we and the beneficiaries of our endeavors are alike human.

Humanity, individually or collectively, is often unwilling to pay the price of what Medicine has to offer for its relief, not in terms of money only, but in terms of its habits, conveniences, prejudices, or pleasures. This is, and of right ought to be, within the privilege of choice of a free people. "Freedom that does not include the right to be unwise, to be mistaken, to be wrong, is not freedom," a distinguished son of our state has well said. On the other hand, certain benevolent idealists, seeing that medical science is not yet complete, the art of medical practice not yet perfectly ordered, some people often unwilling to pay, in one way or another, for medical service and others unable to do so, feel themselves increasingly called upon to correct these deficiencies in our civilization, by the light of their own superior wisdom, not hesitating to use for their purpose the power of the state. All this in the name of efficiency and security.

Certainly efficiency and security are both desirable values, but, like other values, they can be purchased at too high a price. Neither should be a prime desideratum in a democracy. Washington has said: "Liberty is too great a price to pay for security," and a more recent political philosopher has warned us: "Man should love freedom more than security; he cannot have both. He must accept pain as the price of freedom." The Germans, who value discipline and despise freedom, pride themselves on their efficiency.

What is this freedom, that we should value it so highly? Why did our forebears suffer for it at Valley Forge and Morristown, and why are men dying for it by thousands all over the world today? It means the right to make one's own decisions; to assume the responsibility for one's own course; to advance by learning from one's own successes or mistakes — the only way in which anyone really learns skill and judgment, whether at the bedside and the operating table or in social relations. Self-discipline is the only discipline of true spiritual worth — the quality of moral character — and it is this that distinguishes civilized man from the savage. Security has its attractions, under some conditions, for even the most venturesome of us; nevertheless, as a philosophy of life, security is a philosophy of fear — a slave philosophy — whereas the American spirit has traditionally recognized opportunity and responsibility as the philosophy of free men.

Now, free and independent men can assuredly be social beings, sharing the joys and griefs of their fellows, recognizing their rights and their obligations among them. It is this sharing, indeed, that constitutes society, so long as it is remembered that rights and obligations are the obverse and reverse of one principle, neither being able to persist without the other. The same thing is true of freedom and democracy. Throughout history, each has at times been threatened by overemphasis on the other. A vital danger in our own times is found in the tendency of people interested in shifting the emphasis on some rights and some obligations to identify society with the state, regarding the two as synonymous, whereas the state is, in fact, only one social agency, and not for all purposes the most effective one. It is, however, unique in two respects: First, in that it is the only social agency that claims and can command the allegiance of every member of the community; and, second, that to it alone society has entrusted two powerful weapons, viz., the taxing power and the police

*Delivered at the 177th Annual Meeting of The Medical Society of New Jersey in Newark on May 26, 1943.

power. These powers many sincere and disinterested but doctrinaire philanthropists are quite willing to take over and control in the supposed, or perhaps actual, interest of their intended beneficiaries, who, for their part, may prefer their own ideas or habits to being made the objects of "social engineering". Among the different sorts of security that all these various plans would provide, medical and health services are invariably included, in one form or another.

There is little doubt that medical practice and public health should be better coördinated than they are, nor yet that medicine is an integral part of the national life. If our traditional American Way of Life — the way of individual responsibility — is to be replaced by state-operated social security, unquestionably medicine will be a part of the system. If, on the other hand, we can show a better way than this, we may help to save the rights of all citizens of a free, democratic state. In order to do this, however, we must recognize our own social obligations. One of the first of these is the adaptation of our methods of practice to the conditions and necessities of modern life in a rapidly changing world, which is the world wherein we shall have to live and work, whether we like it or not. This obligation of general health and medical service we may be able to effect through another social agency than the state.

Before going into questions of method, it may be helpful to social students and others who may not understand, to state certain implications of the practice of medicine. Some people have said that they want more science and less art in their medicine. But a great teacher has told us: "The practice of medicine is an art, and the science of medicine is one of its tools." Science is knowledge; art is wisdom. "Knowledge comes, but wisdom lingers," sang the poet. Medical science is constantly in flux: the art of medicine is part of an ancient yet ever-recent wisdom — the age-old art of dealing with the physiologic variables and psychic imponderables that make up individual men, women, and children. This, however, is by no means to say that it may not change its methods and still remain the same art. Life itself is change: without it we should not be men, but would still be protozoa in the primordial slime. Change may be useful either to bring better mastery over the environment or better harmony with it. We need not fear to change our methods of practice, so as to fit them better to the world that is coming, rather than to that which is passing.

"The old order changeth, yielding place to new;
And God fulfills Himself in many ways,
Lest one good custom should corrupt the world."

So let us answer the challenge, of our own free will and innate response, proceeding by trial and error if need be, in the manner of true evolutionary progress, and not by the blueprints of bureaucratic reformers from without. There may be one best way of making an automobile or a pair of scissors, but there is no one best way of selling them to all prospective customers. There is likewise no one best method of practicing medicine, but there may be various relatively successful ways in different circumstances.

We have said that the state is only one social agency among others, though historically ever reaching out to seize the functions of all. Voluntary mutual insurance and savings associations form another very useful and successful social agency for certain purposes, including social security, with the advantages and the pains and penalties already recognized for free societies of free men. But the authoritarians will have none of them, because they do not cover those who will not, nor those that perhaps cannot, join. However, the former may advantageously be left to reap the harvest of their own ideas, while better ways may be devised of assisting the latter than covering the entire population with the "dry scab of bureaucracy".

Here a problem enters that neither the medical profession nor the social scientists have been willing, with individual exceptions, to face. The biological law of progress is based on the survival of the fit, including as a corollary the extinction of the unfit. There are people who are, in varying degrees, incapable of carrying their own responsibilities. We hesitate to call these unfortunates by the impolite name of "unfit", but in some degree they are so, and biologic law requires their elimination as the price of advance. If some of you should say that this is no better than the doctrine of Hitler, we must admit a certain element of soundness in Hitler's basic philosophy. Hitler is wrong — violently, criminally, blasphemously wrong — in arrogating to himself the right to adjudge unfitness and in assuming authority to execute his own judgments. Some students of social biology have, in an entirely different spirit, adopted the same principle of deciding who may or may not survive, because, forsooth, nature's method is slow and wasteful. Perhaps so, but now as in the last ten million years, nature and history

are the final judges. "Man's lot is the road, and not the goal." He need not approve, nor even know, the end.

Too much of social philosophy today demands a social security (so-called) that will assure an equal chance of survival to all, regardless of their individual or social fitness for survival. This is Hitlerism in reverse. It is an error to keep alive, through our sense of mercy and charity for all men, strains that natural law would eliminate through its own operation. We forget that biological fitness and what we consider social desirability may have little in common, and the former will have the last word. The state has no more justification for taxing and regimenting its people to keep the unfit alive than Hitler has for eliminating as unfit those whom he dislikes.

Let us now return to the voluntary social agencies, with neither the taxing power nor the police power, nor any authority beyond intelligence, foresight, and good will. Not perfect, they can improve as they learn, and are more adaptable than a bureaucracy to changing conditions. Among these agencies our Society claims a place. None know better that our methods of practice can be improved than we do, who have sunk much time, thought, and energy, and thousands of our own dollars in organizing our Medical Service Administration and the Medical-Surgical Plan, in the effort to bring modern medical science to all the people, while retaining the benefits of the old system where they are of value. This is an earnest of our sense of social obligation, and evidence of our recognition of it. Social medicine? Yes. Social security? Yes. But voluntarily and freely undertaken in a community of interest of physicians and people working out their own problems, making their own decisions, assuming responsibility for the result, enjoying their own gains, suffering their own pains, learning by their own experience. This is our answer to social medicine under a political bureaucracy, whose only idea of correcting its own errors and inadequacies is more police regulation and more taxes. In order to succeed we must stand united, recognizing both a social obligation and an opportunity for leadership. Holding fast to the best in our tradition and guided by its spirit, we may retain our own social rights and assist others to preserve theirs, while helping to smooth the world's passage from yesterday into the future.

We are not opposed to changing our methods: we welcome new ones when freely accepted for adaptation to new conditions. Making our own the spirit of Tennyson's hundred-year-old lines, let us send forth their challenge for the next centuries of our Society's progress:

"Not in vain the distance beacons;
Forward, forward let us range,
Let the great world spin forever
Down the ringing grooves of change."

So let it be with us. But *ex proprio vigore*, not *vi a tergo*. If, through the war and the changes of the post-war years, the American people can maintain its freedom from the benevolent designs of its self-appointed guardians, we will do our share, as a part of the people. And then we may hope to continue gladly and freely as bearers of aid throughout the world.

MALNUTRITION

The term malnutrition signifies not a dietary inadequacy but a tissue deficiency of an essential nutrient. This tissue deficiency may be caused by the failure to ingest an adequate diet. This tissue deficiency may also be caused by factors which interfere with ingestion, absorption or utilization of essential nutrients or by factors that increase the requirement for vitamins, their destruction or excretion. These are known as conditioning factors and when a deficiency disease is produced through their mediation it is known as a conditioned deficiency disease or conditioned malnutrition.

These findings warrant the conclusion that many diseases and some of the therapeutic measures used to combat them interfere with nutrition and are potent factors in the production of deficiency diseases. It is also an inescapable conclusion that the treatment of malnutrition is in each person an individual medical problem requiring exact diagnosis and therapeutic measures which cannot with safety be left in the hands of nonmedical persons. The physician who does so is derelict in his duty to his patient.—(Norman Jolliffe, M.D., J. A. M. A.)

ESSENTIAL PROCEDURES IN THE IMMEDIATE CARE OF FRESH MAJOR TRAUMATIC WOUNDS

J. M. Carlisle, M.D., Westfield, N. J.
Chairman, Committee on Industrial Health and Hygiene of The Medical Society of New Jersey

Hemorrhage and shock are the most urgent and invariable results that arise from a major traumatic wound. It is of paramount importance that all hemorrhage be checked immediately, and measures for the prevention of shock be instituted before repair of the local injury is undertaken.

While the clinical picture of shock is a variable one, this state of peripheral circulatory failure is generally preceded or accompanied by:

1. *Falling Blood Pressure:* One of the most constant features of developing shock. A systolic pressure lowered to 80 mm. Hg. is considered "critical".

2. *Rising Pulse Rate:* A rapid, weak, thready pulse is a fairly constant indication of danger in the seriously injured. This becomes a particularly ominous sign as the rate approaches 160 and should be considered especially significant when accompanied by a fall in the systolic blood pressure.

3. *Abnormal Appearance:* The skin surface is frequently pallid, moist, cold and clammy and the patient wears an expression of anxiety and apprehension. He frequently suffers from acute thirst.

DEFINITIVE TREATMENT

The following procedures are recommended as essentials in the immediate care and successful handling of all fresh major traumatic wounds:

I. *Hemostasis.* Loss of blood must be checked immediately and thorough hemostasis obtained if secondary hemorrhage is to be prevented. The following are the procedures of choice:
 1. Elevation of the part.
 2. Sterile dry gauze *in* the wound.
 3. Firm pressure on the wound by means of a pad and pressure bandage.
 4. In case of major arterial or venous hemorrhage, use manual pressure with gauze until a clamp and ligature can be applied. (Note: Apply tourniquet only if bleeding cannot be controlled in any other manner. Apply as close as possible to the wound.)

II. *Prevention and Treatment of Shock.* The following measures should be employed in an effort to remove all factors contributing to shock:
 1. Rest and quiet. Easy, careful handling of patient and injured part.
 2. Supine, "head down—legs up" position.
 3. Maintain body heat within physiological limits (blankets, hot water bottles or hot air bed warmer).
 4. Morphine sulfate (except in most cases of head injury).
 5. Blood, plasma or serum. (One pint of blood should be given to every three pints of plasma.)
 6. Other fluids if dehydration is also present. (Total quantity of crystalloid solutions should not exceed the total of blood and plasma.)
 7. Early splinting of extremities with large wounds and/or fractures.
 8. Oxygen therapy.
 9. Avoidance of all except most urgently required local treatment of injury until patient has sufficiently recovered.

III. *Care of Contaminated Wounds.* (Wounds should be considered "contaminated" rather than "infected" if of under 6-8 hours duration; if sulfanilamide has been immediately applied, then this period may be prolonged up to 18-24 hours.)
 A. Incised wounds requiring cleansing and repair, of less than 8 hours duration and with no discernible damaged or devitalized tissues requiring excision.
 1. Pack wound loosely with sterile gauze (not overlapping edges).

2. Sterile rubber gloves on operator.
3. Surrounding skin shaved, cleansed with solvents, soap and water, alcohol and ether, painted with suitable skin antiseptic (3 per cent tincture of iodine, merthiolate, etc.). (None of these allowed *in* the wound.)
4. Gloves changed. Sterile drapes for wound.
5. Saline irrigation of wound—gloved finger if necessary.
6. Redrape, repaint, fresh gloves.
7. Ligation of all bleeders.
8. Sulfanilamide powder sprinkled into wound.
9. Suture and repair; *or* pack with gauze and moisten with saline for delayed (24-48 hr.) primary closure.
10. Immobilize—Splint or cast.
11. Elevate.

B. Wound containing damaged or devitalized tissue. Excision and later definitive treatment.

1. Tourniquet.
 General anesthetic.
 Intravenous fluids or blood as indicated.
2. Pack wound loosely with sterile gauze.
3. No washing of wound until debridement is complete and adequate wide excision of devitalized tissue has been performed. Excision of devitalized tissue should be continued until tissues fulfilling the following criteria are encountered:
 a. Tissue is of healthy and normal color and appearance.
 b. Wound bleeds freely when tourniquet is released.
 c. Muscle contracts on section.
4. Washing wound with normal saline.
5. Change gloves, paint surrounding skin, redrape.
6. Remove tourniquet, then carefully remove gauze.
7. Tie any bleeders. (Hot sponge frequently aids.)
8. Sulfanilamide or sulfathiazole or a mixture of the two sprinkled into wound. (To give a light "frosting".)
9. Pack wound without suture and immobilize with splints or plaster cast in some cases. Do not suture.
10. Elevate the part.

THERE IS NO SUBSTITUTE FOR THESE PROCEDURES!

Drugs, disinfectants and plaster casts are valuable accessory measures but should, when indicated, be used in addition to, not in place of, sound surgical procedures.

Thermal Burns in Major Catastrophe

Determine as early as possible:

1. The physical pattern of the injury.
2. The clinical pattern of the living.
3. The pathological pattern of the dead.

Essential materials to be abundantly available:

1. Sterile gauze strips impregnated with "medicated" ointment or wax spray*; cellophane; sterile gauze compresses; non-absorbent cotton batting or machinist's waste; ace type woven elastic bandages.
2. Sterile distilled water, normal saline, 5 per cent glucose solution.
3. Plasma.
4. Morphine sulphate; barbiturates.
5. Sulfonamides; penicillin.
6. Shock blocks.
7. Stretchers, cotton sheets, blankets.

TREATMENT

A. Avoid further contamination of wound by observing strict aseptic ritual.

B. Without debriding or cleansing the burned areas, apply immediately and in the following order:

1. A layer of sterile gauze impregnated with "medicated" ointment or wax spray.

*Boric Acid ointment gauze, sulfathiazole or sulfadiazine ointment gauze, Parawax, mineral oil and sulfonamide or Penicillin.

2. A layer of thin pliable cellophane over the ointment.
3. Adequate padding of sterile machinist's waste, cotton or dry gauze.
4. Ace type of woven elastic bandage snugly applied to give uniform and firm but non-constricting circumferential pressure to the injured and immediately adjacent area.

C. Morphine sulphate gr. ⅛ by hypo, immediately and a barbiturate by mouth. (Record dosage on "Red Identification Tag".)
D. Sulfonamide, 2 to 3 grams by mouth or intravenously.
E. Early and adequate administration of plasma.
F. Careful and quiet handling of patient.
G. First redressing should be done on and not before the fourth or fifth day, unless there are clear-cut systemic indications of infection. Ten to fifteen days is not too long to leave the dressing unchanged.
H. During the second week, after edema has subsided, when circulation is over-hydrated and kidney function is poor, concentrated proteins are required.

HOSPITAL ORDERS

1. Morphine sulfate, ¼-½ grains subcutaneously.
2. Plasma intravenously 500-1000 cc. immediately.
3. Examination of blood: Hematocrit, plasma protein and hemoglobin determinations; R.B.C. and W.B.C. count.
4. Commence record of temperature, pulse, respiration and blood pressure.

ROUTINE TREATMENT

1. Plasma intravenously as indicated.
2. Morphine sulfate, ⅛-¼ grain subcutaneously, together with a suitable barbiturate, as needed.
3. Chart temperature, pulse, respiration and blood pressure every hour.
4. Record and indicate by graphs the fluid intake and output for every 24-hour period.
5. Chart specific gravity of each urine sample.
6. Maintain a total fluid intake up to 3000 cc. daily in order to ensure at least 1500 cc. daily output for urine of low specific gravity.
7. Administer glucose-saline solution as needed.
8. High vitamin diet throughout.
9. Administer B complex and vitamin C supplements daily until recovery.

LABORATORY

1. Plasma protein (falling drop) and hematocrit determinations every 4 hours for the first 48 hours.
2. Blood examinations: R.B.C. and W.B.C. counts and hemoglobin determinations twice daily for the first 48 hours.
3. Determination of chlorides and urea nitrogen in the blood daily.
4. Daily urinalysis, including tests for albumin, acetone and microscopic elements.
5. Determination of patient's blood group.

550 Hillcrest Avenue

HYPOPROTEINEMIA IN SURGICAL SHOCK

Acute protein deficiency is a decisive but hitherto unemphasized factor in the pathogenesis of surgical shock and other clinical manifestations, shared in common by severe hemorrhage, burns, intestinal obstruction and general peritonitis. Hypoproteinemia confined largely to the albumin fraction is but one aspect of this deficiency, although it may be masked by dehydration. This protein defect in severe cases cannot be corrected rapidly enough by the body and therefore requires prompt and adequate replacement therapy. Because of its protein content, plasma is effective if given early and in large enough amounts. The building stones of protein (amino acids) offer another way of meeting protein deficiency. This new method of therapy has already been shown to correct chronic hypoproteinemia of nutritional origin; early trials in acute hypoproteinemia have yielded promising results. — Robert Elman, M.D., J. A. M. A., Vol. 120, No. 15, p. 1176.

TUBERCULOSIS IN WAR TIME AND AFTER*

Emil Frankel, Director Division of Statistics and Research, State of New Jersey Department of Institutions and Agencies, Trenton, N. J.

The tuberculosis situation in New Jersey, when viewed in a long-time perspective, yields a most encouraging picture. Tuberculosis deaths ranked third in the total number of deaths in New Jersey in 1918; they dropped to sixth place in the total number of deaths in 1940.

Measured by the tuberculosis mortality rate, which is one of the most reliable statistical indexes we have, it will be found that between 1916 and 1940—a twenty-five-year span—the tuberculosis death rate in New Jersey decreased by more than 70 per cent—from a rate of 148 deaths per 100,000 general population in 1916 to 44 deaths per 100,000 general population in 1940.

This encouraging decline in the incidence of tuberculosis in New Jersey is shared by the various population groups including the Negroes (the disadvantaged in our present civilization) among whom the prevalence of tuberculosis has been inordinately high.

Sex and Color	Tuberculosis Death Rate per 100,000 General Population in 1916	1940	Changes in Period 1916 to 1940
All deaths	148	44	Decline 70%
Male	178	57	Decline 68%
Female	117	31	Decline 74%
White	141	35	Decline 75%
Negro	318	190	Decline 40%

Tuberculosis Situation in New Jersey During Last World War

The New Jersey tuberculosis mortality figures which cover the First World War and the post-war years indicate a slight but temporary increase during the World War; followed, however, by a more rapid decline in the mortality rates in the years following the end of the First World War than in the years preceding.

The tuberculosis death rate rose from 148 per 100,000 general population in 1916 to 154 in 1917 and to 157 in 1918. The year following—1919—the tuberculosis death rate registered a sharp drop to 124 and to 113 in 1920. From then the decline has been gradual and measured.

Tuberculosis Among Present Draftees

The results of the comprehensive tuberculosis examinations that have been made of present draftees in New Jersey have shown that the incidence of clinically significant tuberculosis was surprisingly low. Of 7,972 army recruits first x-rayed 0.7 per cent were disqualified because of tuberculous lesions, and of 39,044 army recruits x-rayed subsequently 0.59 per cent were disqualified because of tuberculous lesions.

Tuberculosis is far less often a cause of rejection today than it was in 1917-1918. This is noteworthy since "current facilities for diagnosis are not only vastly superior, but are being used more intensively. Figures on tuberculosis among selective service examinees at present cover, in most areas, anything from inactive tuberculosis infection which might, under physical stress, become reactivated, and early symptomless tuberculosis to advanced tuberculosis. During the World War, on the other hand, the great majority of the cases disclosed by the methods of examination then used must have been relatively advanced, and usually active cases."

General Health Situation Among Army Recruits

The announced results of the physical and mental examinations of millions of our young men to be chosen for military service when compared with similar results obtained in the First World War have given rise to conflicting opinions. A large segment of the American people has been profoundly shocked and startled by the large rejection rate among young men for active military service "in perhaps the richest country in the world with respect to resources, man power and scientific capacity".

*Read at Spring Conference on Tuberculosis and Social Hygiene, New Jersey Tuberculosis League, Newark, April 10, 1942.

It is pointed out, however, that the figures on rejections during the First World War and today are for the most part not comparable. "In 1917-1918 both the methods of selection and the organization of the draft were essentially emergency procedures, developed after we were already at war and committed to raising, arming and transporting a huge army in the shortest possible time. This situation tended to discourage too rigid standards of selection." This is contrasted with the situation today. "Administration of the present Selective Act was begun in peace time, and only the best and healthiest of America's young men are being selected for service."

In view of these facts, it is felt that the American people have been unnecessarily disturbed and that the charge made that nearly half of our young men are physically unfit is entirely unfounded. "By any reasonable standard, the rank and file of America's young men will be found to measure up to the hard tasks that lie ahead of them. When properly conditioned, they will be found superior in stamina and endurance to the forces of our enemies."

In his rather direct military fashion, General Lewis B. Hershey has summed up for us the discussion concerning the health situation of our draftees: "Whether we are worse off physically than we were in 1917-1918 is undoubtedly controversial. That our physical standards are higher now, let us admit. The fact remains that while we may be no worse now than twenty-four years ago, we seem certainly to be no better."

Tuberculosis Situation in War Time

During the First World War none of the belligerent countries escaped an increase in tuberculosis, and practically all of the neutral countries of Europe suffered either an increase in tuberculosis or a slowing up of the pre-war rate of decline.

The increase of tuberculosis in Europe in war time has been ascribed to breakdown of resistance to the disease due to malnutrition, lengthening of working hours, and the employment in war industries of larger numbers of people, especially young women, unused to arduous factory work, overcrowding and increase in contacts between those with active tuberculosis and healthy individuals.

Figures available at this moment are too fragmentary to adequately reflect the influence of the war conditions upon the tuberculosis situation. According to official public health reports from Great Britain, a small rise has been noted in the incidence of tuberculosis attributable "to a combination of long working hours, overtime, strain and ill-spent leisure".

The increase in Great Britain has been noted chiefly among the males between 15 and 45 and among the females between 15 and 35 years of age. Concerning these figures the official comment is that "these are the working ages and the ages when tuberculosis most often declares itself. There are probably one or two reasons for this increase, but the main reason is to be found in the entry of large numbers of young people into employment; the probability is that an infection that would have been resisted in normal times gains the upper hand."

Here is another observation of two American public health experts (Dr. John L. Rice and Samuel Frant): "In England, so far, there has been no substantial amount of epidemic disease in spite of mass evacuation of children, bombing of cities, disruption of sewage systems, pollution of water, shortage of housing facilities, life in poorly provided shelters, privations, and rationing of essential foods."

TUBERCULOSIS INFLUENCES IN PRESENT WAR SITUATION

What are the known factors in the present war situation which might have deleterious influences upon the health of the people, which in turn might expose them to the dangers of tuberculosis infection?

Increased Industrial Production

Industry is speeding up production as never before and demands the utmost of bodily vigor from each individual worker. Increased working hours and undue pressure for expanded production may cause bodily strains, tensions and fatigue which would influence adversely the health of the individual worker and his general resistance to tuberculosis infection.

Women in Industry

War industries in New Jersey are now em-

ploying thousands of women workers. They expect to call for more and more women to replace men entering the armed forces. These women will be used in bench, machine tool, and assembly operations, in welding, and other heavy work heretofore restricted to male workers. In some sections of the country, women are already helping to make tanks, locomotives and other heavy equipment.

Most of these employed women are young. They fall into the age bracket when resistance to tuberculosis is believed to be lowest, when the appearance of physical vigor creates an impression of greater strength and endurance than is really the case.

Migration and Overcrowding

Since the defense program began health workers have shown concern over the dislocations of family and community living caused by the migration of industrial workers and their families to areas unprepared to accommodate an inordinate influx of people. The lack of adequate sanitary facilities and crowded living make it difficult to observe the normal standards of health and the desirable amenities of life.

Malnutrition

Warnings of the danger of widespread malnutrition seem unnecessarily alarming in the United States with its large stocks of surplus foods. Widespread malnutrition does not seem possible, unless military necessities require the withdrawal of such enormous food stocks from the civilian population as to lower materially the standard of living among the people, or unless inflationary tendencies raise the cost of living so that less of the essential foodstuffs become available for general consumption.

Health workers may have to watch the nutrition situation among the industrial workers in high-speed war production plants who have been advised to cut down the time spent on meal periods or dispense with regular meal periods altogether.

Influenza Pandemic

The unpredictable factor in the present situation is the possibility of a recurrence of the influenza pandemic which took such a toll of human life during and after the First World War. It has been pointed out in this connection that, "in spite of the vast amount of research which has been done on the etiology and transmission of the disease, there is little or no real information concerning the factors responsible for the mode of spread and the high mortality of the disease in 1918".

PRESENT SAFEGUARDS AGAINST TUBERCULOSIS

Unless completely untoward events occur quite beyond our control, the vast health machinery built up during the past quarter century should be adequate to control the tuberculosis situation in the difficult days ahead.

Case Finding

Case finding has been the cornerstone of the tuberculosis control program. Efforts to find the sources of infection and the control of active cases must not be relaxed. The wholesale examination of school children and of school personnel, of high school and college students, of industrial workers, and of the aged has come to be recognized as a practicable and justifiable control measure.

Negro Tuberculosis Program

The State Department of Health has taken an advanced step by engaging a Negro consultant who is attempting to bring all the Negro physicians in the various counties together and to stimulate them to initiate tuberculosis control programs. They in turn can make the Negro population share the responsibility for reducing the high death rate in this race. A most hopeful sign is the availability of more sanatoria beds for Negroes and better diagnostic and training facilities afforded by clinics and sanatoria.

Tuberculosis Sanatorium Facilities

The importance of sanatorium care in the total tuberculosis program has been continuously recognized in New Jersey, and the sanatorium facilities available at present will allow for the quick hospitalization of patients definitely in need of sanatorium care.

EXTENSION OF TUBERCULOSIS CONTROL MEASURES

Extension of certain tuberculosis control measures are indicated at the present time. Among these might be mentioned:

Industrial Hygiene

If industrial workers are to be adequately protected, medical examination in advance of employment might become a more frequent part of the employment process in civilian as well as in war industry. In this way, sources of infection are screened out along with persons whose physical health might be endangered by the conditions prevailing in the particular industry. The industrial medical examination can be used also to direct attention to opportunities for medical care for persons whose disabilities are first discovered in the course of such examinations.

In this connection the advice of the industrial relations section of the Department of Economics and Social Institutions of Princeton should be heeded, namely that peak efficiency of the individual employee engaged in prolonged war production can be best maintained by a forty-eight-hour work-week and that a lower fatigue point for women than for men is indicated.

Supporting Families of Tuberculous Patients

One of the greatest needs yet to be fully met is the need for some socially acceptable method of providing adequately for the support of the families of persons suffering from tuberculosis. At present, public assistance is available, through the State Board of Children's Guardians, to mothers of young children when their husbands are incapacitated by tuberculosis. Local public assistance agencies can provide relief when the mother is the victim or when the conditions of eligibility for the assistance program of the State Board of Children's Guardians are not fully met. These assistance programs prevent unnecessary suffering, but the traditional distaste of the self-respecting for public assistance makes this method of support unacceptable in many instances; the grants are often only partially adequate for family needs, and in many localities grudgingly granted.

Apparently the social security program is to be extended to cover this type of protection, for according to a recent announcement, the Federal Social Security Board "believes that measures to assure adequate medical care to all persons who need it and to enable workers and their families to meet the costs of medical care are of basic importance to social and national security and that a beginning should be made in this field".

Health and Physical Education

Health and physical education must continue to play an important part in the school program to develop understanding of the importance of preserving health and maintaining physical fitness. Such education must be continuous, however. It is not a function confined to school-age children. Recent developments in adult education, and the educational activities of trade unions offer a valuable channel for the dissemination of information on health matters.

TUBERCULOSIS CONTROL AMONG ARMED FORCES

A tuberculosis control measure greatly to be welcomed is the one announced by Dr. James C. Magee, Surgeon General of the United States Army: "The question of pulmonary tuberculosis among military personnel in the current military program is receiving far greater attention than ever before and the health of the soldier in this respect is being thoroughly safeguarded. In addition to the policy of including chest x-rays in the examination of all individuals entering the army, the War Department has provided for the inclusion of chest x-rays in the physical examination of all men being discharged from the military service. This includes Reserve and National Guard officers as well as all enlisted men."

SUMMARY

As we survey the situation here in New Jersey at the present time, we may note with satisfaction, that on the whole, known dangers to the spread of tuberculosis infections are held in check. It behooves us, nevertheless, to be vigilant and on guard so that all those known factors likely to affect the tuberculosis situation such as malnutrition, overcrowding and dangers of infection, unnecessary migration, excessive overwork and resultant fatigue do not occur; and our entire public health machinery is ever geared to render instant, effective, and sustained services.

TRAUMATIC EPILEPSY *

PATHOLOGIC FACTORS

By K. Winfield Ney, M.D.,
Clinical Professor of Neurosurgery, Flower-Fifth Avenue Hospital, New York City

When head trauma is followed by epilepsy, and surgical exploration reveals a well-localized scar or adhesions, and resection or lysis is followed by complete cessation of convulsive phenomena, there is, I believe, no question but that trauma was the primary etiological factor. The neurogenic mechanism of the attacks may not be understood, but the clinical cure indicates the eradication of the causative factor, and we need not worry, as some would have us do, about the theory of some hereditary neurogenic predisposition.

If a careful autopsy were done on all persons over 35 years of age, we probably would find evidence of tuberculosis in all. Would we be justified in declaring that all are clinically tubercular? Some theorists using the electroencephalograph and finding certain high potential brain waves conclude that the individual is potentially epileptic, though he may be clinically free from any evidence of epilepsy. High potential waves are probably evidence of cortical irritability but are often absent even in patients having frequent convulsive attacks. They are found in many nervous disorders, and in people who are normal neurologically. Yet on the basis of these waves there has been advanced a theory of heredity in epilepsy—whatever may be its cause. The presence of high potential waves neither proves or disproves the existence of epilepsy which is but a clinical expression of cerebral irritation and we are very often able to demonstrate and correct different organic cerebral lesions which could in no sense be considered hereditary, though they produce epileptic phenomena. *Epileptic reactions are often the effects of trauma* and even insignificant trauma may instigate the development of a mechanism which ultimately develops into a severe clinical disturbance. If a patient is cured clinically and is able to lead a normal life and have normal progeny, what difference does it make whether he shows a few high potential brain waves, or a calcified tubercle in the lung?

In compound craniocerebral trauma with severe loss of brain substance, the separation of the corticodural fixations which invariably surround such a lesion, or the resection of a cerebral scar is usually followed by complete cessation of convulsions, even though there has been great destruction of cerebral tissue. Evidently the cerebral destruction cannot be considered a factor in the etiology of the convulsive phenomena. The surgically eradicated factor is that of scar *traction,* and unless scar reforms, the symptoms do not return—if it does reform, recurrence of convulsions is usual. This factor of traction induced convulsions may be demonstrated at operation if done under local or light general anesthesia. Traction upon corticodural adhesions will usually induce a convulsion; in fact, it seldom is possible to separate corticodural fixations in the epileptic without inducing convulsions unless anesthesia is fairly deep. In cerebral scar it is more difficult to demonstrate the traction element at operation but weak faradic stimulation of the surrounding cortex will induce convulsive movements which continue after the electrodes are removed. *This reaction to traction or electrical stimulation characterizes lesions responsible for epilepsy.*

The traction of a scar or adhesion produces in time a degree of local cortical irritability which becomes capable of inducing an epileptic reaction; that is, sudden loss of consciousness and convulsive phenomena. It undoubtedly takes considerable time for an irritable focus to disturb the cerebral cortex to the extent of eliciting the epileptic mechanism, but when attacks once take place, their recurrence seems to become facilitated by repetition. Increased frequency in attacks developing with time seems to indicate (in the case of scar), not an extension of the organic lesion, but rather an increased irritability of the cortex and a low-

* Read before the Section on Surgery of the Annual Meeting of The Medical Society of New Jersey, on April 22, 1942.

ered resistance to the attacks. Various extracerebral factors—menstruation, endocrine disturbances, allergy, etc., may serve to lower resistance or increase irritability and unfortunately are occasionally given a position of primary etiological importance largely because the primary lesion is unrecognized.

Brain tumors (about 30 per cent—depending upon type and location) occasionally induce epileptic phenomena; their removal may stop the attacks for a while but very often there is a return of convulsions, not due to recurrence of the tumor, but to post-operative adhesions (corticodural fixations). The traction element is induced at first by tumor expansion and later by contraction of scar tissue.

The study of many cases of head trauma following the first World War demonstrated clearly that it often takes from one to several years before a cerebral lesion is capable of instigating an epileptic reaction. This latent interval probably is due to the slow building up of a mechanism which is dependent upon an area of intense local cortical irritability surrounding a traction producing lesion which sooner or later, with the suddenness of a reflex, sets off the massive neuronal discharge resulting in a convulsion. A sudden increase of local tension, such as a cortical or subcortical hemorrhage, may produce an almost immediate convulsion through traction, but in chronic lesions there develops around the locus of traction the characteristic area of hyperirritability (epileptogenous zone). Such areas are readily demonstrable at operation and their excision (including the removal of the traction element) will usually result in an immediate and complete cessation of convulsive phenomena. If the epileptogenous zone surrounding the scar is not removed (avoiding considerable sacrifice of cerebral tissue), the reactive mechanism is not immediately eliminated and epileptic phenomena may continue for a time, gradually subsiding as the hyperirritable cortex regains its equilibrium.

In many cases of epilepsy it is not possible to demonstrate cortical scar or other traction producing abnormalities by the usual technic of neurologic examination or encephalography. Such cases are usually classified as "cryptogenic", "essential", or "idiopathic" epilepsy, which indicates our inability to identify the responsble lesion rather than its absence.

In 1928, while preparing to explore the cortex of a patient with focal epilepsy, I found in the subdural space a large quantity of yellow fluid. This patient had fallen on the ice some twenty years earlier, sustaining a head injury. About five years after the accident, she began having convulsive seizures. Encephalography had disclosed a large collection of air in the subdural space, therefore I could only explain this subdural fluid found at operation on the basis of an arachnoidal tear or fistula which allowed cerebrospinal fluid to escape into the subdural space, as had the air after its spinal injection. The roentgenograms showed the brain in postural displacement and suspended along the sagittal sinus by dense corticodural fixations; the traction was evident and at operation an epileptogenous zone, which reacted to faradic stimulation with a convulsion, was demonstrated surrounding the corticodural fixations.

Cerebral Postural Stability. Until this time, I had not considered the question of cerebral postural stability. The profession at large had been so impressed with the concept of increased intracranial pressure by Cushing's brilliant work that little thought had apparently been given to those factors which held the normal, or the atrophic brain in postural stability within the skull. It was believed that the cerebrospinal fluid in the subarachnoid space maintained sufficient pressure to hold the brain in place and that it might be displaced was only appreciated when air was discovered by x-ray in the subdural space. The escape of air into the subdural space was seen only occasionally after encephalography and then was believed to be due either to a defect in the air injection or to an accidental tear in the arachnoid.

Support of the Brain. Over the lateral aspects of the cerebral hemispheres there is no organic attachment between the arachnoid and dura. At the vertex along the sagittal sinus the arachnoid fuses with the dura where arachnoidal villi pass into the lacunae lateralis and sagittal sinus for the escape of cerebrospinal fluid. The cortical veins likewise penetrate the

arachnoid and pass through the subdural space to enter the sagittal sinus. We have, therefore, over the vertex only these cortical veins and arachnoidal villi acting as organic attachments. What then supports the brain? Normally, between the arachnoid and dura, there is a thin film of fluid similar to that found in the pleural and pericardial cavity. This fluid is probably a secretion of the cells lining the subdural space. Upon the opposed surfaces of arachnoid and dura it exerts an adhesive action—(such as exists between two cover glasses when wet)—the surfaces are thus maintained in strong apposition as long as there is not an excess of fluid. When excessive fluid is allowed to enter the subdural space, this adhesive action is lost, and the brain, losing its arachnoidal support, is subject to postural displacement.

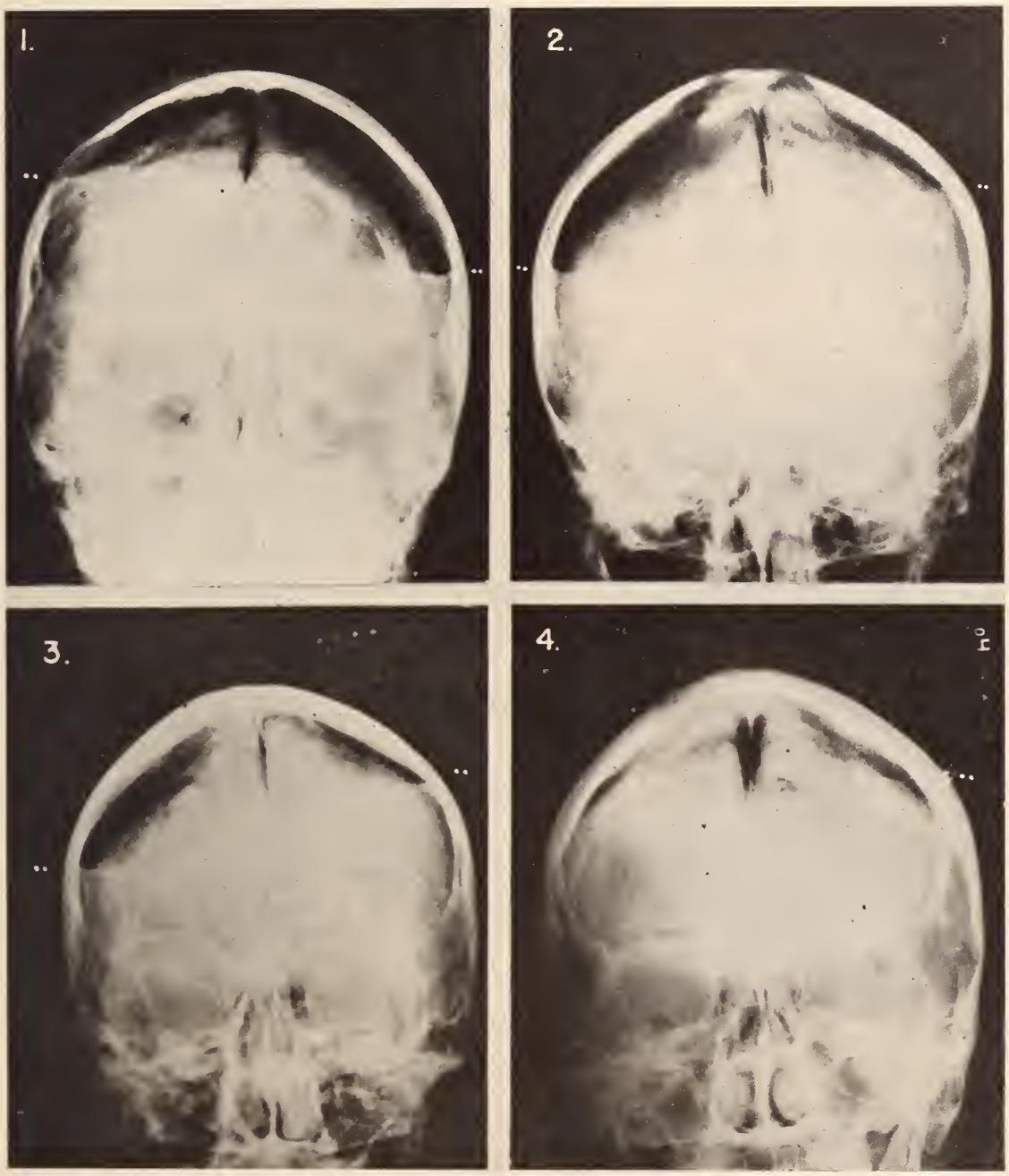
It should be remembered that the arachnoid is attached to the pia mater over the entire surface of the brain by fine trabeculae which give the brain an even support when the arachnoid is maintained in apposition to the dura by the adhesive action of the subdural film of fluid.

Arachnoidal Fistula. The escape of air into the subdural space after encephalography indicates the presence of a defect in the arachnoid through which cerebrospinal fluid may also escape into the subdural space. The arachnoid may be (and probably often is) torn during labor in the moulding of the head or later by minor trauma, and being an avascular membrane may fail to heal, persisting as a chronic fistula through which fluid may leak into the subdural space in such quantities as to reduce the adhesive action of the subdural fluid film. The result is postural instability of the brain and traction upon the arachnoidal villi and veins entering the sagittal sinus. As a result of this traction stress over a period of years there develops an hypertrophy of the arachnoid which often takes the form of pacchionian granulations. Further hypertrophy occurs in the trabeculae under traction until dense fixations of the cortex are formed along the walls of the sagittal sinus and under the lacunae lateralis, and particularly around the veins as they approach the sinus. This seems to be a *reaction to traction stress* and eventually the underlying subarachnoid space becomes obliterated and the cortex densely fixed in these areas. These fixed areas at the vertex, where postural traction is greatest, become foci of traction irritation and surrounding them there gradually develops a zone of hyperirritability, capable, sooner or later, of inducing the epileptic reaction.

Subdural Air Insufflation. In 1932, I developed the technic of subdural air insufflation for the demonstration and localization of corticodural attachments. With the patient in a sitting position, cerebrospinal fluid is removed by lumbar puncture. In the sitting posture the lumbar fluid pressure is approximately 26 mm. Hg. Thirty c.c. of fluid are removed and the pressure drops to about 16 mm. Hg. Removal of another 30 c.c. reduces the pressure to about 6 mm. Hg. While this fluid is being withdrawn, the operator makes a small burr opening in the occipital region exposing the dura. The dura is then nicked, allowing air to rush into the subdural space, releasing the adhesive action of the subdural fluid film, allowing arachnoid and dura to separate and the brain to be displaced. Immediately, the lumbar fluid pressure sharply rises to its original level, 26 mm. Hg. One or two ounces more of fluid are usually withdrawn and the patient sent to be roentgenographed. The roentgenograms will then show the postural displacement of the brain, and the extent of the corticodural fixations. There will usually be shown a subdural fluid level—air superimposed. By tilting the head in various positions, it is possible to accurately localize corticodural fixations and their extent. (Illustration No. I.) Traumatic fixations of the brain in other than the parasaggital region may likewise be accurately localized by shifting the position of the head.

"Idiopathic" Type of Epilepsy, Frequently Traumatic. The importance of the traction element caused by the adhesions and scar of craniocerebral trauma in the production of convulsive phenomena has been demonstrated. We have also demonstrated a similar mechanism of corticodural fixations (Illustration No. II 1-2) and traction in many of the so-called "idiopathic" types of epilepsy. In the latter, the lesion is one of gradual arachnoidal hypertrophy at points of traction stress caused by

ILLUSTRATION NO. I



Subdural Air Insufflation: Showing postural displacement of the brain, corticodural fixations at the parasagittal region, and subdural fluid levels.

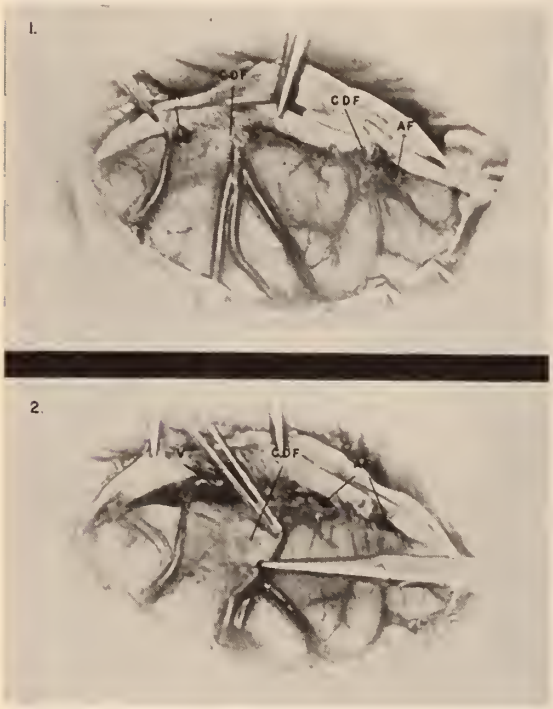
1 and 2—same patient.

1. Showing parasagittal attachment practically normal anterior to the bregma.
2. Showing extensive corticodural fixations and scar in the motor area, with erosion of the skull. Dots show a subdural fluid level.
3. Extensive corticodural fixations in the parasagittal region on both sides.
4. Extensive corticodural fixations on both sides but particularly so on the right in the motor and pre-motor area.

In each instance surgical exploration of the parasagittal region showed that these areas of corticodural fixation were surrounded by an epileptogenous zone which when stimulated reacted in a convulsion which continued after the electrodes were removed.

postural instability of the brain — primarily due to arachnoidal fistulas which undoubtedly are of traumatic origin. Therefore, we may conclude that many of the so-called cases of "idiopathic" epilepsy are traumatic in origin and have an underlying definite specific pathology. (Illustration No. III 1-2-3.) In the surgical experience of some 350 operations for the correction of these traction producing factors and their sequelae, we have come to recognize arachnoidal fistulas without difficulty and find them in every instance; there may be one, or several.

ILLUSTRATION NO. II

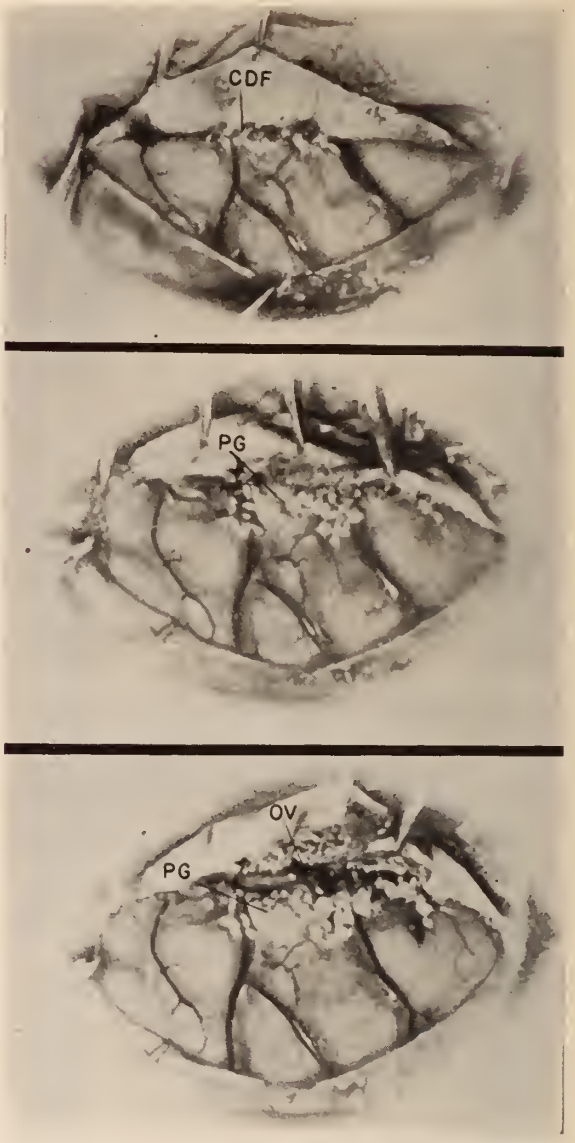


Photographs taken at operation showing, A. F., arachnoidal fistula; C. D. F., corticodural fixations.

1. Arachnoidal fistula and corticodural fixations in the parasagittal region obstructing cortical veins.
2. Same patient with corticodural attachments separated showing scar left on cortex. Young woman aged 21. Has had frequent attacks for 10 years. Operated in 1936. Continued to have occasional minor attacks during first year. For past 5 years she has been free of attacks.

The separation of corticodural fixations in this type of epilepsy is a procedure requiring a special surgical technic, and it is not the pur-

ILLUSTRATION NO. III



Photographs of a parasagittal lesion in an advanced case of epilepsy. C. D. F.—corticodural fixations. P. G.—pacchionian granulations.

A man, 25 years old. Had attacks in childhood; ceased until about 16 years old, when they recurred with increasing frequency. With these he developed mental changes, and was placed in an institution.

Subdural air insufflation showed extensive corticodural fixations in the pre-motor area on each side.

Operated in 1938. Lesion found as photographed, more extensive on the right side. Corticodural fixations were granular in nature, on the order of pacchionian granulations, firmly fixing the cortex to the dura, obstructing cortical veins.

The attacks occurred in groups, usually about

every two weeks, in which he would have as many as two or three a day.

During the first year after operation, he had three attacks. For the past 4 years he has been free of attacks. He attended a special school, and is now an airplane mechanic.

pose of this paper to enter into technical surgical details. It has been possible to evolve a technic of bilateral exposure of the parasagittal region at the vertex of the skull and correct these abnormalities with a mortality of less than two per cent. The clinical results have shown progressive improvement with the development of a more thorough surgical correction of the pathology herein described. There usually is no excision or sacrifice of the cortex. The areas of corticodural fixations when freed are covered with alantoid membrane and the arachnoidal fistulas sealed by mechanical irritation and coagulation.

The epileptogenous zone which can be demonstrated around these corticodural fixations is not excised, as it is often located in or near the motor cortex at the vertex, therefore in only about 25 per cent of cases do we obtain an immediate cessation of attacks; in the remainder, the attacks subside gradually. A follow-up study of cases operated in the past five years indicates that between 85 and 90 per cent of patients are free of convulsive attacks.

Advanced cases of epilepsy may receive fewer benefits from surgery, though arachnoidal fistulas and corticodural fixations seem to have been adequately cared for, so it would seem that the epileptogenic mechanism becomes more firmly fixed by frequent repetition of attacks over long periods and probably assumes the characteristics of a fixed reflex, though usually great improvement occurs.

The post-operative treatment consists chiefly in occupational and environmental adjustment, and the breaking of this more or less established epileptogenic mechanism, which is done by a very gradual withdrawal of sedative medicaton after the patient has been free of attacks for at least one year.

SUMMARY

1. It is possible to demonstrate that unequal traction upon the cortex is responsible for the induction of convulsive phenomena in traumatic epilepsy.

2. That the traction element exists in both expansive lesions such as brain tumor, abscess, etc., and contractive lesions—as adhesions and scar tissue.

3. That there exists in many of the so-called "essential" or "idiopathic" cases of epilepsy a definite causative lesion which may be demonstrated usually by subdural air insufflation, and occasionally by encephalography.

4. In a series of more than 350 surgical exposures of the vertex of the brain in epilepsy, we have found extensive corticodural fixations in the parasagittal region which are produced by a reaction of the arachnoid to traction stress, this stress being due to defective cerebral support caused by excessive fluid in the subdural space, and result of a traumatic arachnoidal fistula.

5. These conclusions are borne out in the results obtained by surgical correction of the pathology herein described.

27 East 83rd Street

COBRA VENOM IN THE RELIEF OF PAIN DUE TO CANCER

Cobra venom was successfully used in 50 to 70 per cent of the patients in whom it had been injected for the relief of pain. While it is too early to assign cobra venom to a permanent place as an analgesic agent, the evidence suggests that it may prove to be of considerable value in the treatment of intractable pain.—P. J. Hodes, M.D., and R. S. Thorner, M.D., Am. J. Roentgenol. (Clinical Abstracts.)

PREGNANCY AND LABOR COMPLICATED BY HEART DISEASE

MATERNAL WELFARE ARTICLE NUMBER EIGHTY-TWO

BENNO TUNIS, M.D., Newark, N. J.

Any case of heart disease may be a source of complications during pregnancy and labor, especially where organic heart disease is present, with or without patent signs and symptoms of decompensation. There is always the possibility that the heart may go over from the compensated into the decompensated stage. The latter must be regarded as one of the most serious complications, no matter whether it occurs during pregnancy or labor.

The normal healthy heart undergoes some changes which are the concomitants of the general changes of pregnancy and labor. There is an enlargement of the heart which is recognizable by clinical methods; for instance, the heart dulness is greater than in the non-pregnant state, there is an increase in both diameters of the heart under the fluoroscope and finally there is an increase in the size of the heart when seen as an anatomical preparation. All these changes are evident in the normal woman's heart during gestation and are the manifestations of the hypertrophy as well as the dilatation of the normal heart during pregnancy; hypertrophy, because of the increased size of the heart—dilatation, because of the increased volume of the heart chambers and ventricles.

Dreysel, Sellheim, Mueller and other workers have proven that the increase in the size of the heart during pregnancy progresses gradually from the first to the last months of pregnancy even under normal conditions. Bonomi, by microscopic studies, has shown the increase in the length and breadth of the muscle fibres. Frey, Jensen and Norgrath in Sweden have demonstrated by x-ray the increase in both heart diameters.

The volumetric findings on the pulse of a pregnant woman have shown an increase in single as well as in minute beat volumes (Frey), which means the heart activity as well as the heart capacity is increased. (Hypertrophy and dilatation: hypertrophy due to increased activity and dilatation due to the increased amount of fluid in the body.) The blood volume of a pregnant woman is about 8.3 per cent of her body weight, whereas the blood volume of a non-pregnant woman is only 5 per cent of her body weight (Zunz).

The normal healthy heart is in a position to overcome the strain, due to its ability to accommodate itself to the increased demand. There is a proportion between the physiological enlargement and the single beat volume, which increases as the hypertrophy increases. This is physiological.

In pathological conditions, although the hypertrophy is still more than in the normal, the beat volume does not increase and remains less than the normal. In other words, the heart muscle gathers all its strength but it is still unable to muster enough strength to pump the increased amount of fluid. This results in a stasis beginning at the point where the venous blood empties into the right ventricle. Here the decompensation starts.

The over-activity of the heart muscle is still greater during labor. Labor pains send afferent impulses toward the heart. The final labor pains produce hypertension in the thoracic cavity similar to the well-known Valsalva phenomenon. Besides this the intraäbdominal pressure goes up and the blood from the splanchnic region is drawn toward the periphery and causes a considerable increase in the heart activity.

The increased amount of fluid in the body, the difference in beat volume and the transverse position of the heart because of the high position of the diaphragm may cause accidental murmurs discernable on auscultation even in the normal heart. If we consider that due to hormone influences some dyspnea as well as edema may occur in any pregnancy, we can understand why it is often difficult to make the correct diagnosis of heart disease in pregnancy.

For the same reasons different hospitals show different statistics of the incidence of

heart disease during pregnancy. The author, in surveying about 25,000 deliveries, found 121 cases of organic heart disease with or without decompensation (an incidence of 0.5 per cent).

Of all types of diseased hearts, those afflicted with stenosis of the mitral valves show the greatest tendency to go into heart failure. The cases of pure mitral stenosis are more prone to distress than all other heart cases such as those of insufficiency or aortic valve lesions.

A follow-up of autopsies on women who died because of heart failure during labor reveals: (1) The greatest number were cases suffering from mitral stenosis. (2) The greatest number of autopsies showed a recurrent endocarditis or one of recent development. (3) The endocarditis was mostly present in women who had undergone some intra-uterine manipulation (like version, high forceps application or removal of the placenta).

Lyssauer, Saltykov and Rosanov have proven by animal experiments that whenever a valve was damaged injection of staphylo- or streptococci into the veins produced endocarditis. Thus it is understandable why in most cases with injured valves caused by organic heart disease any intra-uterine manipulation is apt to produce endocarditis. This point should be particularly emphasized in order to sound a warning against intra-uterine manipulation of a cardiac woman during labor.

From the preceding statements we can conclude that the treatment of a parturient suffering from a heart ailment is neither a simple nor a uniform procedure. Every stage of gestation has its special dangers and risks. We must differentiate the following treatments: (a) in the beginning; (b) in late pregnancy; (c) during labor; and (d) after labor.

a. Up to the third month when there are manifest symptoms of decompensation, the pregnancy should be interrupted very carefully.

b. After the third month the interruption is a more dangerous procedure and should be avoided because it may be as risky as a full-term pregnancy. In this stage the patient must be treated for decompensated heart disease as if she were not pregnant. This group includes cases which show signs and symptoms of a severe heart ailment but where for various reasons the interruption of the pregnancy in its first third has been omitted. These cases must be confined to bed during the whole pregnancy, digitalized and generally treated as heart cases. Some cases improve and may even deliver spontaneously.

c. On the other hand, if there is no response to the treatment of the heart and an emergency during labor is anticipated a surgical delivery by Cesarean section under local anesthesia should be the choice.

Cesarean section under local anesthesia (introduced in 1921 by Wallstein) was publicized in 1925 by Becker. In 1928 the author reported a series of cases of very severe heart disease in which Cesarean section under local anesthesia had been successfully performed. Should one do a Cesarean section under local anesthesia because of decompensation, he should never fail to perform a tubal sterilization. The technique of Cesarean under local anesthesia is described by Beck and is a simple procedure. Among 120 Cesareans performed by the author the 10 per cent performed under local anesthesia for various reasons were completely successful.

d. Should the delivery be normal and spontaneous, one must watch the heart and blood pressure and look out for arrhythmia and cyanosis. After the delivery the abdomen should be compressed for 15 to 20 minutes in order to prevent a rapid back-flow of blood from the periphery. Fifty per cent dextrose with digalen and aminophyllin is a very suitable medication at this stage. Tourniquets applied to all extremities will relieve the imminent pulmonary edema. Neither pituitary nor ergot should be used, the latter only when absolutely necessary. Hot black coffee has proven a very good restorative. Sedatives in order to avoid excitement or morphine after the delivery are routine treatment.

SUMMARY

1. Pregnancy and delivery in a woman suffering from heart disease is not without danger and there may be an indication for an

interruption of the pregnancy in the first trimester of pregnancy.

2. Mitral stenosis gives a particularly bad prognosis.

3. Death during labor is very often caused by endocarditis of the valves, either recently acquired or latent and not previously recognized.

4. Any kind of intra-uterine manipulation is apt to promote endocarditis.

5. Sustained treatment of the heart disease during pregnancy and Cesarean section under local anesthesia should be reserved for cases with severe decompensation.

6. When performing the Cesarean under local anesthesia tubal sterilization should be done.

5 Farley Avenue

A LESSON FROM A DEATH CERTIFICATE

NUMBER FIFTY-THREE

Patient, age 18 years. Grav. iii, para i. Gestation apparently 9 months. No prenatal care. History of cesarean the previous year.

Physician called when patient was in labor. While making arrangements to send patient to hospital physician was notified that she had died. Autopsy revealed ruptured uterus.

1. Every patient should have prenatal care.
2. A previously cesareanized patient should be watched especially carefully.

W. B. Mount, M.D.

ENDOMETRIOSIS OF THE SIGMOID, COLON AND RECTUM

Endometriosis is common in women during their active menstrual life.

Endometrial implants on the rectosigmoid occur frequently in patients with pelvic endometriosis: in 40 per cent of 117 patients in the present series and in 15 to 40 per cent of the series found in the medical literature.

An accurate preoperative diagnosis of constricting endometriosis of the rectosigmoid can be made from clinical characteristics and roentgenologic findings by means of barium enemas.

The more common clinical characteristics of constricting endometriosis of the rectosigmoid include (1) age range, usually between 25 and 45 years; (2) high incidence of menstrual abnormalities; (3) absolute or relative sterility; (4) long history of bowel symptoms suggesting progressive obstruction with frequent exacerbations at menstruation; (5) absence of cachexia or loss of weight; (6) infrequent gross or occult blood in the stool in the absence of other anorectal disorders; (7) high incidence of associated benign uterine tumors, and (8) demonstration of narrowed lumen of the bowel with intact mucosa when the lesion can be reached with the sigmoidoscope.

The roentgenologic findings of constricting endometriosis of the rectosigmoid includes (1) a filling defect approximately 4 to 7 inches; (2) a sharp demarcation of this filling defect similar to carcinoma; (3) little evidence of disorders in other portion of the colon; (4) an essentially intact mucous membrane, and (5) fixation and tenderness to palpation during fluoroscopic examination.

Castration without resection of the colon resulted in complete restoration of the lumen of the bowel in patients examined preoperatively and postoperatively by barium enemas.

The differential diagnosis of a constricting lesion of the rectosigmoid in a woman during her active menstrual life should include endometriosis as a prominent etiologic possibility.

Constricting lesions of the rectosigmoid are of sufficient frequency to warrant careful consideration before extensive resection of the colon or rectum is attempted—E. L. Jenkinson, M.D., and W. H. Brown, M.D., J. A. M. A., Vol. 121, No. 6, page 353.

LEGISLATIVE NEWS

THE WAGNER BILL—"UNIFIED NATIONAL SOCIAL INSURANCE SYSTEM"

EXTRACTS OF S. 1161, INTRODUCED BY SENATOR WAGNER, JUNE 3, 1943

A BILL To provide for the general welfare; to alleviate the economic hazards of old age, premature death, disability, sickness, unemployment, and dependency; to amend and extend the provisions of the Social Security Act; to establish a Unified National Social Insurance System; to extend the coverage, and to protect and extend the social-security rights of individuals in the military service; to provide insurance benefits for workers permanently disabled; to establish a Federal system of unemployment compensation, temporary disability, and maternity benefits; to establish a national system of public employment offices; to establish a Federal system of medical and hospitalization benefits; to encourage and aid the advancement of knowledge and skill in the provision of health services and in the prevention of sickness, disability, and premature death; to enable the several States to make more adequate provision for the needy aged, the blind, dependent children, and other needy persons; to enable the States to establish and maintain a comprehensive public assistance program; and to amend the Internal Revenue Code.

TITLE IX—FEDERAL MEDICAL, HOSPITALIZATION, AND RELATED BENEFITS

PRIMARY MEDICAL AND HOSPITALIZATION BENEFITS

Sec. 901. (a) Every individual, who is currently insured * * * shall be entitled to receive general medical, special medical, laboratory, and hospitalization benefits after the effective date of this title.

DEPENDENT'S MEDICAL AND HOSPITALIZATION BENEFITS

(b) Every dependent (as defined in title XI of this Act) * * * shall be entitled to receive general medical, special medical, laboratory, and hospitalization benefits. * * *

MAXIMIM HOSPITALIZATION BENEFITS

Sec. 902. The maximum number of days in any benefit year for which any individual may be entitled to hospitalization benefit under section 901 shall be thirty: *Provided, however,* That when the Board of Trustees finds that moneys in the separate account established in accordance with section 913 are adequate, the Surgeon General and the Social Security Board may through joint rule and regulation increase the maximum to not more than ninety days for the following calendar year.

ADMINISTRATION

Sec. 903. (a) The Surgeon General of the Public Health Service is hereby authorized and directed to take all necessary and practical steps to arrange for the availability of the benefits provided under this title and of services and reports required by the Social Security Board in the determination of disability under titles II and VIII of this Act.

(b) In carrying out the duties imposed upon him by subsection (a) of this section, the Surgeon General is hereby authorized to negotiate and periodically to renegotiate agreements or coöperative working arrangements with appropriate agencies of the United States, or of any State or political subdivisions thereof, and with other appropriate public agencies, and with private agencies or institutions, and with private persons or groups of persons, to utilize their services and facilities and to pay fair, reasonable, and equitable compensation for such services or facilities, * * *

NATIONAL ADVISORY MEDICAL AND HOSPITAL COUNCIL

Sec. 904. (a) There is hereby established a National Advisory Medical and Hospital Council (referred to as the "Council") to consist of the Surgeon General as Chairman and sixteen members to be appointed by the Surgeon General. The sixteen appointed members shall be selected from panels of names submitted by the professional and other agencies and organizations concerned with medical services and education and with the operation of hospitals and from among other persons, agencies, or organizations informed on the need for or provision of medical, hospital, or related services and benefits. Each appointed member shall hold office for a term of four years, * * *

(b) The Council is authorized to advise the

Surgeon General with reference to carrying out the provisions of this Act, including (1) professional standards of quality to apply to general and special medical benefits; (2) designation of specialists; (3) methods and arrangements to stimulate and encourage the attainment of high standards through coördination of the services of general practitioners, specialists, laboratories, and other auxiliary services, and through the coördination of the services of practitioners with those of educational and research institutions, hospitals and health centers, and through other useful means; (4) standards to apply to participating hospitals and the establishment and maintenance of the list of participating hospitals; (5) adequate and suitable methods and arrangements of paying for medical and hospital services; (6) studies and surveys of the services furnished by practitioners and hospitals and of the quality and adequacy of such services; (7) grants-in-aid for professional education and research projects; (8) establishment of special advisory, technical, local, or regional boards, committees, or commissions.

GUIDING PRINCIPLES AND PROVISIONS FOR ADMINISTRATION

Sec. 905. In the administration of this title, with respect to provision of benefits furnished by physicians and with respect to payment for their services, after consultation with the Council, the Surgeon General shall be guided by the following principles and provisions as far as these are applicable:

(1) Any physician legally qualified by a State to furnish any services included as benefits under this title shall be qualified to furnish such services as benefits under this title (except as otherwise provided in paragraph [4] of this section) in accordance with such rules and regulations as may be prescribed.

(2) Every individual entitled to receive as a benefit services from a physician shall be permitted to select, from among those designated in paragraph (1) of this section, those from whom he shall receive such services, except specialists' services, subject to the consent of the practitioner selected, and to change such selection in accordance with such rules and regulations as may be prescribed.

(3) The Surgeon General shall publish and otherwise make known in each area to individuals entitled to benefit under this title the names of general practitioners who have agreed to furnish services as benefits under this title and to make such lists of names readily available to individuals entitled to make the selection of a general practitioner as provided under paragraph (2) of this section.

(4) Services which shall be deemed to be specialist services shall be those so designated by the Surgeon General, and the practitioners from among those included in paragraph (1) above who shall be qualified as specialists and entitled to the compensation provided for specialists shall be those so designated by him as qualified to furnish such specialist services and only with respect to the particular class or classes of specialist services he shall determine for each such specialist, in accordance with general standards previously prescribed by him after consultation with the Council and utilizing standards and certifications developed by competent professional agencies.

(5) The services of specialists shall ordinarily be available only upon the advice of the general practitioner.

* * * * * * * *

(7) Payments from the Trust Fund to general medical practitioners, for services under this title, shall be made (A) on the basis of fees for services rendered to individuals entitled to benefits, according to a fee schedule approved by the Surgeon General; or (B) on a per capita basis, the amount being according to the number of individuals entitled to benefit who are on the practitioner's list; or (C) on a salary basis, whole time or part time; or (D) on a combination or modification of these bases, as the Surgeon General may approve, according in each area as the majority of the general medical practitioners to be paid for such services shall elect, subject to such necessary rules and regulations as may be prescribed.

(8) The methods of making payments from the Trust Fund to designated specialists for services under this title, furnished as special medical benefits, may include payments on salary (whole time or part time), per session, fee-for-service, per capita, or other basis, or combinations thereof.

(9) Payments for particular services or classes of services furnished as benefits under this title may be nationally uniform or may be adapted to take account of relevant factors.

(10) The Surgeon General may prescribe maximum limits to the number of potential beneficiaries for whom a practitioner may undertake to furnish general medical benefit, and such limits may be nationally uniform or may be adapted to take account of relevant factors, as the Surgeon General may determine.

(11) In any area where payment for the services of a general practitioner is on a per capita basis, the Surgeon General shall distribute (subject to limits prescribed in accordance with paragraph [10] of this section) on a pro rata basis among the practitioners of the area on the list established pursuant to paragraph (3) of this section those individuals in the area who, after due notice, have failed to select a general practitioner or who having made a selection have been refused by the practitioner.

(12) In each area the provision of general medical benefit for all individuals entitled to receive such benefit shall be a collective responsibility of all qualified general practitioners in the area who have undertaken to furnish such benefit.

LIMITATIONS ON GENERAL MEDICAL AND LABORATORY BENEFIT

Sec. 911. (a) The Surgeon General and the Social Security Board may, under joint rules and regulations, determine for any calendar year or part thereof that every individual entitled to general medical benefit may be required by the physician furnishing such benefit to pay a fee with respect to the first service or with respect to each service in a spell of sickness or course of treatment. Such determination shall be made only after good and sufficient evidence indicates that such a determination is necessary and desirable to prevent or reduce abuses of entitlement to such benefit, and shall fix the maximum size of such fee at an amount estimated to be sufficient to prevent or reduce abuses and not such as to interpose a substantial financial restraint against proper and needed receipt of medical benefit. Such determination may also limit the application of such fees to home calls, to office visits, or to both, and may fix the maximum total amount of such fee payments in a spell of sickness or course of treatment, and may also provide for differences in the maximum size of such fees or total amount of such fee payments for urban and rural areas and with regard for differences among States or communities.

RULES AND REGULATIONS

Sec. 914. The Surgeon General, after consultation with the Social Security Board, and with the approval of the Federal Security Administrator, shall make and publish such rules and regulations, not inconsistent with other provisions of this Act, as may be necessary to the efficient administration of this title.

DEFINITIONS

Sec. 915. (a) The term "general medical benefit" means services furnished by a legally qualified physician, including all necessary services such as can be furnished by a physician engaged in the general practice of medicine, at the office, home, hospital, or elsewhere, including preventive, diagnostic and therapeutic treatment and care, and periodic physical examination.

(b) The term "special medical benefit" means necessary services requiring special skill or experience, furnished at the office, home, hospital, or elsewhere by a legally qualified physician who is a specialist with respect to the class of service furnished.

(c) The term "laboratory benefit" means such necessary laboratory or related services, supplies, or commodities, not provided to a hospitalized patient and not included in subsections (a) and (b) of this section, as the Surgeon General may determine, including chemical, bacteriological, pathological, diagnostic and therapeutic x-ray, and related laboratory services, physiotherapy, special appliances prescribed by a physician, and eye glasses prescribed by a physician or other legally qualified practitioner.

TITLE IX-A—FEDERAL SOCIAL INSURANCE CONTRIBUTIONS

SUBCHAPTER B

SELF-EMPLOYED SOCIAL INSURANCE CONTRIBUTION FOR OLD-AGE, SURVIVORS, PERMANENT DISABILITY, AND MEDICAL AND HOSPITALIZATION INSURANCE

Sec. 963. Every self-employed individual shall pay a social-insurance contribution equal to 7 per centum of the market value of his services rendered as a self-employed individual, after December 31, 1943, with respect to services in self-employment after such date, but not including that part of any remuneration for employment and the market value of services in self-employment in excess of $3,000 for any calendar year.

RESOLUTION ON THE WAGNER BILL, S. 1161

The resolution, adopted by the Welfare Committee on June 20, 1943, was presented to the Board of Trustees, and the following amended resolution was adopted by the Trustees on June 27, 1943:

Whereas, The Social Security Act Amendment of 1943, S. 1161, commonly known as the Wagner Bill, was introduced in the Senate on June 3, 1943, and

Whereas, Title IX of the Social Security Act as amended, dealing with "Federal Medical, Hospitalization and Related Benefits" sets up a system of compulsory medical care, which in the judgment of The Medical Society of New Jersey would be detrimental to public health and welfare and would result in a lowered quality of medical care, and

Whereas, This System will be destructive of the time-honored existing method of Medical Practice under which has been developed the highest standards of medical care and public health of any large country of the world, and

Whereas, This bill has been introduced in the turmoil of war without consultation with the official representatives of health professions and related agencies, and

Whereas, The Medical Society of New Jersey over a period of years has been and is making sincere and vigorous efforts to develop and operate plans for the distribution of such care with the hope of eventually being of help to the government and the medical profession in their joint effort to solve the problem of the distribution of medical care, and

Whereas, The Welfare Committee composed of representatives from all the County Societies and charged under our By-Laws with the responsibility of dealing with matters affecting medical practice and legislation has, after study, recorded its disapproval of this measure;

Therefore, Be It Resolved, That The Medical Society of New Jersey hereby expresses its disapproval and opposition to the above mentioned Title IX of the Social Security Act as amended, and

Be It Further Resolved, That The Medical Society of New Jersey call upon the new Council on Medical Service and Public Relations, created by the House of Delegates of the American Medical Association, forthwith to undertake the formulation of a policy directed to the solution of the distribution of medical care, to which Council we offer our experience and support, and

Be It Further Resolved, That copies of this resolution be forwarded to the American Medical Association and to the New Jersey Representatives in Congress.

NEW ATTACK ON SOCIAL EVIL

The federal-state war conference on social protection at Trenton demonstrated the common interest in the evils of prostitution as related not only to the armed forces, but also to the civilian population. Ranking Army and Navy officers participated along with high civil officials in the federal and state governments. First of its kind to be held, the gathering was representative of all groups directly concerned with the policing, medical care and social welfare aspects of the problem.

In comprehension and scope the discussions were outstanding. The thought that prostitution was so deeply rooted in a human urge it could not be curbed, and that segregation and medical inspections were the only means of dealing with its evil consequences, found no acceptance among the discussants.

Control of the problem was pictured as a broad community job that went beyond mere attempts at prohibition, ending perhaps in the jailing of a few vice profiteers. It involved not only intelligent and honest policing along with medical care and adequate social case work facilities, but also the coördinated effort of all groups, including the home, the school and the church, in removing the conditions that contribute to prostitution.

Besides serving a helpful purpose in bringing together the various professional groups, the conference marked the beginning of a united effort to impress the public anew with the menace of venereal diseases and thus, perhaps, lead communities to action along the lines indicated. Ordinarily this might seem a futile attempt, but behind it is the persuasive influence of the May Act. Only incidental reference was made to this federal legislation in the conference, but it provides that where vice conditions in a community "within a reasonable distance" of any camp threaten the health of military personnel, the Department of Justice may step in and compel a cleanup.—Editorial, Newark Evening News, June 22, 1943.

STATE ACTIVITIES

WELFARE COMMITTEE MEETING

The Welfare Committee held its organization meeting on Sunday, June 20, 1943, in the Hotel Hildebrecht, Trenton. The presiding officer, Chairman Herschel S. Murphy, opened the meeting at 2:15 p. m. The following members were present:

ATTENDANCE

Atlantic County—Edward Guion
Bergen County—Harrison B. Wilson, Joseph R. Morrow
Camden County—Henry B. Decker
Cape May County—Clarence W. Way
Cumberland County—Millard F. Sewall, H. Burton Walker
Essex County—Royal A. Schaaf
Gloucester County—Chester I. Ulmer
Hudson County—J. Lawrence Evans, B. S. Pollak
Mercer County—D. Leo Haggerty
Middlesex County—Ralph J. Faulkingham
Monmouth County—Stanley Nichols
Ocean County—William E. Dodd
Passaic County—Sigurd W. Johnsen
Salem County—Harry F. Suter
Somerset County—Frank L. Field
Union County—Herschel S. Murphy, Walter F. Phelan
Warren County—William H. Varney
Technical Advisers: Robert P. Fischelis, Emil Frankel, Mr. William MacDonald
Others: President Hollinshed, President-Elect Londrigan, Vice-President Alexander, George Blackburne, A. Charles Zehnder, H. Roy Van Ness, Frederic J. Quigley, Wells P. Eagleton, Julius Levy, Chester R. Brown, Walter B. Mount, Watson B. Morris, Joseph E. Raycroft

PRESIDENT'S GREETING

President Hollinshed greeted the Committee. He stated that the Society is facing the beginning of a new era in the practice of medicine. The Committee's attention was called to the reports of the various committees which are broad, comprehensive and progressive, and will need the wholehearted support of the entire medical profession of the State for their successful culmination. The Officers and Board of Trustees, the President stated, are looking to the Welfare Committee to supervise for the State Society those matters of interest to the profession, particularly legislative, public relations, public health and medical practice matters.

S. 1161—THE WAGNER BILL

The Wagner Bill, S. 1161, introduced on June 3, 1943, was analyzed by the Executive Secretary of the Subcommittee on Legislation and the Chairman of the Subcommittee on Medical Practice. After a joint discussion of the bill by the members of the Subcommittees on Legislation and Medical Practice, earlier in the day, the Chairmen of the four Subcommittees with the Executive Secretary of the Subcommittee on Legislation drafted a resolution for presentation to the Welfare Committee. The resolution was considered and an amended resolution drafted with the aid of Drs. Eagleton and Morris was finally adopted by the Welfare Committee.

The Committee unanimously referred the adopted resolution to the Board of Trustees for their approval and transmission to the New Jersey Representatives in the Congress, the American Medical Association, the officers of other State Societies, the Surgeon-Generals of the Army, Navy and United States Public Health Service, and to the Public Relations Committee of the State Society for publication in the press.

(Abstract of S. 1161 and resolution, pages 279 and 282.)

MEDICAL CARE PROGRAM OF WIVES AND CHILDREN OF ENLISTED MEN

Dr. Johnsen presented a report of the Special Committee on the Medical Care Program of Wives and Children of Enlisted Men.

The plan as now operating throughout New Jersey has been approved by Washington. It provides the following fees to physicians:

For complete obstetrical care at home or in the hospital, $45.00. If prenatal care is not included, $35.00. Prenatal care including at least five visits when the woman is delivered in a hospital having no prenatal service, $10.00.

The fees for pediatrics are: visits in first year of infant's life, at home, $2.00; in office or hospital, $1.00.

The maximum payment for the first week of illness is $10.00; maximum payment for any subsequent week of illness, $5.00. Initial authorization is not issued for a period of more than three weeks.

Obstetrical and pediatric consultant fees are $10.00 at the patient's home and $5.00 in the office or hospital.

The following amendments to this schedule

were recommended for presentation to Washington for approval:

1. Pediatric home visits be $3.00 instead of $2.00 and office or hospital visits be $2.00 instead of $1.00.

2. Maximum payment for the first week of illness be $20.00 instead of $10.00, and maximum payment for any subsequent week of illness be $10.00 instead of $5.00.

3. This Committee, through the Welfare Committee, recommend to all hospitals in New Jersey and to the New Jersey Hospital Association that they also create a special category to be known as the "Government Aid to Wives and Infants of Service Men in Certain Ranks", so that physicians on ward service could accept payment from the Government in a way similar to compensation cases.

4. The Maternal Welfare Committee and the Child Health Committee be requested to submit a schedule of fees for specialists' services which would include Cesarean section, complications of pregnancy, versions and instrumental deliveries; also for special services on children and operations on infants under one year.

5. The Maternal Welfare Committee and the Child Health Committee be requested to submit a list of obstetrical and pediatric consultants to include those localities where no such specialists exist and the general practitioner who has been acting as consultant will be eligible for payment for his services.

The report was unanimously adopted with the schedule contained therein to be changed from time to time in the light of experience.

Chairman Murphy announced the membership of this Special Committee for the new administrative year: Dr. Walter B. Mount, Chairman; Dr. Sigurd W. Johnsen, Dr. Stanley Nichols, Dr. Chester R. Brown, Dr. Watson B. Morris and Dr. Thomas K. Lewis.

A. M. A. MEETING

At the special request of the Chairman, Dr. Wells P. Eagleton, Delegate to the A. M. A., attended the Welfare Committee meeting and gave a brief report on the recent A. M. A. meeting in Chicago.

ESSEX COLLEGE OF MEDICINE AND SURGERY

The Executive Secretary of the Committee on Legislation reported that the Essex College of Medicine and Surgery, Newark, was denied permission by the State Board of Education at its meeting on June 10, 1943, to grant the degree of Doctor of Medicine. The Board questioned the form of incorporation and held the financial structure to be inadequate.

SURVEY OF THE STATE DEPARTMENT OF HEALTH

An abstract of the Survey of the State Department of Health made by Dr. R. C. Williams of the U. S. P. H. was distributed to the members. Discussion was held in abeyance until a report was received from a Special Study Committee composed of Dr. Harrison B. Wilson, Chairman; Dr. Frederic W. Lathrop, Dr. Millard F. Sewall, Dr. Francis C. Weber and Dr. S. Emlen Stokes, appointed by Chairman Murphy for this purpose.

SUBCOMMITTEE REPORTS

Legislation

Dr. Pollak, Chairman, reported that the morning meeting of his committee was devoted to a discussion of S. 1161 (Wagner Bill). The Committee on Legislation reappointed Dr. Quigley as Executive Secretary of the Committee.

Dr. Quigley read the report of the Committee which announced that inasmuch as the State Legislature is now in recess and not scheduled to reconvene until November 15th there is no change in the status of the bills introduced in this session of interest to the medical profession, as given in the Annual Report and in the Supplementary Report of the Subcommittee on Legislation.

In its report the Committee presented a brief analysis of the medical and public health implications of the Wagner Bill, S. 1161, as outlined in the Legislative News this month, page 279.

The report was unanimously adopted.

Medical Practice

Dr. Johnsen, Chairman, reported that his committee has been entrusted by the President, Dr. Hollinshed, with a very solemn and important duty—that of formulating a Post War Medical Program—and approved by the Board of Trustees and the House of Delegates. The resolution from the Essex County Medical Society requesting the formation of a Vision, Scope and Planning Committee was studied and its aims and objectives, not already included in the Committee program, were made a part of the final program. Three new Advisory Committees have been added and inactive Advisory Committees, because of the war emergency, have been activated and their mem-

bership enlarged. The membership of the Advisory Committees comprises a well-balanced geographical distribution and represents the best of the physicians in New Jersey. It is felt that such a democratic committee of this type should do a good job and justify the confidence that has been placed in it.

The Workmen's Compensation Committee has reported that a uniform medical report form for compensation cases has been accepted by the Association of Claim Agents and Commissioner Toohey of the State Department of Labor. These forms will soon be available.

The report was unanimously adopted.

Public Health

Dr. Nichols, Chairman, reported that the Conference of Allied Medical Professions, always interested in having public health developments which affect private and public practice of each profession studied by the highest authorities, has succeeded in this aim. Governor Edison has asked the presidents of Rutgers and Princeton Universities to take over the study of the Williams' Survey of Public Health Organization of New Jersey and its planning. Both have accepted this assignment.

The Conference will continue its policy of recommending qualified members to the State Board of Health.

The Public Health Committee intends to set up an educational program on tropical diseases. Food and nutrition has been added to the work of the Committee; "Hearing" has been added to the program of the Committee on Conservation of Vision; "Home and Industrial Safety" has been added to the program of the Committee on Traffic Accidents. The Tuberculosis and Adult Disease Committee has representatives of Tuberculosis, Adult Health Supervision, Cardio-Vascular and Nutrition. In addition to the regular technical advisers to the Public Health Committee, representatives from the A. F. of L. and C. I. O., Health Officers, Hospital Association and the Chairmen of the Public Health Committees of the Senate and Assembly will be contacted and asked to serve.

The report was unanimously adopted.

Public Relations

Dr. Schaaf, Chairman, reported that by the recent action of the House of Delegates a sharp difference has developed between the professed principles of the State Society and its actual adherence to the principles. The report of the Public Relations Committee recommending that the Society restate its position clearly and unequivocally in regard to the distribution of medical care through voluntary health plans and plans for the care of the indigent sick by tax subsidies was approved. The House also approved the recommendations of the Reference Committee in regard to the participation of the component societies in the work of the Medical-Surgical Plan. These recommendations in effect permitted the individual component societies to participate in the Plan or refuse to do so; also enjoined the Board of Trustees of the Plan from making any further effort to secure the 51 per cent of doctors in a given county needed to make the Plan effective in that county. This action has had a most damaging effect upon the Public Relations Program and upon the attitude of the general public toward the State Society. It has aroused considerable adverse comment in high editorial circles and leaves the Society in the position of professing one thing and practicing another.

In view of the present situation the Committee would like instructions as to a Public Relations program which can be initiated and carried out without letting the Committee and the Society open to the criticism of being disingenuous, hypocritical or intellectually dishonest.

Dr. Schaaf stated that the principle involved is the integrity of the State Society. The objections of the Society should either be retracted or put into effect and further promulgation of the principle should be held in abeyance until the matter is settled.

The Welfare Committee unanimously passed a motion that the report be referred to the Board of Trustees to resolve this difficult situation which has arisen; also that it be referred to the Subcommittee on Medical Practice for study.

The meeting adjourned at 5:00 p. m.

BOARD OF TRUSTEES' MEETING

The reorganization meeting of the Board of Trustees was held in the Executive Offices, Trenton, Sunday, June 27, 1943.

ATTENDANCE

Those present were: Drs. Lee, Norton, McBride, Hawkes, North, Coleman, Costello,

Green, Hornberger, Londrigan, Alexander, Hollinshed, Scammel and Stahl. Also present upon invitation were: Drs. Lewis, Barkhorn and Scott.

APPROVAL OF MINUTES

The minutes of the annual meeting of the Board, May 25 and 26, 1943, were approved as distributed.

ELECTION

Dr. Thomas B. Lee and Dr. Aldrich C. Crowe were reëlected Chairman and Secretary, respectively, of the Board for the new administrative year.

Dr. William F. Costello, Trustee member of the Finance and Budget Committee, who was elected in error to this post for a term of six years by the House of Delegates, was confirmed by the Trustees.

REPORT OF THE PRESIDENT

The Board confirmed the President's action on the following:

1. Appointment of Dr. Leopold Szerlip, Newark, as representative of the Medical Society on the Advisory Committee to the Crippled Children's Commission.

2. Medical Society approval and distribution of the resolution of the Essex County Medical Society, objecting to restricted milk delivery, to the Governor, N. J. Congressmen, N. J. State and Federal Directors of OPA and ODT, and the A. M. A.

3. Publication of the article on War Participation Committees in the June *Journal* (page 215) and distribution of the article with letter to the County Societies, at the request of the Special Committee on War Participation.

4. Assignment of temporary change of duties of the Acting Executive Officer.

5. Establishment and appointment of four new Advisory Committees—Health Insurance, Distribution of Medical Care, and Private Practice; all Advisory to the Subcommittee on Medical Practice; and the Advisory Committee on School Health to the Subcommittee on Public Health.

6. Appointment of Dr. Joseph E. Raycroft, Chairman of the Advisory Committee on Mental Hygiene, as representative of the Medical Society to attend a meeting called by Selective Service for a discussion of the men in service found to be unfit for duty due to personality factors which were present but undiscovered at the time of induction.

The Board took the following action on these items presented by the President:

1. Program of collaboration between the N. J. Osteopathic Society and The Medical Society of New Jersey.

A letter from Dr. Francis A. Finnerty, President of the N. J. Osteopathic Society, relative to establishing and maintaining a relationship of understanding and confidence between the two Societies, with the suggestion that a committee from the Medical Society confer with the officers of the Osteopathic Society to discuss a program of collaboration between the two organizations, was referred to a Special Committee of the Board.

The Board unanimously approved the appointment of a committee of three to which all matters pertaining to osteopaths and other cults would be referred for study and recommended action by the Board as a whole. The Chairman of the Board appointed: the President, Chairman of the Trustees and Dr. Norton as the committee.

2. Fall Clinical Conference.

After consideration of the request of the President and Section Chairmen that the Fall Clinical Conference be revived this year, the Board restated the action taken by the House of Delegates in 1942 of abolishing the Fall Clinical Conference for the duration of the war.

3. Post War Planning.

Concurring in the recommendation of the President's Cabinet, the Board voted that the work of the Medical Practice Committee on Post War Planning be done in the central offices and contacts with other agencies be handled by the Chairmen of the various advisory committees.

4. Paid Employees as Members of Committees.

The Board concurred in the recommendation of the President's Cabinet in restating its position of not appointing any paid employees on Committees of the State Society for their own good.

PROGRAM OF THE WOMAN'S AUXILIARY

The program of the Woman's Auxiliary for 1943-44, approved by the Advisory Committee to the Woman's Auxiliary and the President's Cabinet, was unanimously approved by the Board. (See page 291.)

WAGNER BILL — S. 1161

The resolution of the Welfare Committee on the Wagner Bill, S. 1161, was carefully considered. After a lengthy discussion the final amended resolution (see page 282) was adopted by the Board.

The Board concurred in the recommendation

of the President's Cabinet to appoint a Special Committee to organize a campaign of opposition to the bill, S. 1161, to be composed of a representative from the Trustees—Dr. Londrigan, President-Elect—together with the Chairmen of the four Subcommittees to the Welfare Committee — Medical Practice, Legislation, Public Relations, Public Health — with the added assistance of the Executive Secretary of the Committee on Legislation as technical adviser.

The recommendation of the President's Cabinet for the printing of 1,000 copies of Title IX of S. 1161 was approved by the Board; the distribution of these copies to be under the supervision of the new Special Committee.

APPOINTMENTS

The Board unanimously reappointed the following physicians to the Staff of The Medical Society of New Jersey, appointments effective June 1, 1943-May 31, 1944:

1. Dr. Frederic J. Quigley, Executive Secretary, Subcommittee on Legislation.
2. Dr. Norman M. Scott, Executive Assistant; loan to serve as full-time Medical Director of the Medical Service Administration extended for another year.
3. Dr. Henry A. Davidson, Editor; on leave of absence without pay.

INDEMNITY INSURANCE

Upon recommendation of the Committee on Medical Defense and Insurance the Board approved an increase of 20 per cent in the premium on mal-practice insurance for the present emergency.

PROCUREMENT AND ASSIGNMENT

The following request of the Office of Procurement and Assignment was referred to the Special Committee on War Participation:

> That each County Society be urged to take a more active part in persuading its members, who are declared available, to apply for commissions in the Armed Forces so that New Jersey may fulfill its obligations on a voluntary basis rather than be subjected to Presidential order.

A second request was referred to the Subcommittee on Medical Practice:

> That County Societies be urged to take steps toward developing a program to promote the welfare of these physicians upon their return from Military Service, and give them every assistance possible.

CORONER LAWS

The Board referred to the Subcommittee on Legislation the communication from Dr. E. T. Flint, who urged the consideration of the formulation of a uniform law relative to the duties and procedures of coroners.

1944 ANNUAL MEETING

All arrangements for the 1944 Annual Meeting, upon action by the Board, were left in the hands of the President and the Annual Meeting Committee with power to act.

MEDICAL SERVICE ADMINISTRATION

MEDICAL-SURGICAL PLAN

A brief progress report on Medical Service Administration and Medical-Surgical Plan was presented to the Trustees by Dr. Lewis.

PUBLIC RELATIONS

The report of the Subcommittee on Public Relations, referred to the Board for action (see page 285), was referred to a Special Committee—Drs. McBride, Londrigan and Costello.

ANNUAL REGISTRATION

The recommendation of the House of Delegates "that the Board of Trustees take some measures to assist the State Board of Medical Examiners and help them solve the problem of physician registration in New Jersey" was referred to a Special Committee—Drs. Norton, Alexander and Coleman—for study in conjunction with the State Board of Medical Examiners.

A. M. A. MEETING, 1943

The report on the recent A. M. A. meeting in Chicago, submitted by Dr. Wells P. Eagleton, A. M. A. Delegate, was received by the Board and turned over to the Publication Committee for disposition.

HOSPITAL FACILITIES FOR COLORED PHYSICIANS

A survey showing the hospital facilities available to Negro physicians in the State of New Jersey in 1942, distributed by the New Jersey State Medical Association, was received and the President instructed to acknowledge its receipt.

LIABILITY INSURANCE

The disposition of the liability insurance of the State Society was left in the hands of the Chairman of the Finance and Budget Committee with power to act.

THOMAS B. LEE, M.D., Chairman
for
ALDRICH C. CROWE, M.D., Secretary.

AFFILIATED UNITS

1. Members of the staffs of affiliated units are commissioned in the inactive reserve of the U. S. Public Health Service, generally with the rank of Passed Assistant Surgeon, Surgeon, or Senior Surgeon (equivalent, respectively, to Army ranks of Captain, Major or Lieutenant Colonel). They will remain on inactive status for the duration of the war unless urgent need for their services should arise in their region because of an air raid or other grave wartime disaster. When activated under such circumstances, these officers will receive the pay and allowances of officers of equivalent grades in the armed forces.

2. The two specific purposes for which a unit may be activated are:

(*a*) For duty in an Emergency Base Hospital to which civilian casualties and other hospitalized patients must be transferred because a community is under enemy attack and one or more of its hospitals must be evacuated.

(*b*) For temporary duty to assist the armed forces at the time of an extraordinary military emergency which may temporarily overtax local military hospital facilities. Such temporary assistance will be provided in or near the locality in which an affiliated unit has been organized. The period of emergency assistance is expected to be of short duration and will last only until the Surgeon General of the Army can send in additional medical officers or until he can distribute the excessive load of sick and wounded to military hospitals in other parts of the country. Affiliated units are organized primarily for civilian protection and are not to be used to staff military hospitals as they expand to meet increasing medical requirements of the Army.

3. Since affiliated units are organized by the Medical Division of the Office of Civilian Defense as part of the Emergency Medical Service of their States, they will be expected to provide aid only in their own or neighboring States. Their members will not be detached for duty in other parts of the country nor, in accordance with the terms of their recruitment, will they be activated for any other duty except those listed in paragraph 2 of this statement.

4. A unit organized from the staff of a teaching hospital of a medical school will not be called unless the hospital itself must be evacuated or unless there is no unit from a non-teaching hospital to meet the emergency need.

5. The period of obligation for service will cease at the termination of the present national emergency; the Surgeon General will accept resignations of members of Units 6 months after cessation of hostilities.

6. A commission in the inactive reserve of the U. S. Public Health Service does not prevent a member of an affiliated unit from entering the armed forces; resignation will be accepted for this purpose.

7. Members of affiliated units may wear the authorized lapel buttons which indicate that they have enlisted for emergency service. They are not to wear the uniform until called to active service and need not purchase a uniform unless the possibility of active service is imminent. Uniforms will not be required for brief periods of active service.

Because it is essential for civilian protection, the organization of affiliated units has received approval of the Board of Trustees of the American Medical Association. For the same reason, the Directing Board of the Procurement and Assignment Service has authorized "essential" physicians to accept positions in affiliated units.

WITH NEW JERSEY MEDICAL AUTHORS

It is requested that any New Jersey physician who publishes an article outside the state, notify the Editorial Office in Trenton, giving the title of the paper and the name of the periodical, as well as the month, date, volume and page number. It would also be helpful to this office if members would notify us of articles published by their colleagues.

Chesley, Leon C., Ph.D., and Elizabeth R. Chesley, A.B. (Jersey City)
Analysis of some factors associated with the development of pre-eclampsia; with special reference to extracellular water measurements in 1388 patients. Am. J. Obst. & Gynec. 45: 748-761, May 1943.

Chesley, Leon C., Ph.D. (Jersey City)
Study of extracellular water changes in preg-

nancy. Surg., Gynec. & Obst. 76: 589-592, May 1943.

DUSENBERRY, EDWINA A. (Rahway)—see Seeler, Albert O.

FRAME, DOROTHY F. (Eastern Aircraft Division, Bloomfield)
Examining women in industry—Some observations of a woman physician. Indus. Med. 12: 266-269, May 1943.

FURST, NATHAN JAMES, and ROBERT SHAPIRO (Newark)
Polyostolic fibrous dysplasia: Review of the literature with two additional cases. Radiology 40: 501-515, May 1943.

GORENBERG, HAROLD (Jersey City)
Rheumatic heart disease. Am. J. Obst. & Gynec. 45: 835-840, May 1943.

GRAESSLE, OTTO (Rahway)—see Seeler, Albert O.

HORNING, ELIZABETH S. (New Brunswick) — see Waksman, Selman A.

HUBBARD, F. ELMER (Montclair)
Anesthesia hazards, Vermont Sesquicentennial, 1791-1941. Trans. Vermont State Med. Soc. 1941, 33-40.

LEVINE, PHILIP, and HELENA WONG (Newark)
Incidence of the Rh factor and erythroblastosis fetalis in Chinese. Am. J. Obst. & Gynec. 45: 832-835, May 1943.

REZNIKOFF, LEON (Secaucus)
Indications and results of electric shock therapy in mental disorders. Psychiatric Quarterly 17(2): 355-363, April, 1943.

SEELER, ALBERT O., OTTO GRAESSLE and EDWINA D. DUSENBERY (Merck Inst. for Therapeutic Research, Rahway)
Effect of para-aminobenzoic acid on the chemotherapeutic activity of the sulfonamides in lymphogranuloma venereum and in duck malaria. J. Bact. 45: 205-209, Mar. 1943.

SHAPIRO, ROBERT (Newark) — see Furst, Nathan James

SPENCER, ERNEST L. (New Brunswick)—see Waksman, Selman A.

WAKSMAN, SELMAN A., ELIZABETH S. HORNING and ERNEST L. SPENCER (New Jersey Agricultural Experiment Sta., New Brunswick)
Two antagonistic fungi, aspergillus fumigatus and aspergillus clavatus and their antibiotic substances. J. Bact. 45: 233-248, Mar. 1943.

WONG, HELENA (Newark)—see Levine, Philip

SUPPLEMENTARY LIST OF MEMBERS NO. 3

The figures in parentheses refer to County Societies as follows: (1) Atlantic, (2) Bergen, (3) Burlington, (4) Camden, (5) Cape May, (6) Cumberland, (7) Essex, (8) Gloucester, (9) Hudson, (10) Hunterdon, (11) Mercer, (12) Middlesex, (13) Monmouth, (14) Morris, (15) Ocean, (16) Passaic, (17) Salem, (18) Somerset, (19) Sussex, (20) Union, (21) Warren.

Andrews, Thomas H., 111 Main st., Matawan (13)
Battaglia, Richard S., Army (20)
Davis, William J., 144 Harrison st., East Orange (7)
Erler, Robert E., 360 Irving av., South Orange (7)
Filippone, Ames L., 171 Clifton av., Newark (7)
Filkins, Cedric E., 418 White Horse Pk.,Audubon(4)
Hauber, E. A., 198 Washington rd., Sayreville (12)
Hubach, Max. F., Jr., 307 M'tg'm'r'y st., Bl'mf'd (7)
Lynn, Hugh B., 27 Westview rd., Verona (7)
Misko, Albert, 117 Westervelt av., N. Plainfield (18)
Mulligan, Edward W., 23 Monm'th st.,RedBank(13)
Novich, Max M., 262 Schley st., Newark (7)
O'Neill, Charles L., Jr., Navy (7)
Pignataro, Frank P., Army (13)
Robbins, Eugene, 909 Broad st., Newark (7)
Salaky, Wiliam L., 387 Neville st., Perth Amboy(12)
Schneider, Richard C., 874 S. 13th st., Newark (7)
Scott, Norman M., 31 Clinton st., Newark (7)
Smith, Nelson M., 763 Broad st., Newark (7)
Wegrocki, Adolph, 588 Sanford av., Newark (7)
Worthington, Jos. A., 609 4th av., BradleyBeach(13)

DECEASED PHYSICIANS — NEW JERSEY

Name	Age	Date of Death	Place of Death	Residence	Cause of Death
George H. Allen	57	May 6, 1943	East Orange	Newark	Chr. myocardial degeneration.
Eugene Charbonneau	64	Apr. 9, 1943	Orange	East Orange	Cardiac failure.
Elliott I. Dorn	65	May 26, 1943	Newark	Same	Cerebral hemorrhage.
William L. Madden	52	May 10, 1943	Jersey City	Same	Coronary thrombosis.
Saul M. Rubinow	70	Apr. 13, 1943	Newark	Same	Coronary thrombosis.
Robert C. Sutherland	58	Apr. 23, 1943	Penns Grove	Same	Cerebral apoplexy.
William A. Tansey	60	Apr. 4, 1943	Orange	South Orange	Coronary thrombosis.

THE BULLETIN BOARD

AMERICAN CONGRESS OF PHYSICAL THERAPY

The American Congress of Physical Therapy will hold its twenty-second annual scientific and clinical session *September 8, 9, 10 and 11, 1943,* inclusive, at the Palmer House, Chicago. Rehabilitation is in the spotlight today—physical therapy plays an important part in this work. The annual instruction course will be held from 8:00 to 10:30 a. m., and from 1:00 to 2:00 p. m. during the days of September 8, 9 and 10, and will include a round table discussion group from 9:00 to 10:30 a. m., Thursday, September 9. The scientific and clinical sessions will be given on the remaining portions of these days and evenings. A feature will be an hour demonstration showing technic from 5:00 to 6:00 p. m. during the days of September 8, 9 and 10. All of these sessions will be open to the members of the regular medical profession and their qualified aids.

Further details may be secured from the American Congress of Physical Therapy, 30 North Michigan Avenue, Chicago, Illinois.

• • •

SIXTEENTH GRADUATE FORTNIGHT

The Sixteenth Graduate Fortnight of the New York Academy of Medicine will be held *October 11 to 22, 1943.* The subject will be "Disorders of the Digestive Tract". The program includes morning panel discussions, afternoon clinics, scientific exhibits and demonstrations. There is a registration fee of $5.00 for the entire course.

A complete program may be obtained by writing to the Secretary, New York Academy of Medicine, 2 East 103d Street, New York 29, N. Y.

• • •

WARTIME PUBLIC HEALTH CONFERENCE

The Executive Board of the American Public Health Association announces that the Association will sponsor a three-day Wartime Public Health Conference in New York City, *October 12, 13 and 14.* The 72d Annual Business Meeting of the Association will be held in connection with it. The Conference program will be devoted exclusively to wartime emergency problems as they affect public health and the public health profession.

New York City was selected because more than 40 per cent of the membership is concentrated in and immediately around it. The radio will be used as extensively as possible to bring the benefits of the Conference to health workers in distant states.

• • •

MILITARY SURGEONS ANNUAL MEETING

The Association of Military Surgeons of the United States will hold its 51st annual convention in Philadelphia at the Bellevue-Stratford Hotel, *October 21-23, 1943,* inclusive.

The three-day convention will assemble doctors from all the current war fronts where United States forces are fighting, and from the great base hospitals where rehabilitation of the wounded is in progress. They will bring with them information on the latest techniques of wartime medicine and surgery. Numerous forum lectures, practical demonstrations, moving pictures and teaching panels are planned to present the wealth of data to the convention.

Honorary chairman of the convention this year is Rear Admiral Ross T. McIntire, Surgeon General of the Navy. The general chairman is Captain Joseph A. Biello, Medical Corps, USN, who is District Medical Officer of the Fourth Naval District.

The vice-chairmen are Brigadier General George F. Lull, USA, of Washington, D. C., and Commander E. L. Bortz, Medical Corps, USNR, of Philadelphia. Members of the executive committee for the convention include Captain R. H. Laning, Medical Corps, USN; Dr. Stanley P. Reimann, Dr. Gilson Colby Engle, Commander J. L. Tinney, USNR, and Dr. A. Newton Richards.

• • •

PHOTOGRAPHS OF MEMBERS

Members of The Medical Society may soon receive a visit from Mr. Joseph Merante, who has taken photographs of all the Trustees, Officers and Fellows, and who is engaged at present in securing photographs of the members of the Society for the files of the Executive Office. The Executive Office is anxious to secure a file of photographs of all members so that these may be available for making cuts and slides when needed in the Society's activities. There will be no charge to the physician for the single photograph taken for the Society's files, nor will there be any obligation to purchase photographs for personal use from Mr. Merante.

WOMAN'S AUXILIARY

PROGRAM OF THE WOMAN'S AUXILIARY

1943-1944

The following program of the Woman's Auxiliary is approved by the Advisory Committee to the Woman's Auxiliary and the Board of Trustees of The Medical Soicety of New Jersey:

1. Coöperation with Hygeia Magazine in increasing its circulation in New Jersey.

2. Sponsorship of a radio program, the material for which is to be supplied by the American Medical Association.

3. Coöperation with the various Local Health Departments and State Department of Health in presenting to lay groups timely subjects on nutrition and other matters of public health.

4. Formation of a Hospital Volunteer Corps in coöperation with the Office of Civilian Defense in which the efforts of the Woman's Auxiliary will be directed as follows:

a. Correlation of existing hospital volunteer efforts with no thought of upsetting any plan in individual hospitals now operating satisfactorily.

b. The recruitment of volunteer men workers for such positions as elevator operators, wood workers for furniture repairs, gardeners, orderlies, laundry workers, barbers and maintenance personnel.

c. Further recruitment of women volunteers for work as receptionists, telephone operators, information clerks and all clerical branches.

It is proposed to launch the program in Hudson, Essex and Morris Counties with the Hospital Council, Inc., in Newark.

REPORT ON THE NATIONAL CONVENTION

Mrs. Asher Yaguda, President

"I pledge my loyalty and devotion to the Woman's Auxiliary to the American Medical Association. I will support its activities, protect its reputation and ever sustain its high ideals." It was unanimously voted at the twenty-first meeting held in Chicago in June that this pledge be taken at every annual meeting of the Woman's Auxiliary to the American Medical Association.

One approaches travel timorously these hectic days. So it was that we left the rationed comforts of home for the uncertainties of a convention city fifteen travel hours away. What a surprise to find that the luxuries of travel still exist for those who luckily live in the Middle West, while that rarity, rare beef, is daily fare. The meeting was arranged to consume a minimum of time and furnish a maximum of instruction and inspiration.

The first meeting was that of the Nominating Committee on the afternoon of June 6th. Our Mrs. David B. Allman of Atlantic City was a member and at this session Mrs. J. Howard Hornberger of Roebling, our most recent past president, was nominated for the position of second vice-president of the National Auxiliary.

On June 7th the Board of Directors met and the past presidents were honored at a luncheon. The opening general session was held on this day with Mrs. Frank Haggard of Texas presiding. The Honorable Edward J. Kelly, mayor of Chicago, gave the address of welcome. Mrs. Eben J. Carey of Wisconsin, president-elect, was presented. Reports were given by officers and directors and a tea, honoring the president and her successor, closed the activities for the day.

On June 8th the session opened early and was conducted in a most businesslike and efficient manner by Mrs. Haggard. Reports of standing committees interested us by giving us opportunity to compare our achievements with those of other states throughout the Union. New Jersey is the only state that does not participate in the "Hygeia" subscription-getting work. Legislation is definitely one of the most important phases of the Auxiliary work for the year. Organization brings in new states despite the difficulties of the times. Pub-

lic Relations leans more and more in the direction of health education for the public and The Bulletin gains in circulation. The reports of the state presidents gave interesting highlights of the work with the stress on war work throughout every summary. California suggests defeating the transportation problem by having sectional rather than county meetings. Florida insists on one well-rounded legislation program in each county. Atlanta County of the Georgia Auxiliary presented their very successful Doctor's Aide Corps program. Members in smart uniforms told of their work in establishment of city-wide blood type stations, of emergency staffing of doctors' offices by trained Auxiliary members, of their health education and information bureaus with permanent exhibits and speakers on all health subjects. Indiana put its collective shoulder behind their Victory Program, all phases related to the war effort. Michigan Auxiliary conducted a radio speech contest, by high school students, on tuberculosis. In Wisconsin it was found advisable to have the chairman of legislation affiliate with the state women's group of organized voters and attend all of their meetings.

The following speakers were heard at luncheon: Brigadier General Fred Rankin, president of the A. M. A.; Dr. James E. Paullin, president-elect, and Dr. Morris Fishbein, whose name needs no explanation. Stressed by all three of the speakers was the necessity of post war planning, and Dr. Fishbein was especially emphatic on the importance of the work of the Auxiliary in medical planning of the future. Also discussed was the redistribution of physicians after the war, with the necessity of making the smaller communities appeal to the physicians by offering proper hospitals and facilities for medical care. The importance of "Hygeia" as a vehicle of health education was explained. After the luncheon period the election and installation of officers closed the business of the day.

On June 9th, the new Board of Directors met, with Mrs. Carey presiding. New officers and chairmen gave their ideas and plans for the year's work. It was voted to create a "War Participation Committee" and to suggest that each state follow this move. Here in New Jersey our War Activities Committee seems to parallel this new National Committee; however, it might be wise to adopt the name of the A. M. A. Auxiliary Committee. The matter of national membership cards was referred to a committee. Mrs. Carey was invited to visit New Jersey at the time of our annual meeting. Her willingness must necessarily be affected by travelling conditions at that time.

The New Jersey contingent left the convention with its top number of positions on the National Board for all previous years. Mrs. J. Howard Hornberger, second vice-president; Mrs. David B. Allman, director; Mrs. G. E. McDonnel, chairman of finance; and the usual place on the Board for the president of our own Auxiliary.

The generous practice of sending the fledgling president of the state organization to attend the national convention is far-sighted and wise. It establishes a feeling of knowledge and confidence when one needs them most. I am most grateful for having had this opportunity.

CHAIRMAN OF PRESS AND PUBLICITY

Mrs. Lodovico Mancusi-Ungaro

It is the opinion of your Chairman of Press and Publicity that a wider publication of the activities of the Woman's Auxiliaries of the various County Medical Societies will be of benefit to all. The interchange of ideas, the recounting of programs, the details of various projects attempted throughout the year or of wartime innovations, cannot help but be of use to one another.

Twice the activities of the Woman's Auxiliary to the Essex County Medical Society have been reprinted in the American Medical Association Journal as outstanding or unusual Auxiliary programs, and under the leadership we have we shall most certainly continue to gain national importance.

I therefore urge each County Chairman of Press and Publicity to make a wider use of *The Journal,* so that we may be of help to each other, for through unity there is strength.

BOOKS RECEIVED FOR REVIEW

ESSENTIALS OF SYPHILOLOGY. By Rudolph H. Kampmeier, A.B., M.D., with chapters by Alvin E. Keller, M.D., and J. Cyril Peterson, M.D. Pp. 518. Philadelphia, J. B. Lippincott Company. 1943. $5.00.

YOUR ARTHRITIS: What You Can Do About It. By Alfred E. Phelps, M.D., with an introduction by R. Garfield Snyder, M.D. Illustrated by James MacDonald. Pp. 192. New York, William Morrow & Company. 1943. $2.00.

UROLOGY IN GENERAL PRACTICE. By Nelse F. Ockerblad, B.S., M.D., F.A.C.S., and Hjalmar E. Carlson, B.S., A.M., M.D., F.A.C.S. Pp. 383. Chicago, Year Book Publishers, Inc. 1943. $4.00.

NUTRITION AND DIET IN HEALTH AND DISEASE. By James S. McLester, M.D. 4th ed. Pp. 849. Philadelphia, W. B. Saunders Company. 1943. $8.00.

MANUAL OF CARDIOLOGY. By Thomas J. Dry, M.A., M.B., Ch.B., M.S. in Medicine. Pp. 310. Philadelphia, W. B. Saunders Company. 1943. $3.00.

MANUAL OF CLINICAL THERAPEUTICS; a Guide for Students and Practitioners. By Windsor C. Cutting, M.D. Pp. 609. Philadelphia, W. B. Saunders Company. 1943. $4.00.

ALLERGY, ANAPHYLAXIS AND IMMUNOTHERAPY; Basic Principles and Practice. A Treatise Presenting the Fundamental Principles and Practice Governing the Use of Antisera, Vaccines, Toxoids, Blood Transfusions, Blood Substitutes and Sulfonamides in the Prevention and Treatment of Infectious Diseases and of the Allergic Phenomena Resulting from Their Use. By Bret Ratner, M.D. Pp. 834. Baltimore, Williams & Wilkins Company. 1943. $8.50.

INJURIES OF THE SKULL, BRAIN AND SPINAL CORD; Neuro-psychiatric, Surgical, and Medico-legal Aspects. Ed. by Samuel Brock. 2d ed. Pp. 616. Baltimore, The Williams & Wilkins Company. 1943. $7.00.

SKIN GRAFTING OF BURNS; PRIMARY CARE, TREATMENT, REPAIR. By James Barrett Brown, M.D., and Frank McDowell, M.D. Pp. 204. Philadelphia, J. B. Lippincott Company. 1943. $5.00.

PRINCIPLES AND TECHNIQUES OF NURSING PROCEDURES AS DEVELOPED IN ST. MARY'S GROUP OF HOSPITALS OF ST. LOUIS UNIVERSITY. By Sister Mary Agnita Claire Day, S.S.M., R.N. Pp. 574. St. Louis, C. V. Mosby Company. 1943. $3.50.

ATLAS OF OBSTETRIC TECHNIC. By Paul Titus, M.D., illustrated by E. M. Shackelford. Pp. 180. St. Louis, C V. Mosby Company. 1943. $7.00.

PICTORIAL HANDBOOK OF FRACTURE TREATMENT. By Edward L. Compere, M.D., F.A.C.S., and Sam W. Banks, M.D. Pp. 351. Chicago, Year Book Publishers, Inc. 1943.

BOOK REVIEWS

Diseases of the Breast; Diagnosis, Pathology, Treatment. By Charles F. Geschickter, M.A., M.D., with a special section on Treatment in collaboration with Murray M. Copeland, A.B., M.D., F.A.C.S. Pp. 829. Philadelphia, J. B. Lippincott Company. 1943. $10.00.

The rapid advance in our understanding of the influence of the endocrine glands has rendered obsolete any work on the breast that was written prior to the work of Aschheim and Zondek. A book as logical and concise as Geschickter's would be welcome at any time but at the present it is especially important as an attempt at correlation of the physiological and pathological changes in the breast, and the actions and influences of the ductless glands. Dr. Geschickter has drawn upon an apparently complete review of the literature, his original experimental procedures on rats, and upon a systematic review of his large clinical material.

On the basis of this he concludes that "estrogenic hormones stimulate the growth of the duct system and the formation of lobular buds. The extent of such development in response to estrogen has inherent limitations and estrogen stimulation beyond physiologic limits leads to involutional changes. Continued estrogen stimulation, in combination with luteal hormones results in lobule-alveolar development from the lobular buds and brings about differentiation of the secretory epithelium. During pregnancy luteal hormones of placental origin and possibly a mammogenic pituitary hormone are the most effective stimulants to lobule-alveolar formation. While estrogen stimulates the growth of lobular buds and may initiate the formation of lobules, the combined action of estrogen and luteal hormones is necessary to maintain lobular development. The functional activity of the anterior hypophysis initiates secretion in the mammary alveoli. The mechanical act of suckling is important in maintaining this secretion."

A distorted endocrine relationship, and more specifically, an upset in the estrogen-progesterone balance results progressively in the changes of mastodynia, adenosis, and chronic cystic mastitis. While the benign lesions are not labeled "precancerous" the percentage of patients developing cancer in some of these lesions is found to be definitely higher than in individuals with normal breasts.

A logical theory of the assumption of malignant characteristics by the cell is advanced, as well as the experimental and clinical evidence in support of these theories.

The limitations of the discussions of therapy are those attendant upon condensation of so large a subject into a few chapters. It shall be remembered by the readers that the apparently arbitrary statements of the author are only necessary condensations and that variations in treatment must be made to meet the individual needs. This is a most valuable as well as a most enjoyable contribution to our literature.

CARYE-BELLE HENLE, M.D.

Essentials of Gynecology. By Willard R. Cooke, M.D., F.A.C.S. Pp. 474. Philadelphia, J. B. Lippincott Company. 1943. $6.50.

Dr. Cooke has given us a valuable contribution which shows his ability as a gynecologist and obstetrician and his skill in clarifying and passing on to those studying for the profession his sane comprehension and simple advice concerning the many phases of gynecology. There seems to be no part of this book relatively more outstanding than another and each phase discussed is essential to the whole. The illustrations have been chosen in a careful manner for practical use by the reader. Special attention is called to the last chapter which gives the procedures step by step for the more commonly used operations.

This book should be among those used for study in this specialty, and it will serve as a useful "refresher" book to Dr. Cooke's colleagues who can appreciate his fine judgment.

Elizabeth Ballantine.

Essentials of Industrial Health. By C. O. Sappington, M.D., Dr. P. H. J. B. Lippincott Company, Philadelphia. $6.50.

With a broad concept of the scope and purposes of industrial health programs, Dr. Sappington presents an extensive survey for the industrial physician. He has based his book on a proposed course in industrial health for medical students and thus it contains much material already familiar to the industrial physician. While it will serve as an introduction to industrial health for the physician entering the field, this competent and extensive summation should be read by every physician in industry.

Dr. Sappington discusses the functions of the industrial health department under the headings of (1) treatment of occupational injuries and diseases, (2) preventive measures designed primarily to conserve the health of the industrial worker and (3) rehabilitation, designed to restore the industrially injured and those who have had occupational diseases to the status of productive citizens.

Emphasizing the responsibility of the physician in the preventive aspects of industrial health, he gives facts and studied opinions as to why the physician must have exact knowledge of the hazardous or toxic materials or processes in the individual plant. He discusses the plant survey, the U. S. Public Health Service survey systems, and the state industrial hygiene consultation services.

Dr. Sappington classifies industrial exposures under the following headings: dusts, metals, vapors, gases, industrial skin irritants, inadequate illumination, undue noise and vibration, postural strains, abnormalities of air pressure, abnormalities of temperature, radiant energy, and infections. He deals in detail with each of the various factors and discusses safety equipment, essential toxicology and safe concentration codes.

Stress is laid on the need for health education and improved nutrition of the industrial employee. Various methods are suggested and discussed.

Costs of industrial health programs are included, as are statistics on occupational morbidity and mortality, absenteeism, and distribution of industrial health services. Standards for sanitary facilities are given.

Among other topics considered are the history of industrial health, medical aspects of workmen's compensation, organization and development of the industrial medical department, women in industry, coördination of community and industrial health services, the relationship of mental and physical health, preplacement examinations, and the promotion of employee confidence in the plant health department.

Dr. Sappington's international reputation of distinguished service in the teaching, writing and practice of industrial medicine and public health lends added authority to his "Essentials of Industrial Health".

J. M. Carlisle, M.D.

Fractures of the Jaws and Other Facial Bones. By Glenn Major, B.S., A.M. (in Pathology), M.S. (in Experimental Surgery), Ph.D. (in Surgery), D.D.S., M.D., F.A.C.S., with chapters on Radiographic Technic by Lester M. J. Freedman, B.S., M.D., and War Aspects of Jaw Fractures by Arthur Dick, D.D.S., M.D., Major, Medical Corps, Army of the United States. Pp. 446. St. Louis, C. V. Mosby Company. 1943. $7.50.

Written as it should be, primarily from the viewpoint of the oral surgeon, Dr. Major's book presents a very complete survey of the various types of jaw and face fractures that have become so common with the increase in motor transport. The author emphasizes that the principles of fracture treatment apply to these injuries no less than to fractures of the extremities. The detailed discussion of various methods of fixation will interest other men in this field as well as students of oral surgery.

There is only passing mention of the rôle of the sulfonamides in the treatment of compound fractures. One might expect that, particularly in wartime, this important adjuvant in the care of infected wounds be emphasized to a greater degree.

A chapter on radiographic technic by Dr. Lester M. J. Freedman with excellent illustrations and a chapter on the war aspects of jaw fractures by Dr. Arthur Dick complete the book.

William F. Keim, M.D.

Chemotherapy of Gonococcic Infections. By Russell D. Herrold, B.S., M.D. Pp. 137. St. Louis, C. V. Mosby Company. 1943. $3.00.

This volume is a concise, scholarly and up-to-date consideration of the sulfonamides in the treatment of gonococcic infections. From the evolution of chemotherapy up to and through all of the standard sulfa group, a careful consideration has been given the effect upon, not only the disease, but likewise the patient. Prophylaxis and the management of sulfonamide failures are given careful and scientific consideration. The author's long list of illustrative case histories furnishes a very good guide in the treatment of gonococcic infections.

This book should be in the hands of all physicians coming in contact with this type of work.

C. R. O'Crowley, M.D.

Tuberculosis Abstracts

A Review for Physicians

ISSUED MONTHLY BY THE NATIONAL TUBERCULOSIS ASSOCIATION

Vol. XVI **July, 1943** **No. 7**

TOO often we substitute words for action. We repeat the same soul-satisfying phrases until we endow them with a magic and totally undeserved quality of being able to accomplish miracles. Miracles don't just happen. What look like miracles generally turn out to be the result of careful planning, devotion to sound principles and an unlimited amount of tenacity and hard work. The "early discovery" of pulmonary tuberculosis, by which is meant discovery of the disease in a minimal stage, is an empty accomplishment unless it can be followed by thorough treatment without delay.

BREAKDOWN IN EARLY TUBERCULOSIS

The prevalent opinion that the finding of active tuberculosis in a minimal stage warrants an excellent prognosis is true only when adequate treatment follows at once. Many of the favorable reports have come from sanatoria, where the outlook upon minimal pulmonary tuberculosis is not the same as that in the clinics at the time of the early diagnosis.

In sanatoria the number of minimal cases has not increased in direct proportion to the number of cases found on the outside. Failure to see and follow many diagnosed cases may explain the sanatoria impression. Some individuals who reach the sanatorium with minimal disease may show no unfavorable progression even though weeks or months elapsed between the time of discovery and the beginning of institutional care. These are the more resistant cases. Conversely, a significant number of patients found in surveys, and particularly among those in contact with sputum-positive tuberculosis, demonstrate low resistance and a rapid progression of their disease before sanatorium care is finally sought and obtained.

In the Henry Phipps Clinic, Philadelphia, Pennsylvania, even though the serious potentialities of minimal pulmonary tuberculosis are recognized and the physicians and nurses endeavor earnestly and persistently to overcome obstacles that prevent adequate care of these patients, results are astonishingly poor. A study of minimal cases has revealed that almost half developed progressive disease—true of both white and colored patients. Mortality figures were 25 per cent for the colored and 6 per cent for the white patients. Only one of the cases that died had obtained sanatorium care, and then only when already progressed to an advanced stage.

What causes the poor results? The dominant factors will, largely, be applicable to most localities.

First, the diagnosis: It is universally accepted that the X-ray is the most efficient method. Visualizing the minimal lesion is not difficult, but evaluation of its status is not so simple or foolproof. There are three categories: (1) lesions whose appearance indicates active, unstable disease, (2) lesions considered of doubtful significance, and (3) lesions whose X-ray appearance suggests that complete healing has occurred.

Determination of the character of a lesion is based to a large extent upon experience with previous similar lesions observed over long periods. Interpreting the objective film is a distinctly subjective procedure, and is of prime importance since it influences recommendations for treatment. Many chest experts advocate the follow-up of contact cases for a period of at least two years after known exposure ceases. It is obviously as

necessary to follow for a similar period those cases in the second and third categories mentioned to insure their diagnosis of stability.

Of the nearly 50 per cent of the Institute's minimal cases that showed progression of the disease, 86 per cent developed extension within the first year, the remainder within three years. Serial X-ray studies enable the clinician to determine at the earliest time those cases in which the original estimate of the lesion's stability was faulty.

Following the diagnosis a strong rapport between physician, nurse and patient is essential. The psychological reactions of the patient to his disease and its treatment depend on the confidence he has in his medical advisers. It is difficult to convince a symptomless patient, often one who was found by survey means and not by his own seeking, to accept such "drastic" treatment as absolute bed rest. He often scoffs at the diagnosis, claims to feel well, and refuses to coöperate.

People in contact with sputum-positive tuberculosis may submit to examination merely for the comfort of being told they are free of the disease. When their hopes are dashed and they are confronted with their own unsuspected trouble, they may turn antagonistic and refuse to accept advice.

Again, society has done little to solve the problem of the family head who must leave behind a situation of destitution for the ones he loves by accepting treatment which must necessarily be a prolonged hospitalization.

Assuming that all these deterrents to treatment have been removed, the actual obtaining of hospital care is in many communities still a great problem, growing greater due to wartime shortages of materials and personnel. Institutions that require positive sputum before admitting a patient are inviting dangerous progression before making available the badly needed bed. The tendency to regard minimal cases lightly, treat them insufficiently, is far too prevalent and often leads to inexcusable relapses. Reliance on the standards of 20 years ago that call for dependence on physical signs to determine the stability of lesions defeats the whole purpose of early diagnosis surveys, since the case without clinical manifestations will receive neglect instead of the treatment and close supervision it deserves.

Early diagnosis is meaningless unless it leads at once to intelligent handling, prompt care and adequate follow-up, with eventual recovery and maximum rehabilitation the goal.

Breakdown in Early Tuberculosis, Samuel C. Stein, M.D., Public Health Nursing, March, 1943.

SUPPLIED BY

New Jersey Tuberculosis League

15 East Kinney Street, Newark, New Jersey

Presenting

CARITOL

SMACO

Highly efficacious vitamin A preparation including carotene (pro-vitamin A). Biological activity uniquely protected with mixed tocopherols.

For use as a supplement for infants or adults, and for the treatment of frank deficiencies of vitamin A.

Since there is abundant evidence in nature that both carotene and vitamin A are essential, CARITOL, combining these two, is the preparation of choice when vitamin A is required for therapy or as a dietary supplement for infants and adults.

Experience shows that mixed tocopherols will protect the vitamin A potency before and throughout the period of administration, in the intestinal tract, and that they aid in the protection of vitamin A stores in the liver.

CARITOL* Capsules SMACO*, bottles of 100
CARITOL with Vitamin D Capsules SMACO, bottles of 100
CARITOL with Vitamin D Liquid SMACO, bottles of 10 cc.

Literature and trial quantities upon request.

Copyright, 1943 by S. M. A. Corporation, Chicago, Illinois *Trademark Reg. U. S. Pat. Off.

S. M. A. CORPORATION, 8100 McCORMICK BOULEVARD, CHICAGO, ILLINOIS

PRESCRIPTION PHARMACISTS

TO THE MEMBERS OF

THE MEDICAL SOCIETY OF NEW JERSEY

Place	Name and Address	Telephone
AUDUBON	W. H. Tegeler, 315 Atlantic Ave.	Audubon 1037
CRANFORD	J. Walter Seager, 103 Union Ave. N.	CRanford 6-0700
ELIZABETH	Kerner's Prescription Pharmacy, 504 Court St.	ELizabeth 3-9497
HARRISON	Squier's Pharmacy, 234 Harrison Ave.	HArrison 6-2127
JERSEY CITY	Smith & Williams Prescription Phar., 343 Jackson Ave.	BErgen 3-2616
MONTCLAIR	Wm. J. McNulty, So. Fullerton Ave. & The Crescent	MOntclair 2-2014
MORRISTOWN	Carrell's Pharmacy, Inc., 31 South St.	MOrristown 4-0143
NEWARK	Marquier's Pharmacy, Sanford & So. Orange Aves.	ESsex 3-7721
NEW BRUNSWICK	Hoagland's Drug Store, 365 George St.	New Brunswick 49
SOUTH ORANGE	Taft's Pharmacy, 2 So. Orange Ave.	SOuth Orange 2-0063
WEST NEW YORK	The Owl Pharmacy, 6611 Bergenline Ave.	UNion 5-0384

THE ORANGE PUBLISHING CO.

PRINTERS

12 SOUTH DAY STREET **ORANGE, N. J.**

Telephone ORange 3-0048

CHANGE OF ADDRESS COUPON

In the event of a change of address or failure to receive the Journal regularly fill out this coupon and mail it at once to

THE MEDICAL SOCIETY OF NEW JERSEY, 222 W. State St., Trenton 8, N. J.

Change my address on mailing list

From

To

Journal is not being received

My correct address is

Date..... *Signed*....., *M.D.*

Belle Mead Sanatorium

BELLE MEAD :: NEW JERSEY

Under State License Since 1910

Sanatorium Phone BELLE MEAD, N. J. 21

• For the individual care and modern treatment of nervous, mental, alcoholic, drug patients and general invalidism.

FULL COOPERATION WITH REFERRING PHYSICIANS
RATES VERY REASONABLE FOR ATTRACTIVE ACCOMMODATIONS

•

J. C. KINDRED, M.D., *Consultant*
L. R. HARRISON, M.D., *Consultant*
MASON PITMAN, M.D. RUSSEL N. CARRIER, M.D.*
Medical Directors Military Service

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION

Accident, Hospital, Sickness
INSURANCE

For Ethical Practitioners Exclusively
(57,000 Policies in Force)

$5,000.00 ACCIDENTAL DEATH $25.00 weekly indemnity, accident and sickness	For $32.00 per year
$10,000.00 ACCIDENTAL DEATH $50.00 weekly indemnity, accident and sickness	For $64.00 per year
$15,000.00 ACCIDENTAL DEATH $75.00 weekly indemnity, accident and sickness	For $96.00 per year

Also Hospital Expense for Members, Wives and Children

41 years under the same management

Over $2,418,000. Invested Assets
Over $11,350,000. Paid For Claims

$200.000 deposited with State of Nebraska for protection of our members

"86 cents of each $1.00 of gross income is used for members' benefits"

Send for application, Doctor, to
400 First National Bank Bldg., Omaha, Nebraska

COOK COUNTY
Graduate School of Medicine

(In affiliation with COOK COUNTY HOSPITAL)
Incorporated not for profit

Announces Continuous Courses

SURGERY—Two Weeks' Intensive Course in Surgical Technique starting July 26, August 9, August 23, and every two weeks throughout the year.

MEDICINE—Two Weeks' Intensive Course starting October 4. Two Weeks' Course in Gastro-enterology starting October 18. Two Weeks' Course in Electrocardiography starting August 2.

FRACTURES & TRAUMATIC SURGERY — Two Weeks' Intensive Course starting October 18.

GYNECOLOGY—Two Weeks' Intensive Course starting October 18. One Month Personal Course starting August 2. Clinical and Diagnostic Courses.

OBSTETRICS—Two Weeks' Intensive Course starting October 4.

OPHTHALMOLOGY—Two Weeks' Intensive Course starting September 27. Course in Refraction Methods October 11.

OTOLARYNGOLOGY—Two Weeks' Intensive Course starting September 13.

ROENTGENOLOGY—Courses in X-ray Interpretation, Fluoroscopy, Deep X-ray Therapy every week.

UROLOGY—Two Weeks' Course and One Month Course available every two weeks.

CYSTOSCOPY—Ten Day Practical Course every week.

GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES.

TEACHING FACULTY

Attending Staff of Cook County Hospital

Address: Registrar, 427 South Honore St., Chicago, Ill.



WHIPPANY REST

(Formerly Whippany River Health Farm)

Licensed by State Department of Institutions and Agencies

Ideal for Chronic and Elderly Patients

Phone Whippany 8-0311

THERESA CUDDY SCOLA, R.N.

Directress

Whippany Road, Whippany, N. J.

Next Door to Seeing Eye

CHARLES B. TOWNS HOSPITAL

Serving the Medical Profession for Over 40 Years

For Alcoholism and Drug Addiction Exclusively

Definite Treatment • Fixed Charges • Minimum Hospitalization

293 CENTRAL PARK WEST, NEW YORK, N. Y. — Tel. SChuyler 4-0770

(*Hospital Literature*)

"INTERPINES"

GOSHEN, N. Y. Phone 117

ETHICAL — RELIABLE — SCIENTIFIC

Disorders of the Nervous System

BEAUTIFUL QUIET HOMELIKE WRITE FOR BOOKLET

FREDERICK W. SEWARD, M.D., Director

FREDERICK T. SEWARD, M.D., Res. Physician CLARENCE A. POTTER, M.D., Res. Physician

"The Glenwood" Sanitarium

Licensed for the care and treatment of

Nervous and mental disorders, alcoholism and drug addiction

Homelike surroundings, good nursing, psychiatric treatment and excellent food.

R. GRANT BARRY, M.D.

2301 NOTTINGHAM WAY

TRENTON, N. J.

Tel. 2-8053

TIME TO COLLECT

It is news when a collection firm gets fan mail. A doctor writes, "You are wizards". A hospital superintendent says, "Your skillful methods bring checks in every mail". The truth of the matter is that patients who were unable to pay medical fees a few years ago are now receiving fat pay checks. These days there is no such thing as a hopeless account. We are willing to try to collect any of your bills at a moderate percentage of the amount recouped.

Now is the time to write for details.

Crane Discount Corporation

230 W. 41 ST. NEW YORK, N. Y.

ZEMMER

PRESCRIBE or DISPENSE ZEMMER PHARMACEUTICALS

Toblets, Lozenges, Ampoules, Copsules, Ointments, etc. Guoronteed reliable potency.

Our products ore loborotory controlled. Write for cotologue. *Chemists to the Medicol Profession*

THE ZEMMER COMPANY ★ OAKLAND STATION ★ PITTSBURGH, PENNSYLVANIA

NJ 7-43



AURORA

Founded by Robert Schulman, M.D.
(Since 1920)

A RESORT FOR HEALTH

For cardiovascular, metabolic, endocrinological and neurological disturbances.
Resident physicians. Complete physiotherapy department.

May we send you literature?

BENJAMIN SHERMAN, M.D., Medical Director
Morr. 4-3260 — On Route 24 **MORRISTOWN, NEW JERSEY**

Mountain View Rest, Inc.

Established
1927

Roseland, New Jersey
P. O. Box 158

A HOMELIKE NEUROPSYCHIATRIC SANITARIUM, where reliable and individual care and treatment are available.

Descriptive Booklet on Request

Phones: Caldwell 6-1651
6-1652

MRS. DONALD ST. CLAIR, Directress

FAIR OAKS

SUMMIT **NEW JERSEY**

DR. THOMAS P. PROUT, Medical Director
DR. CAMELLA A. LOSADA
DR. CARROLL S. THOMSON

A sanatorium equipped with many of the facilities of the hospital, minus the hospital atmosphere, for the modern treatment and management of problems in neuropsychiatry. We have finished our fortieth year.

PSYCHO-THERAPY
PHYSIO-THERAPY
CLINICAL LABORATORY
BASAL METABOLISM
DIETETICS
HYDRO-THERAPY
OCCUPATIONAL THERAPY
ELECTRIC SHOCK THERAPY

Telephone: Summit 6-0143

REPRESENTATIVE FUNERAL DIRECTORS

OF THE STATE OF NEW JERSEY

Special and Dependable Service Day and Night. Special Attention Given to Hospital Calls, Train and Express Shipments.

Place	Name and Address	Telephone
BLOOMFIELD	Peter J. Quinn Funeral Service, 320 Belleville Ave.	BLoomfield 2-1260
ELIZABETH	Aug. F. Schmidt & Son, 139 Westfield Ave.	ELizabeth 2-2268
MORRISTOWN	Raymond A. Lanterman & Son, 126 South St.	MOrristown 4-2880
NEWARK	Peoples Burial Co., 84 Broad St.	HUmboldt 2-0707
PATERSON	Robert C. Moore & Sons, 384 Totowa Ave.	SHerwood 2-3914
RED BANK	The Wordens—Albert, Harry & James, 60 E. Front St.	Red Bank 557
RIVERDALE	George E. Richards, Newark Turnpike	Pompton Lakes 164



Mrs. Steward says: "I wear Duralumin limbs. My clothes fit beautifully. I drive my car and enjoy dancing, golfing, ping pong, and other sports."

Jessie Simpson Steward

(Miss New Jersey of 1936)

WEARS HANGER LIMBS

For 81 years we have been making, wearing, fitting and improving artificial limbs. The knowledge and skill we have gained during this time enables us to give every advantage of construction, fit, and comfort.

The Hanger name guarantees complete satisfaction.

J. E. HANGER, INC.

104 FIFTH AVENUE **Established 81 years** **334 NO. 13th ST.**

New York, N. Y. *Inventors and Manufacturers* **Philadelphia, Pa.**

ENGLISH WILLOW AND DURAL LIGHT METAL ARTIFICIAL LIMBS

Relieve Teething Pains in Babies

with **CO-NIB**

Mothers appreciate your prescription of CO-NIB because its quick-acting ingredients effectively soothe teething pains.

An ethical prescription available at all pharmacies

•

Sample and literature on request.

ELBON LABORATORIES

MONTCLAIR • NEW JERSEY

EFFECTIVE THERAPY

IN

Otitis Media

Requires Analgesia-Bacteriostasis, and Dehydration of the Tissues.

Auralgan

The Doho Chemical Corp., New York-Montreal-London

Information For Contributors

MANUSCRIPTS: Should be typewritten, double-spaced.

RIGHT TO REJECT, EDIT or ABBREVIATE any manuscript is reserved by the Publication Committee.

ILLUSTRATIONS will be supplied by the author. The Journal will furnish the necessary cuts and charge to the author the cost of preparing the dies. Estimates will be given when illustrations are submitted.

FORWARD all manuscripts and correspondence to:

The Journal of The Medical Society of New Jersey

222 WEST STATE STREET Trenton 8, N. J.

SPENCER
Breast Supports
For Pre-Natal and Nursing



Spencer Maternity Support Spencer Nursing Support

Each Spencer Breast Support for pre-natal wear, like *all* Spencer Supports, is *individually designed* for the one patient who is to wear it, to lift and hold breasts in natural, healthful position, without compression.

It improves circulation—protects delicate inner tissues—helps prevent outer skin from stretching and breaking—aids breathing—improves appearance—encourages erect posture. Easily adjustable to increasing development.

Painful, engorged breasts are often relieved by a Spencer, as it allows veins to empty easily. (A further advantage is gained later in increased milk supply from equalization of circulation during pregnancy.)

GUARDS AGAINST CAKING AND ABSCESSING

The Spencer Breast Support for nursing mothers provides protection against caking and abscessing. Closes in front for nursing convenience.

Spencer Supports are never sold in stores. For a Spencer Specialist, look in telephone book under "Spencer Corsetiere" or write direct to us.

SPENCER *INDIVIDUALLY DESIGNED*

Abdominal, Back and Breast Supports

SPENCER INCORPORATED,
137 Derby Ave., New Haven, Conn.
In Canada: Rock Island, Quebec.
In England: Spencer (Banbury) Ltd., Banbury, Oxon.

May We Send You Booklet?

Please send me booklet, "How Spencer Supports Aid the Doctor's Treatment."

D-7

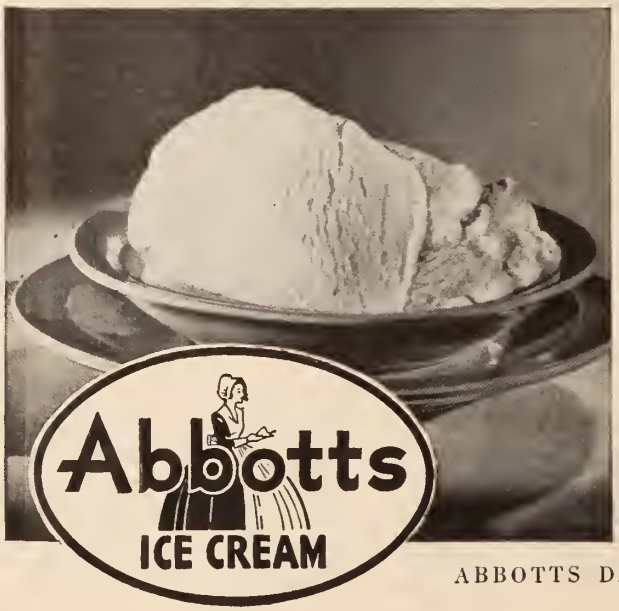
.....M. D.

Address

.....

RECOGNIZED BY PHYSICIANS AS A

Fine Energy Food . .



Abbotts Ice Cream is rich in high-quality proteins, calcium and Vitamin A. It also contains Vitamins B_1, C, D and G.

We make it from our own deluxe Cream, produced under strict bacteriological laboratory control at our Country Creameries.

ABBOTTS DAIRIES, INC., *Philadelphia, Pa.*

The NEW YORK POLYCLINIC
MEDICAL SCHOOL AND HOSPITAL

(ORGANIZED 1881)
THE PIONEER POST-GRADUATE MEDICAL INSTITUTION IN AMERICA

UROLOGY

A combined full time course in Urology, covering an academic year (8 months). It comprises instruction in pharmacology; physiology; embryology; biochemistry; bacteriology and pathology; practical work in surgical anatomy and urological operative procedures on the cadaver; regional and general anesthesia (cadaver); office gynecology; proctological diagnosis; the use of the ophthalmoscope; physical diagnosis; roentgenological interpretation; electrocardiographic interpretation; dermatology and syphilology; neurology; physical therapy; continuous instruction in cysto-endoscopic diagnosis and operative instrumental manipulation; operative surgical clinics; demonstrations in the operative instrumental management of bladder tumors and other vesical lesions as well as endoscopic prostatic resection.

For the

General Practitioner

Intensive full time instruction in those subjects which are of particular interest to the physician in general practice. The course covers all branches of Medicine and Surgery.

For Information Address

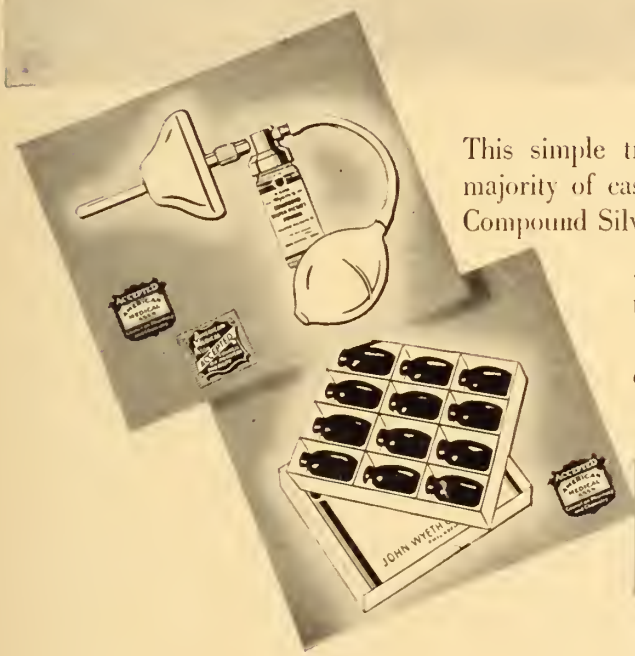
MEDICAL EXECUTIVE OFFICER

345 West 50th Street **New York City**



A Convenient, Effective Treatment for

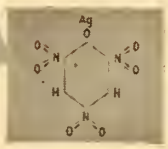
TRICHOMONAS VAGINITIS



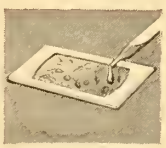
This simple treatment satisfactorily clears up the large majority of cases: Two insufflations, a week apart, using Compound Silver Picrate Powder...

...Supplemented by home treatment with twelve Silver Picrate Vaginal Suppositories (one every night for six nights following each insufflation).

SILVER PICRATE — WYETH



A crystalline compound of silver in definite chemical combination with picric acid (trinitra-phenol).



A yellow dye with strong affinities for tissue upon contact.

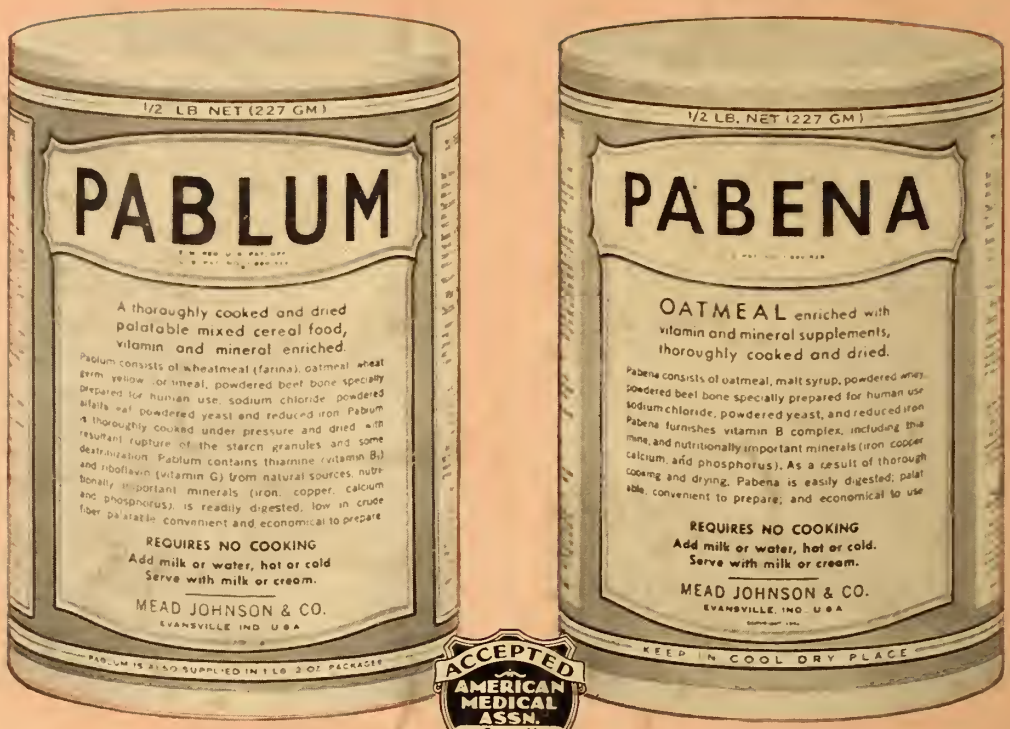


A source of silver ions effective in concentrations which, being limited by a low solubility (1%), avoid caustic action

silver picrate, *Wyeth*

JOHN WYETH & BROTHER, INCORPORATED, PHILADELPHIA, PA.

1932 **1942**



8 oz.—1 lb. 2 oz. **8 oz. only**

PABLUM, the pioneer precooked fortified infant cereal, now has a companion-product: Pabena is a precooked oatmeal cereal, lending variety to the infant's diet and offering the nutritional and convenient features of Pablum.

BOTH continue to be marketed and advertised only to physicians. Samples available on physicians' requests.

MEAD JOHNSON & CO., Evansville, Ind., U.S.A.

THE OFFICIAL TRANSACTIONS
THE 177th ANNUAL MEETING

Page 327 to Page 346

THE JOURNAL

OF

THE MEDICAL SOCIETY OF NEW JERSEY

THE N.Y. ACADEMY OF MEDICINE 1943 LIBRARY

Place of Publication, Printing and Mailing:
12 SOUTH DAY STREET, ORANGE, NEW JERSEY

Entered as second-class matter, September 5, 1906, at the post office at Orange, New Jersey, under Act of March 3, 1879.

VOL. 40, NO. 8 — AUGUST, 1943 — Subscriptions, $3.00 per Year, Single Copies, 30 Cents

CONTENTS—Pages 297 to 348

EDITORIALS— Page
AVAILABILITY OF HOSPITAL BEDS DURING THE WAR PERIOD . . 297

THE WAR—
"CANDIDE ET CAUTE"—By Russell J. Eldridge, New Jersey State Director, United States Employment Service, War Manpower Commission . . . 298
Gasoline for Your Office Patients . . . 299

MEDICAL-SURGICAL PLAN OF NEW JERSEY 300

ORIGINAL ARTICLES—
FUNDUS LESIONS IN SYPHILIS—Andrew Rados, M.D., Newark, N. J. . . . 304
REPORT OF A DEATH AFTER TONSILLECTOMY WITH RECOMMENDATIONS, ALSO AN OUTLINE OF A SIMPLE AND RAPID METHOD OF OPERATION—M. Esther Cushnie, M.D., Philadelphia, and C. H. Knauer, M.D., Trenton, N. J. . . . 311

REPORT OF DR. WELLS P. EAGLETON AS A DELEGATE OF THE MEDICAL SOCIETY OF NEW JERSEY TO THE AMERICAN MEDICAL ASSOCIATION MEETING 314

LEGISLATIVE NEWS . . . 317
Portraits of Early Medical Heroes . . . 318

STATE ACTIVITIES—
Industrial Medicine . . . 319
Drugs Which May Be Sold Only on Prescriptions . . . 321
Federal-State War Conference on Social Protection . . . 321
Obituaries . . . 322
Annual Meeting of the American Board of Obstetrics and Gynecology, Inc. . . . 323

WOMAN'S AUXILIARY—
Midsummer Message — Mrs. Asher Yaguda, President . . . 324

THE BOOK SHELF—
Books Received . . . 324
Book Reviews . . . 324
New Jersey Medical Authors . . . 299

TRANSACTIONS—
Index . . . 327
Minutes of the House of Delegates . . . 328
Woman's Auxiliary Minutes . . . 344

TUBERCULOSIS ABSTRACTS . . . 347

Roster of Officers and Committees, Advertising Pages 3A-7A

Editorial and Executive Offices of the Society
222 WEST STATE STREET
TRENTON 8, N. J.
Tel. 5776

Acceptance for mailing at special rate of postage provided for in Sec. 1103, Act of Oct. 3, 1917, authorized July 29, 1918.

Copyright 1943 by
The Medical Society of New Jersey

PHYSICIAN'S INCOME PROTECTION

Our Physicians Special Policy—endorsed by the State Medical Society—will appeal to you also, if you investigate. Elimination of excessive acquisition costs and economy of operation makes possible our rate which is far below that of equally broad and dependable insurance.

Brief Outline of Coverage

Accident Benefits—from 1st day for 60 months for total disability.
Half benefits for partial disability, limit 6 months.
Dismemberment benefits up to $10,000.

Sickness benefits—from 8th day for 12 months, full benefits, *house confinement not required.*

Rate for $100 Monthly Benefit, up to age 50, $7.40 quarterly.

Slightly higher rates to age limit of 65. Policies available from $100 to $300 monthly. Additional provisions for accidental death benefit and hospital expense insurance.

Your State Medical Society Insurance Committee are sole arbiters for handling any claim requiring arbitration.

E. and W. BLANKSTEEN, Mgrs.
Authorized Representatives of The Medical Society of New Jersey
76 MONTGOMERY STREET **JERSEY CITY, N. J.**
Tel. Bergen 4-6051

Ice cream helps meet many nutritional needs

FORTUNATELY, one food that almost every one of your patients likes is rich in dietary essentials. An average serving of ice cream provides nearly a sixth of the daily calcium requirement, generous amounts of the other minerals found in milk and the same valuable proteins. Ice cream also contains vitamin A and riboflavin. You can depend upon the purity and high quality of

SUPPLEE
A Division of National Dairy Products Corporation

Sealtest ICE CREAM

THE MEDICAL SOCIETY OF NEW JERSEY

Founded July 23, 1766

PLACE OF PUBLICATION, PRINTING AND MAILING, 12 SO. DAY ST., ORANGE, N. J.

EXECUTIVE AND EDITORIAL OFFICES, 222 WEST STATE ST., TRENTON 8, N. J. TEL. 5776

EDITH L. MADDEN, *Acting Executive Officer*.....Trenton
HENRY A. DAVIDSON, *Editor, in Service A. U. S.*.....Trenton

MEDICAL SERVICE ADMINISTRATION OF NEW JERSEY
MEDICAL-SURGICAL PLAN OF NEW JERSEY
31 CLINTON ST., NEWARK, N. J.
Tel. MItchell 2-0675

NORMAN M. SCOTT, *Medical Director*
Executive Assistant, The Medical Society of New Jersey

OFFICERS

President, RALPH K. HOLLINSHED.....Westville
President-Elect, JOSEPH F. LONDRIGAN.....Hoboken
First Vice-President, SAMUEL ALEXANDER.....Park Ridge
Second Vice-President, FRANK G. SCAMMELL.....Trenton
Secretary, ALFRED STAHL.....Newark
Treasurer, GEORGE J. YOUNG.....Morristown

TRUSTEES

THOMAS B. LEE, *Chairman* (1945).....Camden
ALDRICH C. CROWE, *Secretary* (1944).....Ocean City
RALPH K. HOLLINSHED.....Westville
JOSEPH F. LONDRIGAN.....Hoboken
SAMUEL ALEXANDER.....Park Ridge
FRANK G. SCAMMELL.....Trenton
ALFRED STAHL.....Newark
GEORGE J. YOUNG.....Morristown
WILLIAM F. COSTELLO (1944).....Dover
GEORGE W. FITHIAN (1944).....Perth Amboy
JOSEPH G. COLEMAN (1944).....Hamburg
DAVID W. GREEN (1945).....Salem
HARRY R. NORTH (1945).....Trenton
JAMES F. NORTON (1945).....Jersey City
E. ZEH HAWKES (1946).....Newark
J. HOWARD HORNBERGER (1946).....Roebling
ANDREW F. MCBRIDE (1946).....Paterson

COUNCILORS

First District (Union, Warren, Morris and Essex Counties).....CHRISTOPHER C. BELING, Newark (1945)
Second District (Sussex, Bergen, Hudson and Passaic Counties).....VINCENT P. BUTLER, Jersey City (1944)
Third District (Mercer, Middlesex, Somerset and Hunterdon Counties).....BARCLAY S. FUHRMANN, Flemington (1946)
Fourth District (Camden, Burlington, Ocean and Monmouth Counties).....S. EMLEN STOKES, Moorestown (1945)
Fifth District (Cape May, Cumberland, Atlantic, Gloucester and Salem Counties).....CHESTER I. ULMER, Gibbstown (1944)

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

Delegates

WELLS P. EAGLETON (1944).....Newark
HILTON S. READ (1944).....Ventnor
THOMAS K. LEWIS (1944).....Camden
ANDREW F. MCBRIDE (1945).....Paterson
LUCIUS F. DONOHOE (1945).....Bayonne

Alternate Delegates

ELMER P. WEIGEL (1944).....Plainfield
LANCELOT ELY (1944).....Somerville
CLARENCE W. WAY (1944).....Fort Monmouth
SPENCER T. SNEDECOR (1945).....Hackensack
RALPH K. HOLLINSHED (1945).....Westville

DELEGATES TO OTHER STATES

Delegate

Connecticut—C. BYRON BLAISDELL (1944).....Long Branch

Alternate Delegate

Connecticut—WILLIAM G. HERRMAN (1944).....Asbury Park

OFFICERS OF SCIENTIFIC SECTIONS

Medicine

CLARENCE W. WAY, *Chairman*.....Fort Monmouth
EDWARD C. KLEIN, JR., *Secretary*.....Newark

Surgery

LORRIMER B. ARMSTRONG, *Chairman*.....Westfield
JOHN COX, *Secretary*.....Maplewood

Radiology

W. JAMES MARQUIS, *Chairman*.....Newark
HARRY J. PERLBERG, *Secretary*.....Jersey City

Gastro-Enterology

HARRISON R. WESSON, *Chairman*.....Montclair
SYDNEY ROSENTHAL, *Secretary*.....Newark

Pediatrics

HAROLD F. TIDWELL, *Chairman*.....West New York
SAMUEL BLAUGRUND, *Secretary*.....Trenton

Obstetrics and Gynecology

ROBERT A. MACKENZIE, *Chairman*.....Asbury Park
GEORGE B. GERMAN, *Secretary*.....Camden

Eye, Ear, Nose and Throat

BRAYTON E. FAILING, *Chairman*.....Newark
GEORGE P. MEYERS, *Secretary*.....Camden

CO-OPERATING ORGANIZATIONS

N. J. State Department of Health

J. LYNN MAHAFFEY, M.D., *Director of Health*
Room 232, State House, Trenton 8, N. J.
Tel. 2-2131, Ext. 541

N. J. State Crippled Children's Commission

JOSEPH G. EUCH, *Chairman and Director*
Room 732, 143 E. State St., Trenton 8, N. J.
Tel. 2-2131, Ext. 785

N. J. State Board of Children's Guardians

Joseph E. Alloway, *Executive Director*
163 West Hanover St., Trenton 8, N. J.
Tel. 2-2131, Ext. 308

N. J. State Board of Medical Examiners

Earl S. Hallinger, M.D., *Secretary*
Room 1101, 28 W. State St., Trenton 8, N. J.
Tel. 2-2131, Ext. 272

N. J. State Department of Institutions and Agencies

William J. Ellis, Ph.D., *Commissioner*
State House Office Building, Trenton 8, N. J.
Tel. 2-2131, Ext. 737

N. J. State Department of Motor Vehicles

Arthur W. Magee, *Commissioner*
State House Office Building, Trenton 8, N. J.
Tel. 2-2131, Ext. 208

N. J. State Nurses' Association

Miss W. A. H. Twioale, R.N., *President*
Elizabeth General Hospital, Elizabeth, N. J.
Tel. 2-3400

N. J. Hospital Association

George O'Hanlon, M.D., *Executive Secretary*
Jersey City Medical Center, Jersey City 4, N. J.
Tel. Bergen 3-7000

N. J. Pharmaceutical Association

Prescott R. Loveland, *Executive Secretary*
Room 318, 28 W. State St., Trenton 8, N. J.
Tel. 5596

N. J. State Dental Society

Frank K. Heazelton, D.D.S., *Executive Secretary*
223 E. Hanover St., Trenton 8, N. J.
Tel. 5084

N. J. Health Officers' Association

William C. Blake, *Secretary*
Thomson Hall, Princeton, N. J.
Tel. 1005

N. J. Health and Sanitary Association

L. VanD. Chandler, *Executive Secretary*
346 State St., Hackensack, N. J.
Tel. 3-3000

STANDING COMMITTEES

Meetings at the call of the Chairmen

Finance and Budget

Harry R. North, *Chairman* (1945) Trenton
David B. Allman (1944) Atlantic City
Henry Spence (1946) Jersey City
Andrew F. McBride (1947) Paterson
Herschel Pettit (1948) Ocean City
William F. Costello (1949) Dover
George J. Young, *Ex-Officio* Morristown

Medical Defense and Insurance

Christopher C. Beling, *Chairman* (1946) Newark
J. Wallace Hurff (1944) Newark
George T. Tracy (1944) Beverly
Charles F. Baker (1945) Newark
Charles J. Larkey (1946) Bayonne

Publication

Henry C. Barkhorn, *Chairman* (1945) Newark
J. Lawrence Evans (1944) North Bergen
Lewis W. Brown (1946) Newark
Ralph K. Hollinshed, *Ex-Officio* Westville
Alfred Stahl, *Ex-Officio* Newark

Scientific Work

First District—John W. Gray (1944) Newark
Second District—Wm. W. Maver, *Chm.* (1945) ... Jersey City
Third District—Patrick H. Corrigan (1946) Trenton
Fourth District—S. Emlen Stokes (1947) Moorestown
Fifth District—Harold S. Davidson (1948) Atlantic City

Presidential Appointments

Royce Paddock, *Secretary* (1944) Newark
John H. Rowland (1945) New Brunswick

Honorary Membership

Lucius F. Donohoe, *Chairman* (1945) Bayonne
William J. Carrington (1944) Atlantic City
E. Zeh Hawkes (1946) Newark

Woman's Auxiliary

William E. Dodd, *Chairman* (1944) Beach Haven
Harrold A. Murray (1944) Newark
William K. Campbell (1945) Lodg Branch
Hammell P. Shipps (1945) Delanco
Ily R. Beir (1946) Atlantic City

Post-Graduate Education

Henry B. Decker, *Chairman* (1946) Camden
Clarence W. Way (1944) Fort Monmouth
Ernest F. Purcell (1944) Trenton
Albert W. Piggott (1945) Skillman
Samuel A. Cosgrove (1946) Jersey City
William F. Costello Dover

Annual Meeting

Harrold A. Murray, *Chairman* (1946) Newark
J. Carlisle Brown, *Vice-Chairman* (1946) Atlantic City
Clarence L. Andrews (1944) Atlantic City
Thomas McG. Brennock (1944) Jersey City
John W. Gray (1945) Newark

Scientific Program

John W. Gray, *Chairman* (1944) Newark
Robert S. Gamon Camden
C. Abbott Beling Newark

WELFARE COMMITTEE

Herschel S. Murphy, *Chairman* Roselle
Chester I. Ulmer, *Vice-Chairman* Gibbstown
Ralph K. Hollinshed, *Ex-Officio* Westville
Alfred Stahl, *Ex-Officio* Newark
Edward Guion (Atlantic County) Northfield
Samuel Barbash Atlantic City
Harrison B. Wilson (Bergen County) Hackensack
Joseph R. Morrow Oradell
S. Emlen Stokes (Burlington County) Moorestown
Henry B. Decker (Camden County) Camden
H. Wesley Jack Camden
Clarence W. Way (Cape May County) Fort Monmouth
Millard F. Sewall (Cumberland County) Bridgeton
H. Burton Walker Vineland
C. Wright MacMillan (Essex County) Upper Montclair
Francis C. Weber Newark
Harry N. Comando Newark
Royal A. Schaaf Newark
Wendell J. Burkett (Gloucester County) Pitman
Reeve L. Ballinger (Hudson County) Arlington
J. Lawrence Evans North Bergen
B. S. Pollak Jersey City
Samuel B. English (Hunterdon County) Glen Gardner
Edgar W. Lane Bloomsbury
D. Leo Haggerty (Mercer County) Trenton
L. Samuel Sica Trenton
Jacob J. Mann (Middlesex County) Perth Amboy
Ralph J. Faulkingham New Brunswick
Stanley Nichols (Monmouth County) Long Branch
Samuel W. Hausman Red Bank
Byron G. Sherman (Morris County) Morristown
W. Blake Gibb Morristown
William E. Dodd (Ocean County) Beach Haven
Sigurd W. Johnsen (Passaic County) Passaic
Theodore K. Graham Paterson
Claude B. Mackes (Salem County) Woodstown
Harry F. Suter Penns Grove
Frank L. Field (Somerset County) Far Hills
Albert W. Pigott Skillman
Leo B. Drake (Sussex County) Franklin
Frederic W. Lathrop (Union County) Plainfield
Walter F. Phelan Elizabeth
William H. Varney (Warren County) Washington

Technical Advisers

Earl S. Hallinger (Medical Examiners) Trenton
Robert P. Fischelis, Phar.D. (Pharmacy) Trenton
Emil Frankel, Ph.D. (Inst. and Agencies) Trenton
Mr. William MacDonald (Health) Trenton
Wilson G. Guthrie (Education) Trenton
Glenn S. Usher (Venereal Disease) Trenton

SUBCOMMITTEES TO THE WELFARE COMMITTEE

Legislation

B. S. POLLAK, *Chairman* Jersey City
WENDELL J. BURKETT, *Vice-Chairman* Pitman
CHARLES H. MITCHELL Trenton
WILLIAM C. WILENTZ Perth Amboy
GARNETT SUMMERILL Camden
FRANK A. BIEN Newark
H. ROY VAN NESS Newark
SAMUEL ALEXANDER Park Ridge
FREDERIC J. QUIGLEY, *Executive Secretary* Union City

Medical Practice

SIGURD W. JOHNSEN, *Chairman* Passaic
ANDREW C. RUOFF Union City
J. MALLORY CARLISLE Westfield
WILLIAM K. HARRYMAN Hackensack
GEORGE BLACKBURNE Newark
WATSON B MORRIS Springfield
WILLIAM G. HERRMAN Asbury Park
A. CHARLES ZEHNDER Newark
CHESTER I. ULMER Gibbstown
ROBERT M. GRIER Pleasantville
HARRISON B. WILSON Hackensack
HENRY HAYWOOD New Brunswick

Public Relations

ROYAL A. SCHAAF, *Chairman* Newark
J. EDWIN OBERT, *Vice-Chairman* New Egypt
CLARENCE W. WAY Fort Monmouth
SIDNEY C. LEVINE Paterson
WILLIAM G. HARRIS Mullica Hill
WILBUR WATTS Trenton
F. MURIEL RAMSEY Millville

Public Health

STANLEY NICHOLS, *Chairman* Long Branch
FREDERIC W. LATHROP, *Vice-Chairman* Plainfield
ABRAHAM E. JAFFIN Jersey City
WALTER B. MOUNT Montclair
JULIUS LEVY South Orange
ELBERT S. SHERMAN Newark
WILLIAM H. VARNEY Washington
HARVEY M. EWING Montclair
WILLIAM O. WUESTER Hillside
JOSEPH E. RAYCROFT Princeton
MILLARD F. SEWALL Bridgeton
CHESTER R. BROWN Arlington
WILSON G. GUTHRIE Newark
ELLEN C. POTTER Trenton
CEDRIC C. CARPENTER Summit
FREDERICK G. DILGER Hackensack
JOHN E. KILEY Montclair
S. WILLIAM KALB Newark
OTTO R. HOLTERS Asbury Park

Technical Advisers

WALTER G. ALEXANDER (Medical Association) Orange
GLENN S. USHER (Venereal Disease) Trenton
J. M. WISAN, D.D.S. (Dental) Elizabeth
MR. HOWARD D. WHITE (Education) Trenton
MISS MARGARET ASHMUN, R.N. (Nurses) Orange
ROBERT P. FISCHELIS, Phar.D. (Pharmacy) Trenton
EMIL FRANKEL, Ph.D. (Inst. and Agencies) Trenton
MR. WILLIAM MACDONALD (Health) Trenton
MISS EVELYN DUBROW (C.I.O.) Newark
HON. JOHN M. SUMMERILL, JR. (Senate) Salem
ROY GRIFFITH (Manufacturers) Newark
J. BERKLEY GORDON (Hospital) Marlboro
MR. FRANK OSBORNE (Health Officers) East Orange

ADVISORY COMMITTEES TO THE SUBCOMMITTEE ON PUBLIC HEALTH

Meetings at the call of the Chairmen

Cancer Control

OTTO R. HOLTERS, *Chairman* Asbury Park
WILLIAM O. WUESTER, *Vice-Chairman* Hillside
THOMAS J. SUMMEY Moorestown
HARRY R. BRINDLE Asbury Park
FRANCIS J. MCCAULEY Newark

Child Health

CHESTER R. BROWN, *Chairman* Arlington
ELLEN C. POTTER Trenton
HARROLD A. MURRAY Newark

Technical Advisers

CHARLES HENDEE SMITH New Brunswick
JULIUS LEVY (Child Health) Trenton
WILSON G. GUTHRIE (Education) Trenton

Conservation of Vision and Hearing

ELBERT S. SHERMAN, *Chairman* Newark
CHARLES H. SCHLICHTER Elizabeth
JOSEPH H. KLER New Brunswick

Crippled Children

FREDERICK G. DILGER, *Chairman* Hackensack
TOUFICK NICOLA Montclair
OSWALD R. CARLANDER Merchantville
LEOPOLD SZERLIP Newark

Maternal Welfare

WALTER B. MOUNT, *Chairman* Montclair
ROBERT A. MACKENZIE, *Vice-Chairman* Asbury Park
J. CARLISLE BROWN Atlantic City
SAMUEL A. COSGROVE Jersey City
JULIUS LEVY South Orange
HERSCHEL S. MURPHY Roselle

Mental Hygiene

JOSEPH E. RAYCROFT, *Chairman* Princeton
J. BERKLEY GORDON Marlboro
ARTHUR C. ZUCK Washington

School Health

WILSON G. GUTHRIE, *Chairman* Trenton
GRACE M. KAHRS Newark
NORMAN J. QUINN Atlantic City
CHARLES P. DEFUCCIO Jersey City
KIRK B. BARB Camden
HUGH V. GILLSON Paterson
VICTOR E. BURN Newton
CLARENCE J. SLACK Trenton
CHESTER R. BROWN Arlington

Traffic Accidents and Safety

MILLARD F. SEWALL, *Chairman* Bridgeton
GARNETT SUMMERILL Camden
CHRISTIAN P. SEGARD Leonia

Tuberculosis and Adult Disease Control

ABRAHAM E. JAFFIN, *Chairman* (Tuberculosis) Jersey City
WILLIAM H. VARNEY (Adult Health Supervision) Washington
HARVEY M. EWING (Cardio-Vascular) Montclair
S. WILLIAM KALB (Nutrition) Newark

Venereal Disease Control

JOHN E. KILEY, *Chairman* Montclair
CEDRIC C. CARPENTER, *Vice-Chairman* Summit
BAXTER A. LIVENGOOD Woodbury
ERNEST A. ROBINSON Asbury Park
BART M. JAMES Newark
ROBERT L. MCKIERNAN New Brunswick

Technical Advisers

ARTHUR J. CASSELMAN Camden
GLENN S. USHER Trenton

Consultants

DAVID B. ALLMAN Atlantic City
S. JOSEPHINE BAKER Belle Mead
C. FREDERICK BECKER Camden
MAYNARD G. BENSLEY Summit
ENOCH BLACKWELL Trenton

Henry Briggs East Orange
Frederick L. Brown New Brunswick
B. Franklin Buzby Camden
C. Coulter Charlton Atlantic City
Martin H. Collier Lakeland
S. Eugene Dalton Atlantic City
A. Hobson Davis Paterson
Albert B. Davis Camden
Irvin E. Deibert Camden
Leo B. Drake Franklin
Samuel B. English Glen Gardner
M. James Fine Newark
James A. Fisher Asbury Park
Halvor L. Harley Atlantic City
Arthur P. Hasking Jersey City
Harold S. Hatch Morristown
Ernest G. Hummel Camden
Clarence S. Janifer Newark
Thomas M. Kain Camden
Jerome G. Kaufman Newark
George L. Kingslow Hackensack
Albert B. Kump Bridgeton
Irving Lerman Elizabeth
Elias J. Marsh Paterson
George P. Meyer Camden
Elizabeth Nesbitt Little Falls
Marcus W. Newcomb Browns Mills
Irving Okin Passaic
Aaron E. Parsonnet Newark
Johannes F. Pessel Trenton
Berthold S. Pollak Jersey City
James Pregnall Asbury Park
Daniel F. Remer Mt. Holly
Milton A. Shangle Elizabeth
James A. Shipman Camden
Charles H. Smith New Brunswick
George N. J. Sommer Trenton
George S. Stevenson Red Bank
Walter B. Stewart Atlantic City
S. Emlen Stokes Moorestown
J. Philip Stout Jersey City
William M. Sullivan, Jr. Passaic
Hyman J. Udinsky Passaic
J. Harris Underwood Woodbury
Hans Wassing Paterson
Harrison B. Wilson Hackensack

ADVISORY COMMITTEES TO THE SUBCOMMITTEE ON MEDICAL PRACTICE

Meetings at the call of the Chairmen

Contract Practice

Andrew C. Ruoff, *Chairman* Union City
Joseph G. Coleman Hamburg
Francis H. Todd Paterson
Harrison B. Wilson Hackensack
John J. Brozdowski Jersey City
George H. Van Emburgh Arlington
Leo H. Salvati Westfield
Matthew F. Urbanski Perth Amboy
Arthur G. Pratt Camden
John S. Dunn Salem
Millard F. Sewall Bridgeton

Industrial Health and Hygiene

J. Mallory Carlisle, *Chairman* Westfield
Donald O. Hamblin Bound Brook
Edgar E. Evans Penns Grove
William H. McCallion Elizabeth
Arthur F. Mangelsdorff Bound Brook
Augustus Gibson Scotch Plains

Workmen's Compensation

William K. Harryman, *Chairman* Hackensack
H. Burton Walker Vineland
Frederick L. Brown New Brunswick
Parry M. Scott Beverly
Alfred D. Meneve Paterson

Medical Care of the Indigent and Low-Wage Group

George Blackburne, *Chairman* Newark
J. Wallace Hurff Newark
Russell K. Tether Closter
Charles E. Sharp Port Norris
Harold C. Cox Hightstown
Clarence E. Bowersox Woodbury

Hospital Relationships

Watson B. Morris, *Chairman* Springfield
George O'Hanlon Jersey City
Charles Hyman Atlantic City
Earl H. Snavely Newark
Reeve L. Ballinger Arlington
Frank G. Scamell Trenton
J. Harris Underwood Woodbury
Hammell P. Shipps Delanco

Technical Adviser

Emil Frankel, Ph.D. (Inst. and Agencies) Trenton

Auxiliary Medical Services

William G. Herrman, *Chm.* (Radiology) Asbury Park
W. James Marquis, *Vice-Chm.* (Radiology) Newark
Arturo R. Casilli (Pathology) Elizabeth
Melville G. Kilborn (Anaesthesia) West Orange

Technical Adviser

Bror S. Troedsson (Physical Therapy) Orange

Nursing and Nursing Education

A. Charles Zehnder, *Chairman* Newark
H. Wesley Jack Camden
Homer I. Silvers Ventnor
William T. Read, Jr. Camden
Charles J. Murn Paterson
Walter E. D'Arcy Trenton

Pharmaceutical Problems

Chester I. Ulmer, *Chairman* Gibbstown
Reeve L. Ballinger Arlington
Richard F. Kerdasha Camden
Irving Okin Passaic
Daniel F. Remer Mt. Holly
Daniel W. Teller Morristown

Distribution of Medical Care

Robert M. Grier, *Chairman* Pleasantdale
Edward Guion Northfield
Herschel Pettit Ocean City
Albert B. Kump Bridgeton
Charles E. Sharp Port Norris

Private Practice

Harrison B. Wilson, *Chairman* Hackensack
Augustus S. Knight Far Hills
Joseph H. Kler New Brunswick
Harry N. Comando Newark
Walter D. Farmer Allentown
Henry Haywood New Brunswick

SPECIAL COMMITTEES

War Participation

J. Mallory Carlisle, *Chairman* Westfield
David B. Allman Atlantic City
Francis H. Todd Paterson
George H. Lathrope Newark
Henry B. Decker Camden
J. Lawrence Evans North Bergen
Ralph K. Hollinshed, *Ex-Officio* Westville
Joseph F. Londrigan, *Ex-Officio* Hoboken
Alfred Stahl, *Ex-Officio* Newark
Thomas B. Lee, *Ex-Officio* Camden

WOMAN'S AUXILIARY

President, MRS. ASHER YAGUDA, Breezy Knoll Farm, Marlboro

President-Elect, MRS. DAVID B. ALLMAN Atlantic City
First Vice-President, MRS. JAMES J. MCGUIRE Trenton
Second Vice-President, MRS. CHESTER I. ULMER....Gibbstown

Recording Secretary, MRS. BANKS S. BAKER Camden
Corresponding Sec., MRS. SAMUEL W. HAUSMAN...Red Bank
Treasurer, MRS. THOMAS P. MCCONAGHY Camden

PRESIDENTS, SECRETARIES AND REPORTERS OF COMPONENT COUNTY MEDICAL SOCIETIES

County	President	Secretary	Reporter
ATLANTIC	Theo. H. Boysen, Egg Harbor....	Daniel C. Reyner, Atlantic City .. Tel. 4-1626	K. P. Henderson, Pleasantville
BERGEN	Floyd E. Keir, Englewood	Rudolph C. Schretzmann, Ruth'rf'd Tel. 2-2014	H. E. Reinhold, West Englewood
BURLINGTON..	Harry B. Mark, Riverton	George T. Tracy, Beverly Tel. 110	T. Bruce Dickson, Riverton
CAMDEN	Thomas M. Kain, Camden	William T. Read, Jr., Camden.... Tel. 6600	K. B. MacAlpine, Gloucester
CAPE MAY	Geo. M. Brooks, Cape May Ct.Hse.	Clarence W. Way, Fort Monm'th.	Clarence W. Way, Ft. Monmouth
CUMBERLAND.	F. Muriel Ramsey, Millville	H. Garrett Miller, Millville Tel. 196	Howard S. Branin, Millville
ESSEX	J. Wallace Hurff, Newark	Marcus H. Greifinger, Newark... Tel. Market 3-1918	Charles B. Anuario, Orange
GLOUCESTER..	William G. Harris, Mullica Hill..	Clarence A. Bowersox, Woodbury. Tel. 100	Clarence A. Bowersox, W'dbury
HUDSON	Maurice Shapiro, Bayonne	Vincent P. Butler, Jersey City ... Tel. Delaware 3-3829	Harry J. Perlberg, Jersey City
HUNTERDON ..	Lloyd A. Hamilton, Lambertville.	E. W. Lane, Bloomsbury Tel. Phillipsburg 10-R-13	J. E. Shangold, Sergeantsville
MERCER	Patrick H. Corrigan, Trenton 9...	A. Dunbar Hutchinson, Trenton 8. Tel. 3-5542	A. Dunbar Hutchinson, Trenton
MIDDLESEX...	Joseph H. Kler, New Brunswick.	W. Edgar Sherman, NewBrunsw'k Tel. 573	Alexander M. Carr, Metuchen
MONMOUTH ..	Samuel W. Hausman, Red Bank..	Louis F. Albright, Spring Lake.. Tel. 56	Karl F. Metzger, Belmar
MORRIS	F. Clyde Bowers, Mendham	George J. Young, Morristown.... Tel. 4-0662	Wilbur M. Judd, Greystone Park
OCEAN	L. Roberto Carmona, Tuckerton ..	Abraham Goldstein, Lakewood ... Tel. 627	William E. Dodd, Beach Haven
PASSAIC	Charles J. Murn, Paterson	Joseph E. Mott, Paterson Tel. Lambert 3-6686	Theodore Rothman, Paterson
SALEM	Claude W. Thomas, Woodstown ..	John S. Dunn, Salem Tel. 201	Harry F. Suter, Pennsgrove
SOMERSET ...	Frank L. Field, Far Hills	Arthur F. Mangelsdorff, B'd Br'k Tel. 500	Wm. C. Douglass, Bernardsville
SUSSEX	Leo B. Drake, Franklin	Frank H. Lushear, Branchville .. Tel. 2331	Martin I. Kirschner, Vernon
UNION	Irving Lerman, Elizabeth	Frederic W. Lathrop, Elizabeth... Tel. 3-0200	Frederic B. Western, Short Hills
WARREN	Guernsey F. West, Phillipsburg ..	Neumann C. Marlett, Belvidere... Tel. 99	Philip B. Kassow, Alpha

FIELD PHYSICIANS OF THE COUNTIES

County	Name	Address	Telephone
ATLANTIC	J. Carlisle Brown	101 S. Indiana Ave., Atlantic City	5-4979
BERGEN	Lyman Burnham	229 Engle St., Englewood	3-1810
BURLINGTON	F. D. Fahrenbruch	101 Garden St., Mt. Holly	237
CAMDEN	Edmund Hessert	417 Cooper St., Camden	3382
CAPE MAY	Jules Cooper	Washington Ave., Woodbine	Bell 8-R-12
CUMBERLAND	F. Muriel Ramsey	310 E. Pine St., Millville	31
ESSEX	Alfred Meurlin	158 S. Harrison St., East Orange	Orange 5-9026
GLOUCESTER	Chester I. Ulmer	Gibbstown	Paulsboro 18
HUDSON	John J. McCarthy	616 35th St., North Bergen	Palisades 6-2385
HUNTERDON	P. W. Baker	High Bridge	170-R-2
MERCER	James R. Harman	824 W. State St., Trenton	3-0436
MIDDLESEX			
MONMOUTH	William Heatley	23 Monmouth St., Red Bank	80
MORRIS			
OCEAN	George W. Gaumer	422 First St., Lakewood	81
PASSAIC	Theodore K. Graham	279 Park Ave., Paterson	Sherwood 2-9422 and 1607
SALEM	William T. Hilliard	105 Market St., Salem	332
SOMERSET	Samuel H. Pogoloff	Manville	Somerville 1228
SUSSEX	H M. Aitken	Ogdensburg	Franklin 2002
UNION	Arthur E. Tator	57 DeForest Ave., Summit	6-0313
WARREN	Herman Smith	397 S. Main St., Phillipsburg	5-2214



Dilaudid
hydrochloride

COUNCIL ACCEPTED

For Relief of Pain

When an opiate is required Dilaudid acts more quickly and with fewer side effects. Dilaudid may be used orally, rectally or hypodermically.

Dilaudid hydrochloride (dihydromorphinone hydrochloride).
Dilaudid Trade Mark reg. U. S. Pat. Off.

KNOLL BILHUBER

BILHUBER-KNOLL CORP. ORANGE, NEW JERSEY.

The NEW YORK POLYCLINIC
MEDICAL SCHOOL AND HOSPITAL

(ORGANIZED 1881)
THE PIONEER POST-GRADUATE MEDICAL
INSTITUTION IN AMERICA

Physical Therapy

Didactic lectures and active clinical application of all present-day methods of physical therapy in internal medicine, general and traumatic surgery, gynecology, urology, dermatology, neurology and pediatrics. Special demonstrations in minor electrosurgery, electrodiagnosis, fever therapy, hydrotherapy including colonic therapy, light therapy.

ROENTGENOLOGY

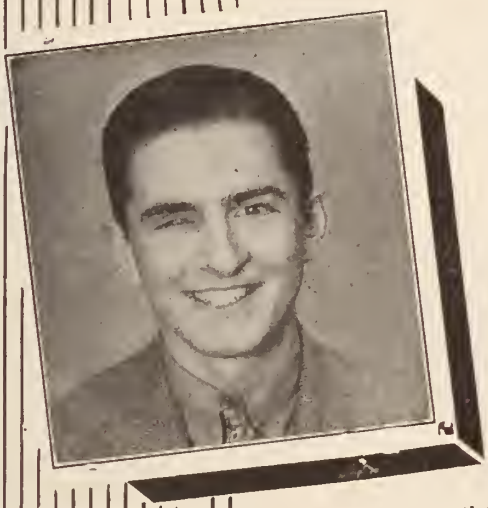
A comprehensive review of the physics and higher mathematics involved, film interpretation, all standard general roentgen diagnostic procedures, methods of application and doses of radiation therapy, both x-ray and radium, standard and special fluoroscopic procedures. A review of dermatological lesions and tumors susceptible to roentgen therapy is given, together with methods and dosage calculation of treatments. Special attention is given to the newer diagnostic methods associated with the employment of contrast media, such as bronchography with Lipiodol, uterosalpingography, visualization of cardiac chambers, peri-renal insufflation and myelography. Discussions covering roentgen departmental management are also included.

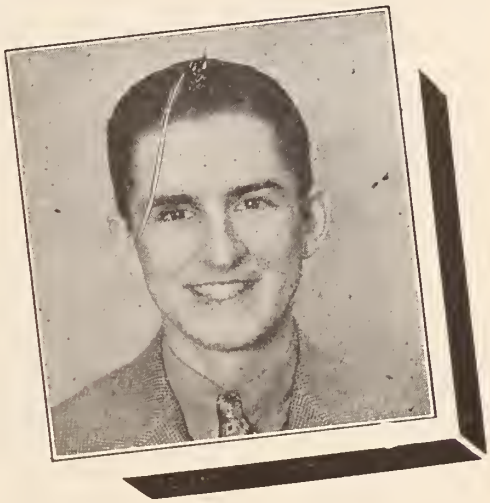
For Information Address

MEDICAL EXECUTIVE OFFICER

345 West 50th Street New York City

Full-Motioned, Lifelike
ARTIFICIAL HUMAN EYES





We have the Enviable Reputation of "Really Knowing How" to produce that "Pleasing Cosmetic Effect" so desired by one wearing an Artificial Eye.

REFERRED CASES CAREFULLY ATTENDED

IT IS OF VITAL IMPORTANCE TO THE PATIENT'S FUTURE APPEARANCE THAT THE FIRST ARTIFICIAL EYE BE PROPERLY FITTED. IT IS IN THESE NEW CASES, WHERE UTMOST ATTENTION MUST BE GIVEN—AND OF WHICH WE HAVE MADE A SPECIAL STUDY.

Especially Made to Order Eyes by Skilled Artisans.
Also Eyes Fitted from Stock

SELECTIONS SENT ON MEMORANDUM UPON REQUEST.

FRIED AND KOHLER, INC.

"Specialists in Artificial Human Eyes Exclusively"

665 FIFTH AVENUE
near 53rd St.
NEW YORK, N. Y.
Tel. Eldorado 5-1970

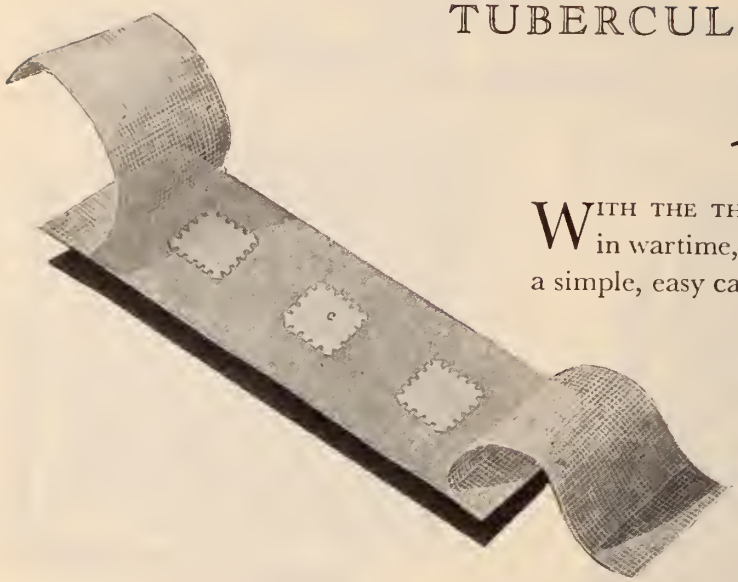
"Pleasing Particular People for Over Forty Years!"

Find the unrecognized tuberculosis in your practice with

TUBERCULIN PATCH TEST

[VOLLMER]

Lederle



WITH THE THREAT of tuberculosis increasing in wartime, it is important to have available a simple, easy case-finding procedure.

Tuberculin Patch Test (Vollmer) was introduced by *Lederle* in 1937. Since then the curve of demand for this diagnostic agent has shown a steady rise, and its use in public screening campaigns has become widespread.

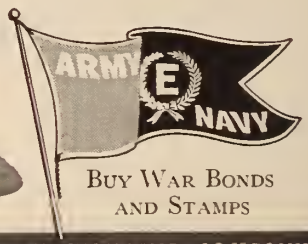
The Patch Test has achieved recognition because of its—

- SIMPLICITY OF APPLICATION;
- RELIABILITY;
- READY ACCEPTANCE BY BOTH CHILDREN AND ADULTS.

Keep a supply in your office—use it frequently—you will be surprised at the number of suspects you uncover. Send for samples and literature.

PACKAGES:
1 test
10 tests
100 tests





BUY WAR BONDS AND STAMPS

LEDERLE LABORATORIES, INC., NEW YORK, N.Y. A UNIT OF AMERICAN CYANAMID COMPANY

A complete unit for Approved Contraceptive Technique



"THE KOROMEX SET COMPLETE"

Koromex Set Complete* is an attractively packaged unit containing the important items used for approved contraceptive technique. Identified by a removable label. To order or prescribe, merely write, "Koromex Set Complete, Diaphragm Size_____".

Each Unit Contains...

KOROMEX DIAPHRAGM—Widely accepted as the outstanding diaphragm in use today. Durable. GUARANTEED FOR 2 YEARS.

KOROMEX TRIP RELEASE INTRODUCER—Specially designed swivel tip facilitates usage. Gauged to take all size diaphragms.

KOROMEX JELLY and H-R EMULSION CREAM—Both preparations have equally high spermicidal value, but differ in degree of lubrication. Both are included so the patient may determine which preparation better meets her requirements and personal preferences

** Price of Koromex Set Complete is only that of the Koromex Diaphragm and Koromex Trip Release Introducer*

Holland-Rantos
Company, Inc.

551 FIFTH AVENUE, NEW YORK, N. Y.

WASSERMANN FASTNESS

(SERORESISTANT SYPHILIS)

"Seroresistance is associated with a high proportion (about 40 per cent), of asymptomatic neurosyphilis."

Management of Syphilis in General Practice, U.S.P.H.S. Supp. No. 6 to Venereal Disease Information p. 60, Oct. 1939.

In every instance of seroresistance in early syphilis, the spinal fluid of the patient should be examined or re-examined as the case may be. Disclosure of involvement of the cerebrospinal axis indicates that this may be the cause of the seroresistance.

Tryparsamide Merck has an unusual power of therapeutic penetration in case of the central nervous system. Consideration of the employment of Tryparsamide Merck is suggested in the treatment of all patients with neurosyphilis.



MERCK & CO., Inc. *Manufacturing Chemists* RAHWAY, N. J.



* With men in the Army, the Navy, the Marine Corps, and the Coast Guard, the favorite cigarette is Camel. (Based on actual sales records in Post Exchanges and Canteens.)

BUY WAR BONDS AND STAMPS

SO EASY TO GIVE

the wanted gift!

Cigarettes—the Gift that Rates with Service Men...Camel—the Brand that Rates First...

It's the thought behind your gift that's important to men in the armed forces. Meaning that sending Camel Cigarettes is the really considerate way to express your generous impulse.

First, cigarettes are highly prized by fighting men. Second, Camel is the brand prized above all others*—for sheer mildness, cheering fragrance, delightful flavor.

Let a carton of Camels convey your hearty good-will to friend or relative in service. Your dealer features Camels in cartons. See or telephone him today.

New reprints available on cigarette research—Archives of Otolaryngology, February, 1943, pp. 169-173—March, 1943, pp. 404-410. Camel Cigarettes, Medical Relations Division, 1 Pershing Square, New York 17, N. Y.

Camel

COSTLIER TOBACCOS



Precision

Precision is a "must" element in the House of Endo . . . an important ingredient in the manufacture of every Endo product . . . a matter which we view with great pride.

MATERIALS are purchased on an assay basis and are subjected to reassay in our own laboratories by the Endo control staff.

EQUIPMENT for our specialized processes, being unobtainable in the open market, is designed and constructed by our own scientific and engineering personnel.

CRAFTSMANSHIP, as expressed by our critical standards, can be measured only in terms of broad knowledge and long experience. Aside from the competence of our craftsmen, their pride in accomplishment has contributed much to the high place occupied by the House of Endo in the pharmaceutical industry.

Every step of the way, precision is our watchword . . . and it is by this watchword that we strive always to merit the highest confidence of the medical profession.



ENDO PRODUCTS, INC. RICHMOND HILL NEW YORK

EDEMA DURATION

due to the varying methods of cigarette manufacture
(as shown by rabbit-eye test)*



Upon instillation of smoke solution from PHILIP MORRIS Cigarettes

Average duration
8 MINUTES



Upon instillation of smoke solution from cigarettes made by the *Ordinary Method*

Average duration
45 MINUTES

CLINICAL CONFIRMATION:**

When *smokers* changed to PHILIP MORRIS, every case of irritation of the nose and throat due to smoking cleared completely or definitely improved.

* *Proc. Soc. Exp. Bio. and Med., 1934, 32, 241-245* ** *Laryngoscope, 1935, XLV, No. 2, 149-154*



No food (except breast milk) is more highly regarded than Similac for feeding the very young, small twins, prematures, or infants who have suffered a digestive upset. Similac is satisfactory in these special cases simply because it *resembles breast milk so closely,* and normal babies thrive on it for the same reason. This similarity to breast milk is definitely desirable — *from birth until weaning.*

A powdered modified milk product especially prepared for infant feeding, made from tuberculin tested cow's milk (casein modified) from which part of the butterfat is removed and to which has been added lactose, olive oil, coconut oil, corn oil, and cod liver oil concentrate.

ARMY E NAVY
BUY WAR BONDS!

ACCEPTED AMERICAN MEDICAL ASSN. Council on Foods

One level tablespoon of Similac powder added to *two* ounces of water makes *two* fluid ounces of Similac. This is the normal mixture and the caloric value is approximately 20 calories per fluid ounce.

SIMILAC } SIMILAR TO BREAST MILK

M&R DIETETIC LABORATORIES, INC. • COLUMBUS, OHIO



A decade or so ago, pharmacology had scarcely envisioned a non-narcotic drug capable of alleviating depression, that "common spectre of mankind".

Yet today, in Benzedrine, the medical profession has in its hands just such a therapeutic weapon—affording a rationale "which, in its very efficiency, cuts across the old categories".

So rapid has been the development of Benzedrine Sulfate therapy that it is hard to appreciate the revolutionary possibilities it has created in psychosomatic medicine—after only seven years of clinical use in this peculiarly difficult field.

Although admittedly less dramatic than such life-saving agents as insulin and the sulfonamides, Benzedrine Sulfate may well rank, in the verdict of medical history, with the foremost discoveries of this era.

BENZEDRINE SULFATE TABLETS

(brand of racemic amphetamine sulfate)

SMITH, KLINE & FRENCH LABORATORIES, PHILADELPHIA, PA.





Adrenalin marches on

"The therapeutic applications of adrenalin are already numerous and new uses for it are constantly being found out by different experimenters. Generally speaking, adrenalin, when locally applied, is the most powerful astringent and hemostatic known . . . and it is the strongest stimulant of the heart . . . it will unquestionably attain to a prominent place in the materia medica."

A Parke-Davis publicatian issued in 1902.

Today—four decades after isolation and crystallization of ADRENALIN* (epinephrine hydrochloride)—a great volume of literature attests to the high place it has attained in materia medica. Physicians know its amazing record as a circulatory stimulant, vasoconstrictor and hemostatic. ADRENALIN is the 20th Century's first great medical discovery. No trade-marked product has found wider acceptance; none enjoys a wider field of usefulness.

*TRADE-MARK REG. U. S. PAT. OFF.

Adrenalin

The active principle af the medullary portian af the suprarenal glands was isalated in crystalline farm and its chemical structure determined in 1901 by Parke, Davis & Campany

PARKE, DAVIS & COMPANY

DETROIT · MICHIGAN



Such language!

My boss used to be as grumpy as a bear. He'd growl and bang around and his wife said: "Poor George, he's working too hard. It's wearing him down to a frazzle!"

So, I told her a few plain facts:

. . . how I'd discovered the most amazing thing . . . that physicians who prescribe S-M-A* actually have more time for other things . . . because it isn't necessary to change the formula throughout the entire feeding period. (She sat up at that.)

. . . how S-M-A eliminates many unnecessary questions that mothers usually ask about other modified milk formulas.



When I had finished, she said she would certainly speak to George about using S-M-A as a routine formula.

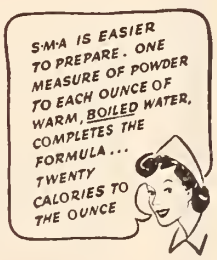
★ ★ ★

Just because my boss turned over a new leaf . . . he wants everybody to pat him on the back for it. But he's not fooling us . . . we know how he got to be such a nice man.

BUSY DOCTORS TODAY— PRESCRIBE S-M-A!

With the exception of Vitamin C . . . S-M-A is nutritionally complete. Vitamins B_1, D and A are included in adequate proportion . . . ready to feed. Their presence in S-M-A prevents the development of subclinical vitamin deficiencies . . . because the infant gets all the necessary vitamins right from the start.

S-M-A has still another highly important advantage not found in other modified milk formulas. It contains a special fat that resembles breast milk fat . . . resembles it chemically and physically—according to impartial laboratory tests. S-M-A fat is more readily digested and tolerated by most infants than cow's milk fat.



The infant food that is nutritionally complete

*REG. U. S. PAT. OFF.

SMA

ACCEPTED AMERICAN MEDICAL ASSN Council on Foods

S. M. A. Corporation
8100 McCormick Boulevard
Chicago, Illinois

S-M-A, a trade-mark of S.M.A. Corporation, for its brand of food especially prepared for infant feeding—derived from tuberculin-tested cow's milk, the fat of which is replaced by animal and vegetable fats, including biologically tested cod liver oil; with the addition of milk sugar and potassium chloride; altogether forming an antirachitic food. When diluted according to directions, it is essentially similar to human milk in percentages of protein, fat, carbohydrate and ash, in chemical constants of the fat and physical properties.

PROFESSIONAL LIABILITY PROTECTION

Afforded Members of

THE MEDICAL SOCIETY OF NEW JERSEY

Since 1921

FAULHABER & HEARD, INC.

Authorized broker to negotiate professional liability contracts for The Medical Society of New Jersey

CONSULT US

For Protection and Specialized Service

31 Clinton Street Newark, N. J.

Telephone MItchell 2-1294

FAULHABER & HEARD, Inc.

31 CLINTON STREET NEWARK, N. J.

Kindly send information on limits and costs of Society Professional Policy.

Name

Address

.....



During Summer Allergies

this powerful vasoconstrictor provides quick, sustained local relief even on repeated application

Neo-Synephrine Hydrochloride

(laevo—alpha—hydroxy—beta—methyl—amino—3 hydroxy ethylbenzene hydrochloride)



ACCEPTED AMERICAN MEDICAL ASSN. Council on Pharmacy and Chemistry

Available in a ¼% or 1% solution in 1-oz. bottles for dropper or spray; and as a ½% jelly in collapsible tube with applicator.

Frederick Stearns & Company



Since 1855... ESSENTIALS OF THE PHYSICIAN'S ARMAMENTARIUM

NEW YORK KANSAS CITY **DETROIT, MICHIGAN** SAN FRANCISCO WINDSOR, ONTARIO

SYDNEY, AUSTRALIA AUCKLAND, NEW ZEALAND

Physicians know from clinical experience

the reliability of

Pil. Digitalis

(Davies, Rose)



They conform now,
as in the past,
with U.S.P. requirements

Each pill is equivalent to 1 U.S.P.XII Digitalis Unit. "One United States Pharmacopoeial Digitalis Unit represents the potency of 0.1 Gm. of the U.S.P. Digitalis Reference Standard."—U.S.P.XII.

Made from Powdered Digitalis Leaf, PIL. DIGITALIS (*Davies, Rose*) present all of the therapeutic principles obtainable from the drug.

Standardized according to Pharmacopoeial requirements, they permit a uniform and accurate dosage.

These freshly prepared, standardized pills are put up in bottles of 35, forming a convenient package for the physician's prescription, obviating the necessity of rehandling.

Sample for clinical trial sent on request.

DAVIES, ROSE & COMPANY, Limited

BOSTON, MASSACHUSETTS, U.S.A.

D19



Is there any help for an overworked doctor?

YES—BIOLAC, because it saves you valuable time. It's a complete infant formula and there are no extra ingredients to calculate.

Biolac provides completely for all nutritional needs of the young infant except vitamin C.

Prescribe Biolac routinely to reduce the possibility of errors and contamination in formula preparation. It requires only simple dilution with boiled water . . . as you prescribe.

NO LACK IN BIOLAC

Borden's complete infant formula

• *Biolac is prepared from whole milk, skim milk, lactose, Vitamin B_1, concentrate of Vitamins A and D from cod liver oil, and ferric citrate. It is evaporated, homogenized, and* sterilized. *For professional information, write Borden's Prescription Products Division, 350 Madison Avenue, New York City.*

ACCEPTED AMERICAN MEDICAL ASSN



An extra reason for giving infants Walker-Gordon milk

FOR YEARS Walker-Gordon Certified Milk has been considered by many physicians to be the finest milk in the world . . . both for babies and adults.

And today, when there are shortages in evaporated and certain other types of milk, more doctors than ever before are prescribing Certified for their infant feeding cases . . . *for there's no wartime shortage of Walker-Gordon!*

Walker-Gordon Certified is an almost sterile milk, and provides extra richness and an extra-high vitamin content. (For example, it has more Vitamin A than most milks.) Also it's delivered *fresher!*

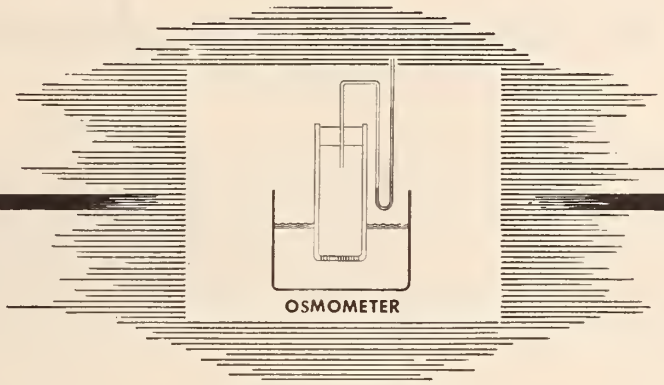
And today your patients can buy WALKER-GORDON CERTIFIED-HOMOGENIZED MILK at the same price as Vitamin D milk! (Homogenized milk, as you know, has a low curd tension—it's easier to digest.)

Walker-Gordon Milks can be purchased from local dairies

WALKER-GORDON

"The World's Finest Milk"

Removal and control of Dropsy



Passage of fluid from the blood into the tissues occurs in cardiac decompensation, nephrosis, and many cases of chronic nephritis. Disturbance of osmotic pressure relations prevents return of the "leaked" fluid to the systemic circulation, and dropsy results.

In these circumstances Salyrgan-Theophylline solution is customarily employed parenterally. This highly potent mercurial promotes the excretion of excess tissue fluid. In most cases urinary output is increased within a few hours and the edema disappears within a matter of days.

Salyrgan-Theophylline solution is preferably administered intravenously, but may also be given intramuscularly. It is generally well tolerated and injections can be repeated at appropriate intervals without loss of potency.

Supplied in ampuls of 1 cc., boxes of 5, 25 and 100; ampuls of 2 cc., boxes of 10, 25 and 100.

Salyrgan-Theophylline Solution

"Salyrgan," trademark Reg. U.S. Pat. Off. & Canada
Brand of MERSALYL with THEOPHYLLINE INJECTION

ACCEPTED AMERICAN MEDICAL ASSN. Council on Pharmacy and Chemistry

Winthrop

WINTHROP

CHEMICAL COMPANY, INC.

Pharmaceuticals of merit for the physician

NEW YORK, N. Y. WINDSOR, ONT.

The Guild in New Jersey--

Where quality and accuracy protect you and your patient.

Cheerfully mails timely notices of re-examination by the Eye Physician (M.D.) and re-adjusts glasses when necessary.

Conducts an ethical business, free of outside influences.

PLAY SAFE

recommend

EYE PHYSICIAN and GUILD OPTICIAN

Guild of Prescription Opticians of New Jersey, Inc.

ASBURY PARK
Anspach Bros.
552 Cookman Ave.

ATLANTIC CITY
Atlantic Optical Co.
2146 Atlantic Ave.
Foerster Optical Co.
1708 Pacific Ave.
Freund Bros.
1006 Pacific Ave.

CAMDEN
E. F. Birbeck Co.
Fifth & Cooper Sts.
Harry N. Layer
106 N. 5th St.
J. E. Limeburner Co.
535 Cooper St.
Pelouze & Campbell
116 N. Broadway

EAST ORANGE
Anspach Bros.
533 Main St.
Harold C. Deuchler
541 Main St.

ELIZABETH
Brunner's
277 N. Broad St.

ENGLEWOOD
Fred G. Hoffritz
30 Park Pl.

HACKENSACK
Hoffritz & Petzold
315 Main St.

JERSEY CITY
William H. Clark
26 Journal Sq.

MONTCLAIR
Stanley M. Crowell Co.
26 S. Park St.
Ralph E. Marshall
5 Church St., Hinck Bldg.

MORRISTOWN
John L. Brown
57 South St.

NEWARK
Anspach Bros
1212 Raymond Blvd.
James J. Keegan
33 Central Ave.
J. C. Reiss
10 Hill St.
Charles Steigler
11 Central Ave.
Edward Anspach
20 Central Ave.

PATERSON
John E. Collins
241 Market St.

PLAINFIELD
Gall & Lembke
633 Park Ave.
Louis E. Saft
628 Park Ave.

RIDGEWOOD
Ray Grignon, Optician
17 N. Broad St.

SUMMIT
Anspach Bros.
382 Springfield Ave.
Room 212, Bassett Bldg
Harold C. Deuchler
344 Springfield Ave.

UNION CITY
Arthur Villavecchia
1017 Summit Ave.

WESTFIELD
Brunner's
206 Broad St.

IMPORTANT ECONOMIES NOW MAKE IT POSSIBLE TO PRESCRIBE THE MOST POTENT ANDROGENIC SUBSTANCES TO A WIDER GROUP OF PATIENTS . . .

because . . .

PERANDREN,* pure synthetic testosterone propionate, has been reduced 10 per cent in price. Being the most effective androgen available for intramuscular administration, this product has assumed greater importance in a growing list of indications and consequent savings are normal reflections of increased use.

because . . .

METANDREN* TABLETS, orally active form of methyltestosterone intended for ingestion therapy, have been reduced by 37½ to 40 per cent. Here, too, the extensive use of this substance in medical practice has made possible production economies rightfully passed on to the patient.

because . . .

METANDREN LINGUETS* are effective in doses ⅓ to ½ less than those required when methyltestosterone is ingested. Absorbed directly through the oral mucosa into the general circulation, this sublingual form of methyltestosterone sidetracks the portal circulation and the liver, thus preventing partial inactivation. Consequently smaller doses can be given with equally uniform results, offering complete and potent therapy at low cost.

CIBA *Pharmaceutical Products, Inc.*

SUMMIT, NEW JERSEY

*Trade Marks Reg. U. S. Pat. Off.

"Metandren Linguets" identifies the product as methyltestasterane of Ciba's manufacture, far sublingual administratian.



Epinephrine Hydrochloride 1:1000 N.N.R.

CHEPLIN'S solution of this powerful vasoconstrictor, hemostatic and circulatory stimulant is adjusted to a definite standard strength and is physiologically assayed by measuring the effect on blood pressure.

EPINEPHRINE HYDROCHLORIDE may be administered by hypodermic, inhalation or topical application, affording rapid relief of asthmatic symptoms, urticaria, angioneurotic edema, reactions following injections of biologicals, shock or collapse, and prompt control of certain types of hemorrhage. When used in conjunction with topical, nerve block or infiltration anesthesias, it produces a bloodless operative field and retards absorption of the anesthetic—thus prolonging the period of anesthesia. Literature on Request.

ACCEPTED AMERICAN MEDICAL ASSN

EPINEPHRINE HYDROCHLORIDE is packaged as 1:1000 in:

1 cc. ampules.
10 cc. rubber-stoppered vials.
30 cc. rubber-stoppered vials.
30 & 480 cc. bottles for topical applications.

"ACCEPTED STANDARDS AT AN ACCEPTABLE COST"

CHEPLIN BIOLOGICAL LABORATORIES, INC.

(Division of Bristol-Myers)

Syracuse, New York



SHE SWAPPED GLAMOUR FOR GUNS

. . . but she's still a woman

HER SON is in the infantry—and she knows that he can get the "job" done quicker and be home sooner if materiel is not lacking. Hence, swapping glamour for guns she takes her place in the war effort. But she has a private fight. She's at the age when she wonders if she can keep fit—physically as well as emotionally.

Clinical records show that today loss of time because of menopausal distress is largely unnecessary. Such symptoms can be relieved by adequate therapy with natural or synthetic estrogens.

Both Amniotin (natural estrogenic substance) and Diethylstilbestrol Squibb (synthetic estrogen) are available in dosage forms for oral and hypodermic administration. Diethylstilbestrol is lower in cost and, in contrast to natural estrogens, is only slightly less effective orally than intramuscularly. However, its high potency necessitates cautious use and indicates the advisability, in some instances, of building up the estrogenic level with Amniotin by injection and then, of maintaining therapy with small oral doses of Diethylstilbestrol.

SQUIBB
ESTROGENIC SUBSTANCES

AMNIOTIN . . . A highly purified, non-crystalline preparation of naturally occurring estrogenic substances derived from pregnant equine urine. Its estrogenic activity is expressed in terms of the equivalent of international units of estrone. Available in capsules for oral administration; solution for intramuscular injection; and vaginal suppositories.

DIETHYLSTILBESTROL . . . A low cost synthetic estrogen possessing the physiologic properties of estrogenic substances derived from natural sources. Highly effective orally. Available in tablets for oral administration; solution for intramuscular injection; and vaginal suppositories.

For literature address Professional Service Dept., 745 Fifth Ave., New York 22, N. Y.

E·R·SQUIBB & SONS, NEW YORK

MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858

Woman's work



EVERYWHERE women are carrying a wartime load—the doctor's wife with absent spouse—the nurse doing double duty while her colleague serves in a foreign land—the girl who does a man's work in industry to free another fighter for the United Nations.

In times like these the Lilly tradition of quality is appreciated more than ever by those who are responsible for Lilly products. Meticulous methods of standardization, production, and inspection are so much a part of the Lilly structure that new workers quickly sense their obligation to carry on no less efficiently than the men they have replaced.

Lilly

BUY WAR BONDS AND STAMPS

ELI LILLY AND COMPANY • INDIANAPOLIS, INDIANA, U. S. A.

THE JOURNAL
OF
THE MEDICAL SOCIETY OF NEW JERSEY

Published Monthly Since September, 1904

Whole Number of Issues, 468

Under the
Direction of the
Committee on Publication



Henry C. Barkhorn, M.D., Chairman

Henry A. Davidson, M.D., Editor
In Active Service A. U. S.

Place of Publication, Printing and Mailing—12 South Day Street, Orange, N. J.
Editorial and Executive Offices of the Society—222 West State Street, Trenton 8, N. J.; Tel. 5776
Each member of the State Society is entitled to receive a copy of The Journal every month.

Vol. 40, No. 8 August, 1943 Single Copies, 30 Cents
Subscriptions, $3.00 per Year

AVAILABILITY OF HOSPITAL BEDS DURING THE WAR PERIOD

The problem confronting physicians in arranging for admission of their patients to desired hospital accommodations, or in fact to any type of accommodations, is becoming progressively more and more difficult.

We are all cognizant of the acute and difficult problems confronting our hospitals and the stress under which they operate during these abnormal times; as reflected in (1) the increasing number of hospital admissions; (2) the declining number of available nurses and non-professional personnel; and (3) the tendency toward longer periods of bed occupancy by many patients, due possibly to lack of sufficient available care for a convalescent period at home.

In the face of these unprecedented demands our hospitals are seeking all possible public coöperation,—through regulations and by suggestions to visitors and patients, so that established standards of service may be maintained.

The admission of a patient to a hospital, and the determination of the period of bed occupancy which may be necessary, are matters left solely to the judgment of the attending physician. Patients remaining in the hospital longer than the period necessary for their hospital treatment not only place an unnecessary burden upon the hospital's facilities, but make one less bed available to patients in need of hospital care.

The experience of individual hospitals may differ, but the present average stay of patients is considerably longer than that experienced a year ago. It is not necessary to emphasize how serious this problem of lengthened hospital stay may become under present war time conditions.

All physicians should coöperate by limiting hospital admission to those patients in actual need of hospital care, and in discharging their patients as promptly as possible consistent with safety. In this way the profession may assist itself by increasing adequate bed capacity for those actually sick and assist our hospitals in being of service to the greatest number of sick persons during this emergency period.

"CANDIDE ET CAUTE"

By Russell J. Eldridge
New Jersey State Director, United States Employment Service, War Manpower Commission

To the layman *dermatitis seborrhea* may sound like something to be avoided like the bubonic plague. But when identified with dandruff, as it is otherwise and less professionally known, it presents a diagnosis of far less serious implications. At least it cannot be expected to serve as sufficient reason for releasing a war worker from his job on the plea of impaired health,—a physician's certificate to the contrary notwithstanding.

As a matter of fact, *dermatitis seborrhea* has not as yet actually appeared on any of the thousands of medical certificates with which the New Jersey offices of the United States Employment Service of the War Manpower Commission have been flooded. But in the light of past and current experience any extreme in the way of artifice, stratagem, subterfuge or what have you would not be surprising. In the eyes of a worker looking for more pay in another war production plant a physician's certificate covers a multitude of excuses.

Among some of the choice examples is *epistaxis*, which the War Manpower Commission stabilization officer discovered was another way of expressing nose bleed. He knew that nose bleed could be superinduced by high blood pressure. He also knew that in this case it might have resulted from direct and intimate contact with a fellow worker's fist. The physician's certificate did not go into detail.

In another instance a woman whose husband worked on the night shift claimed that she was afflicted with *nyctophobia*. In other words, she did not like to be alone in the dark. On a physician's certificate to that effect the husband applied for a release so that he could take a day-time job and effect his wife's cure. That, at least, was the ostensible reason.

Sometimes complications arise—not in the ascribed malady, but in the remedial process. For example, a woman employed on a full-time job was supported by her physician in claiming that she had developed a nervous condition that would not permit her to work more than five hours each day. She was accordingly given a Certificate of Availability for employment at a maximum of five hours daily in another plant. Within ten days she produced another certificate signed by the same physician to the effect that she was "now able to resume full-time work". That "limited" Certificate of Availability had upset her calculations. What she obviously had sought to accomplish was a transfer from one full-time job to another.

These complexities and incongruities are part and parcel of attempts by employees to evade regulations set up in the Employment Stabilization Plan under the President's hold-the-line order which had the effect of freezing workers employed in essential industry to their jobs. By this means it was sought to eliminate "job shopping" and thereby reduce the increasing manpower turnover and at the same time eliminate the practice of labor piracy on the part of employers.

Under no circumstances do the regulations permit a war worker to transfer from one job to another for the sole purpose of getting higher wages. Among the conditions under which a Certificate of Availability may be issued, however, is one which brings the physician's certificate into the equation, and that is "when the worker has compelling personal reasons for wishing to change his employment". Those "compelling personal reasons" may be based on any one of several considerations but the one that seems to the worker to offer the best chance at circumvention is that of health. As a result, physicians are unwittingly imposed upon, and in self-protection they should commit themselves in their certificates with absolute candor and issue them only with the utmost caution.

Physicians are playing a vital part in this global war both in ministering to our forces on the fighting front and to the civilian population on the home front. They can make a further contribution to the war effort by assuming an attitude of professional neutrality when war workers seek their favor in issuing these particular certificates. "Case histories", in other words, should be supported by something more than the client's word. Searching inquiry should be made into all the circumstances of the case and conditions reported fully and with frankness.

A woman who had worked in the same room in a woolen mill for sixteen years suddenly discovered that because of atmospheric conditions she was subjected to frequent colds. Her physician issued a certificate to that effect but upon inquiry frankly admitted he did not know the facts in the case. He had not suspected his client with conniving through him to be released from her job and he had accepted her word as the basis for his certificate. Similar

cases could be recited *ad infinitum*. And those cases only emphasize the need for candor and caution on the part of the physician.

As stated at the outset, *dermatitis seborrhea* has not as yet been advanced as a reason for issuing a Certificate of Availability to a war worker seeking another job. But *epistaxis* and *nyctophobia* have been used to that end. So far as they may serve to test the credulity and intelligence of War Manpower Commission stabilization officers these medical terms are all in the same category and since they can only confuse the issue they fail of their obvious purpose.

For that reason physicians can best contribute to the well being and economic welfare of their clients where the United States Employment Service is concerned by following their professional course ethically and *candide et caute*.

GASOLINE FOR YOUR OFFICE PATIENTS

OFFICE OF PRICE ADMINISTRATION

To the Doctors of New Jersey:

May we bespeak your coöperation in a matter touching both the welfare of your patients, and one of our difficult problems.

Our local Rationing Boards are frequently and repeatedly requested to issue gasoline rations to enable patients to visit their physicians for treatment. In every instance we are told that private automobile transportation is necessary and that it would be to the detriment of the patient to use other means of available transportation.

You are the only person who knows whether this is true or not.

Therefore, will you be kind enough to help your local Rationing Boards by giving those of your patients who, because of the nature of the illness, could not come to your office except by private automobile, a brief statement to that effect?

With your signature to support the application in such cases, local Boards can then act promptly and confidently.

Thank you for the courtesy of your cooperation.

Very truly yours,
RALPH W. HACKETT,
District Director.

WITH NEW JERSEY MEDICAL AUTHORS

It is requested that any New Jersey physician who publishes an article outside the state, notify the Editorial Office in Trenton, giving the title of the paper and the name of the periodical, as well as the month, date, volume and page number. It would also be helpful to this office if members would notify us of articles published by their colleagues.

ANNITTO, JOHN E. (Jersey City)—see Chesley, Leon C.

BOROW, HENRY (Bound Brook) — with Martin M. Maliner, Brooklyn, N. Y.
Simplifying the clinical differential of the most common types of congenital heart defects. J. Pediat. 22: 664-672, June 1943.

BRANCH, HAROLD W., C. MERVIN JONES and ASHER YAGUDA (Newark)
Tuberculous pericarditis; report of a case of tuberculosis in which the tubercle bacillus was recovered on direct smear from the pericardial effusion. J. Nat. M. A. 35: 92-93, May 1943.

CHESLEY, LEON C. (Ph.D.) and JOHN E. ANNITTO (Jersey City)
Study of salt resistance and of fluid intake in prophylaxis against preëclampsia in patients with water retention. Am. J. Obst. & Gynec. 45: 961-971, June 1943.

FOSTER, JACKSON, and H. BOYD WOODRUFF. Research Laboratory, Merck & Co. (Rahway)
Quantitative estimation of streptothricin. J. Bact. 45: 408-409, April 1943.

JONES, C. MERVIN—see Branch, W. Harold

MARTLAND, HARRISON S. (Newark)
Instrumental intestinal trauma during laparotomy; sponge and tissue forceps injuries. Am. J. Surg. 60: 424-428, June 1943.

POLOWE, DAVID (Paterson)
Blood amylase. Am. J. Clin. Path. 13: 288-301, June 1943.

RIPPS, MAURICE L. (Elizabeth)—with Herman Vollmer, New York
Pseudoreactions to tuberculin. Am. J. Dis. Child. 65: 763-769, May 1943.

SHIVERS, CHARLES H. DeT. (Atlantic City)
Medical findings in benign prostatic hyperplasia; a new method of grouping cases for operation. J. Urol. 49: 847-856, June 1943.

WOLF, I. J. (Paterson)
Safety of large doses of vitamin D in the prevention and treatment of rickets in infancy. J. Pediat. 22: 707-718, June 1943.

WOODRUFF, H. BOYD—see Foster, Jackson

YAGUDA, ASHER—see Branch, W. Harold

MEDICAL-SURGICAL PLAN OF NEW JERSEY

Experience During First Year
July 1, 1942—June 30, 1943

A REPORT FROM THE BOARD OF TRUSTEES OF THE PLAN

The following is a report to the physicians of New Jersey on the first year's effort of The Medical Society of New Jersey to make medical and surgical care, in cases of hospitalized illness, available to all persons in New Jersey at a cost they can afford to pay, by applying insurance principles.

The Society, and its membership, is committed to the development of such a program by action of its House of Delegates and by the action of the New Jersey State Legislature which, in 1940 at the request of the Society, entrusted to the Society the development of such a program on a voluntary insurance basis by the passage of a special Enabling Act which is now part of our State Statutes. Therefore, we, the Board of Trustees of the Plan, to whom responsibility for the development and operation of the Plan has been delegated, hereby present a detailed report of our observations.

ENROLLMENT

Fifty-two approved groups have been enrolled. The average enrollment has been 39 per cent of the total employees of these groups. The average number covered by each contract, including dependents, is 2.2 persons. The employer pays the entire subscription for the employees and enrolled dependents in eight groups, and part of the subscription in three groups. In the remainder the entire subscription is paid by the employee.

Enrollment has been progressive if not large, for several reasons. Payroll deductions for social security, victory tax, war bonds, and now the 20 per cent tax deduction reduce family budgets to a point where many employees feel they can afford no further deductions. Many employees feel our subscription rate is too high, and represents more than they have previously been called upon to pay for medical care in hospitals. Others feel that we are now trying to make them pay for medical service which they previously received in the wards of our hospitals without payment, and many feel that if they are overtaken with a serious illness they will not be denied treatment whether they pay the physician or not. These factors have prevented enrollment of higher percentages in many groups. Broadly speaking, and granting there is a need for voluntary medical service plans, the demand should be accelerated when the advantages of the Plan have been further demonstrated. It will take further education of employed persons to convince them that they must in the future pay the costs of medical services in accordance with their ability to pay.

More employers are now becoming interested in making a contribution toward the subscription costs. They appreciate the advantages of protecting the wages of their employees against the cost of catastrophic illnesses, particularly since the new tax deductions have become effective and since wages have been frozen, thus prohibiting wage increases. They appreciate also the value of such a contribution in improving employer-employee relationship.

The following table depicts our enrollment growth by months:

In Force at End of	Contracts	Persons
July, 1942	715	1,636
August	865	1,880
September	1,292	2,817
October	1,519	3,377
November	1,647	3,683
December	1,849	4,131
January, 1943	2,279	5,041
February	2,832	6,059
March	2,954	6,371
April	3,269	7,076
May	3,895	8,566
June	4,445	9,697

GENERAL EXPERIENCE

The following table depicts our general experience by months. It is based entirely upon income earned during each month to cover the cost of contracts in force, and shows the distribution of expenditures from our earned income in the form of claims accrued, operating expenses and reserves.

Under claims are included claims actually paid to date, all other known claims, and an allowance for unreported claims. Costs for obstetrical care are not included except for June because of the eleven months' waiting period for obstetrical care. Deficits in operating expenses and reserves are indicated by parentheses. To the reserves shown in the table should be added the $5,000 capital fund advanced by the Society, which still remains intact.

Medical-Surgical Plan has paid all claims and all expenses from its earned income and placed 15 per cent in reserves. During the next year we must reduce administrative costs if we are to be assured of successfully assuming responsibility for obstetrical care and tonsillectomies at our present schedule of payments to physicians.

Month	Earned Subscriptions	Claims Amount	Claims Percentage	Operating Expense Amount	Operating Expense Percentage	Reserve or (Deficit) Amount	Reserve or (Deficit) Percentage
July, 1942	$ 979.25	$ 460.00	47.0%	$ 1,810.04	(184.8%)	($1,290.79)	(131.8%)
August	1,301.50	162.50	12.5%	798.45	61.3%	340.55	26.2%
September	1,564.80	562.50	36.0%	688.53	44.0%	313.77	20.0%
October	2,332.56	1,508.00	64.6%	870.65	37.3%	(46.09)	(1.9%)
November	2,355.67	1,435.50	60.9%	1,056.76	44.9%	(136.59)	(5.8%)
December	2,615.00	1,266.00	48.4%	478.51	18.3%	870.49	33.3%
January, 1943	3,279.41	1,163.50	35.5%	888.92	27.1%	1,226.99	37.4%
February	3,589.17	1,388.00	38.7%	1,336.91	37.2%	864.26	24.1%
March	3,798.52	1,464.50	38.6%	915.06	24.1%	1,418.96	37.3%
April	4,235.09	2,374.00	56.0%	1,828.20	43.2%	32.89	.8%
May	4,610.81	3,198.50	69.4%	1,187.83	25.7%	224.48	4.9%
June	5,999.32	2,964.00	49.4%	1,244.41	20.7%	1,790.91	29.9%
Twelve months	$36,661.10	$17,947.00	49.0%	$13,104.27	35.7%	$5,609.83	15.3%

HOSPITAL ADMISSION RATE

The annual admission rate for the year was 52 per thousand or 5.2 per cent of enrolled persons, with a low of 20 per thousand in August and a high of 81 per thousand in October. Experience does not justify comment on this experience except to note that admission rates will increase next year as obstetrical care and tonsillectomies become eligible.

The rate for medical cases was 13, for surgical cases 38 and for those requiring both medical and surgical services 1 admission per year per 1,000 persons enrolled.

RELATION OF INCOME TO CLAIM EXPENSE

The subscription rate is $0.75 per individual employee, and $2.00 per family, per month, regardless of the size of the family.

The average income to the Plan per contract is $1.42 per month, the average income per person $0.65 per month.

The average income to the Plan per person annually is $7.80 and per contract $17.04.

Considering all enrolled persons as family groups of approximately four persons each (average New Jersey family is 3.8 persons), the annual income to the Plan per family would be $31.20 or $31,200 per thousand families. This amount, after deducting operating costs, is available only for the payment of physicians' services rendered members of these families while bed patients in approved hospitals.

Monthly income per contract, per person, and related claim expense is shown in the following table.

Each physician's bill is considered a claim, therefore, the following does not represent the cost per case. Case costs have varied from $5.00 for care of minor injuries to $260 for medical-surgical care of a duodenal ulcer. Fractures have not been numerous and the case cost has varied from $10.00 for fractured digits to $119 for suspension traction and cast application for a fractured neck of the humerus.

AVERAGE MONTHLY INCOME AND EXPENSE PER CONTRACT AND PER PERSON

	Per Contract Income	Per Contract Claim Cost	Per Person Income	Per Person Claim Cost
July, 1942	$1.37	.64	.60	.28
August	1.59	.20	.72	.09
September	1.31	.47	.59	.21
October	1.67	1.08	.75	.48
November	1.54	.94	.69	.42
December	1.51	.73	.67	.33
January, 1943	1.51	.54	.68	.24
February	1.32	.51	.62	.24
March	1.34	.52	.62	.24
April	1.37	.77	.63	.35
May	1.29	.89	.59	.41
June	1.50	.74	.70	.35
Twelve months	1.42	.70	.65	.32

TYPE OF CASE AND CLAIM COSTS

	Percentage of Total Claims	Percentage of Total Claims Cost
Medical	25.2%	14.1%
Surgical	73.2%	83.8%
Medical-Surgical	1.6%	2.1%

AVERAGE COST PER CLAIM

Medical	$40.79
Surgical	83.56
Medical-Surgical	94.15
Average cost, all claims	$72.96

Forty-eight per cent of claims were for correction of chronic defects, or defects existing prior to effective date of contract. It is fair to assume that many of these cases, if not the majority, would not have reported for treatment had they not been subscribers to the Plan. They represent considerable new income to the profession. Many of them may represent that group of people to whom the government referred in its contention that adequate medical care was not available to many of our people.

All payments by the Plan are for services rendered while the patient is a bed patient in a hospital, and do not include payment for services rendered prior to admission or after discharge of the patient from the hospital.

ROOM ACCOMMODATION

Participating Physicians agree to accept as payment in full the amount paid by the Plan for services rendered patients admitted for *semi-private* accommodations. The amount paid by the Plan for services rendered patients admitted for *private* room accommodation is a credit against the physicians' fees, the remainder being payable by the patient.

Private room accommodations were used by 15 per cent of admissions, *semi-private* rooms by 81.3 per cent of admissions and ward accommodations by 3.7 per cent of admissions.

The number selecting *private rooms* is less than the 19 per cent of Hospital Plan subscribers who select private rooms. The principal reason for this is that our Plan does not solicit subscribers from among high income groups, nor does it accept individual subscribers. Groups approved for enrollment in our Plan are employees of organizations with low or modest incomes. In each of these groups are a small number of administrators and executives of higher income classes, who largely represent those occupying private rooms. The percentage of 85 per cent occupying semi-private and ward accommodations is identical with the estimated percentage of New Jersey families who, in 1941, earned less than $3,000. per year and who would be entitled to complete service if the Plan adopted a $3,000 family income limitation, (and if they did not select private accommodations in event of hospitalization).

The selection of room accommodation under our Plan is a matter of patient-physician relationship. There is complete free choice of patient in our Plan, and in dealing with persons of the higher income groups physicians should insist upon their admission for private room accommodations, and accept as a credit against their fee the amount paid by the Plan. Each subscriber is a member of Hospital Service Plan of New Jersey, which will pay up to $7.25 per day under its present schedule, toward the cost of hospitalization. This will in many cases defray the entire cost of a modest private room. Room accommodation as a criterion in determining the fee of the physician allows greater freedom to the physician than the compulsory acceptance of full fee based upon an income limitation. It should be of advantage to the physician if he understands it and properly interprets its application. We have had few comments and no formal complaints on this phase of the Plan from Participating Physicians who have accepted our subscribers as patients.

PROJECTING NEXT YEAR'S EXPERIENCE

We are now much concerned about the effects which payment for obstetrical care and tonsillectomies will have on our experience during the coming year. We hesitate to make predictions, but our concern prompts us to make an estimate.

We may assume an increase in enrollment to 25,000 persons during the year, covered by 11,468 contracts. This should give an average enrollment of 17,348 persons during the twelve months and an earned income of $136,525 for the year.

Of the 11,468 contracts, based upon last year's experience, 4,457 should be "family contracts", and of these we estimate 1,500 will be the average number of contracts which have been in force eleven months and eligible for maternity benefits. Hospital Plan experience under group enrollment shows that for each 1,000 eligible contracts there are 84 births. This should produce 126 maternity cases under our contract on a basis of a 25,000 total enrollment. It totals only one-third of the number of births we may expect when all contracts have passed the eleventh month, and is an admission rate of 7 per thousand persons enrolled as compared to a rate of 21 per thousand persons enrolled when all contracts have been effective for eleven months (the normal birth rate in New Jersey is 18 per 1,000, the national birth rate in 1942 was 20.2).

Assuming that these 126 cases are all normal spontaneous deliveries, for which we allow $50.00 for services rendered in a hospital, our total expense would be $6,300 or 4.6 per cent of our earned income. Allowing for an average number of abnormal deliveries, we still feel safe in predicting that the obstetrical load during the next year will not be too heavy for the Plan to bear.

Tonsillectomies have been a problem during the past year because of difficulties in interpreting the exceptions provided in our contract occurring between the second and eleventh month after the effective date. We are now giving consideration to a modification of our contract to provide for an eleven-month waiting period for tonsillectomy without exceptions.

Assuming that all tonsillectomies are eligible after the second month, we estimate on a basis of 25,000 enrollment by June 30, 1944, that the average number eligible for tonsillectomy payments would be 15,400 persons. The Hospital Plan admission rate for tonsillectomy is 13.3 per thousand persons, which should produce in our Plan 205 cases, which at $40.00 a case would cost us $8,200 or 6 per cent of our earned income.

If the above estimates prove correct the cost

of maternity and tonsillectomy benefits during the year will be 10.6 per cent of earned income.

Assuming our claim costs of last year are continued at 49 per cent of earned income, the cost of obstetrical care and tonsillectomies will increase our claim costs for the coming year to 49 per cent plus 10.6 per cent or 59.6 per cent of earned income.

The above assumption may be too optimistic, as the experience of many Hospital Service Plans shows an increase in the use of their contracts during their second year. Hence our contention that administrative costs must be reduced if we are to feel assured of success.

CONCLUSIONS — COMMENTS

I. Medical-Surgical Plan had a successful experience during its first year of operation. The results are consistent with our predetermined estimates. From our earned income all claims have been paid 100 per cent in accordance with our contract and predetermined schedule of benefits, all expenses have been paid and 15 per cent of earned income placed in reserves. The capital fund contributed by The Medical Society of New Jersey is intact. The Plan after one year of operation is solvent on a basis of earned income.

II. We anticipate a successful second year.

III. We believe it is possible for the medical care distribution problem in New Jersey to be solved by the medical profession on a voluntary basis, and that the introduction of a medical care program sponsored by the Government for the benefit of employed persons is not necessary.

IV. The solution of the problem must be evolutionary over a period of years, and requires the sincere coöperation of every member of the medical profession.

V. Solution of this problem by the profession will be hindered, and the extension of a government program will be promoted, if individual physicians and County Medical Societies close their eyes to the social changes of the past twenty years and the possible social changes threatening the near future.

VI. Solution will be possible if the medical profession assumes full responsibility for maintaining the health of our people, and for the distribution of adequate medical care to all individuals in accordance with inevitable changing social concepts.

VII. Persons enrolled in Medical-Surgical Plan are contributing at the rate of $31,200 per year per thousand families of four persons to provide themselves with adequate medical care during periods of hospitalization. This contribution, if made by each of the million family units of four persons in New Jersey, would provide a $7,000 income annually for each of the 4,500 physicians in active practice in New Jersey for services rendered in hospitals, supplemented by additional fees from private room patients, in addition to income from services rendered in their offices or in the homes of patients. With this over-all income the profession has an opportunity to correct existing defects among enrolled groups at fees which will increase as the number of preëxisting defects are decreased. This is one way of answering critics of the medical profession who charge defects in medical care distribution.

VIII. The Board is of the unanimous opinion that complete payment for services should apply only to persons of stated income limitations, and hopes that eventually such a criterion may be included in the provisions of Medical-Surgical Plan. At present such a provision is not possible under existing laws, and not practical of application. We have, therefore, adopted the basis of hospital accommodations which allows each physician the opportunity of determining through the tenet of patient-physician relationship whether he will accept the patient as a full fee case for admission to semi-private accommodations or a credit payment case for admission to private accommodations. By this means the principle of income limitations is applicable at the discretion of the individual physician, and is accomplishing its purpose with reasonable satisfaction.

IX. Our year's experience has convinced us that coöperation of Medical Service Plans with non-profit Hospital Service Plans is both proper and practical. Hospital Service Plan of New Jersey has at no time shown any desire or intent to interfere with the professional problems of Medical-Surgical Plan. Their functions for us are limited to distribution of contracts, clerical work and accounting. For this service, during the past year, we paid them 12 per cent of our earned income.

Medical-Surgical Plan, operating upon policies approved by The Medical Society of New Jersey, involves the integrity, sincerity of purpose and prestige of the Society and its members. To support this program of the Society, formulated to protect the future welfare of medicine and of the people of New Jersey, we urge that all physicians not now participating arrange for their participation.

We take this opportunity to extend our appreciation to the 2,700 physicians participating in the Plan and to Hospital Service Plan of New Jersey, its office employees and its field representatives, whose assistance has made this experiment possible.

31 Clinton Street, Newark, N. J.

ORIGINAL ARTICLES

FUNDUS LESIONS IN SYPHILIS*

Andrew Rados, M.D., Newark, N. J.

The histologic picture of syphilis is a less characteristic lesion of the tissues than that of tuberculosis. In the ascending aorta, the deterioration of elastic elements reveals without doubt the syphilitic nature of the disease, but in all other instances the specific origin can only be assumed or suspected in the absence of spirochaeta pallida within the tissues. The round or plasma-cellular infiltration, the adventitial and periadventitial arrangement of the infiltration, the obliteration of the lumen of the vessels through proliferation of the endothelial elements, necrosis and consecutive fibrosis all point to but do not prove the syphilitic origin. The mechanism of the invading spirochaetes in producing specific lesion may also differ. There is the possibility of direct inflammatory reaction of the tissues of the chorioid or retina to the spirochaetes or their toxins and the indirect disturbance of the same tissues by invading the blood vessel walls and causing the lesions by the way of circulatory disturbance or blockage.

Lesions of the chorioid appear isolated or in connection with the anterior parts of the uvea. One sees inflammatory infiltration of the chorioid with or without epichorioidal changes, or an apparently isolated lesion of the pigment epithelial elements without associated changes of the deeper layers. The blood vessels may show simultaneous involvement. The vessels of the chorioid are often free of changes, but the extrascleral portions of the posterior ciliary arteries reveal either periadventitial infiltration or intimal proliferations. The infiltration of the stroma consists, in the beginning, of numerous small foci and the confluence of these produces diffuse infiltration or the formation of granulation tissue. The foci are formed in adults by mononuclear and epithelioid elements; lymphocytes, plasma cells and a few mast and eosinophiles, in the infant the defending cell is the primitive myeloid type. The chromatophores degenerate, the walls of the vessels suffer through the perivascular infiltration and invasion, or furthermore through narrowing of the lumina by intima proliferation. The capillaris is the most common site of infiltration, less frequently the deeper layers, the suprachorioid remaining intact even in cases of extreme infiltration of the entire stroma. Edema and cellular exudate are rarely encountered in the suprachorioid layer. The extreme involvement of the capillaris in a syphilitic lesion is in marked contrast to the sympathetic lesions, where the capillaris remains free of changes even in marked and extended involvement of the deeper layers. The glass membrane remains unperforated, only slightly bulged, but the inflammatory cell elements and connective tissue cells migrate in the absence of any perforation and form an accumulation of cells between glass membrane and pigment epithelium recalling the Daléns in sympathetic chorioiditis. This epichorioidal accumulation of cells reveals elements of the pigment epithelial cells, undergoes connective tissue formation with newly formed blood vessels; in the syphilitic lesion ossification does not occur. Hole formation within the glass membrane is not a rare exception, and connective tissue proliferation from the chorioid or, more frequently, glia proliferation into the chorioid takes place. The invading pigment epithelial elements are responsible for small cystic cavities within the stroma with pigmented inner surface.

The pigment epithelium is almost constantly affected, even in cases where no lesion of the capillaris or stroma is evident. The lesion manifests itself either in proliferation with formation of epichorioidal foci through formation of cuticular substances or through extensive changes of the layer of a proliferative and degenerative character. Some of the cells

*From the Ophthalmological Department of Beth Israel Hospital, Newark, New Jersey. Presented before the Eye, Ear, Nose and Throat Section of The Medical Society of New Jersey, April 22, 1942.

are markedly enlarged, over- or depigmentation of large cell protoplasmas occur simultaneously; others become necrotic, resulting in irregularity in thickness, microscopic appearance and pigmentation of the layer. The changes of the pigment epithelium are not pathognomonic for syphilis, and occur in chorioiditis of various origin, but form the anatomic substratum of the pepper and salt changes in congenital syphilis of the chorioid.

The irregularity in shape, form and pigment content of the pigment epithelial elements is a constant accompaniment in the syphilitic changes, but nevertheless the diagnosis of syphilis cannot be established from these changes alone. This also must be accepted as a general rule for other changes such as the formation of hyaline substance with intact glass membrane and for their sequels. To the last group belong the necrosis of the cones and rods, atrophy of external layers of retina, matting together of chorioid and retina, proliferation of epithelial cells and pigment into the various layers of retina, with the pigmentation free in the meshes of the retinal elements or grouping around the vessels, invading their walls and finally appearing within the lumen. All these secondary changes of the retina are encountered in lesions of nonsyphilitic origin, and represent the histologic response of the retinal elements to inflammatory and degenerative processes of the chorioid in general, and therefore, are of no specific value in establishing the diagnosis of syphilitic lesion in a given case.

The rare instances of gummas of the chorioid represent changes where the luetic origin can be affirmed positively. Some of the cases of gumma met with in the literature do not exhibit the typical picture and may possibly represent a necrotic conglomerate tubercle of the chorioid.

The late result of syphilitic changes in the chorioid is identical with inflammatory changes of the membrane due to any other causative factor. One finds either sclerotic changes or partial or total disappearance of the tissues involved. Depending upon the partial or total absence of chorioidal tissue, a wide variation in color of the ophthalmoscopic picture will result, showing all the modifications from a slightly pink shade to snow-white showing the underlying sclera. The picture of pure scleral atrophy becomes modified greatly through adhesions with the atrophic and, as a rule, pigmented retinal elements. Neither the histologic nor the ophthalmoscopic appearance furnishes any reliable information about the preëxisting inflammatory lesion.

The study of the microscopic picture has brought out one fact, i. e., that isolated chorioidal or retinal lesions are extremely rare, that usually both membranes are simultaneously involved in varying degrees. Isolated chorioiditis or retinitis due to syphilis is most probably nonexistent, and the chorioretinitis concept is the proper one. In the congenital type of syphilitic chorioretinitis the ophthalmoscopic appearance varies according to the intensity of the chorioidal inflammation or degeneration, the latter being responsible for the proliferation and migration of the pigment epithelial derivatives into the retinal tissues and around the retinal vessels. Manifold pictures in the same cases denote the different stages of the same pathologic process; the inflammatory exudation, the vascular pathology, atrophy of chorioid or retina, pigment proliferation and migration into the retina or perivascular pigmentation and fibrosis, form diverse combinations, but are easily recognized as the single bricks of the complicated edifice. In congenital syphilis, chorioidal lesions are absent, and the original lesion is that of vascular pathology of the retina with the severest changes in the ganglion and optic fiber layers, the degenerative and inflammatory changes diminishing gradually towards the rods and cones.

The chorioretinitis due to acquired syphilis appears in form of diffuse chorioretinitis, or angiopathy, or recurrent central retinitis, the recurrence reflecting the balance between the virulence of the spirochaetas and the acquired immunity of the host. Similarly, to the congenital form, the lesion may be more extensive either in the chorioid or in the retina, or may produce differences in the two eyes of the same patient.

Few clinical pictures are characteristic of syphilis with the exception of congenital cho-

rioretinitis; in some, the syphilitic nature is only assumed. Usually one has to depend on general examination, Wassermann and Kline reaction, and on examination of the cerebrospinal fluid. In the majority of cases these auxiliary examinations are accepted, but one has always to remember the fact that a syphilitic individual may suffer from other than syphilitic afflictions. In suspected ocular syphilis with negative serology of the blood the spinal fluid albumen, cell count and globulin, complement fixation and colloidal gold test are important; albumin in excess of 20 mg. per 100 c.c. under 20 years of age is considered abnormal; the positive Wassermann is usually accompanied by high protein content (60 to 100 mg. per 100 c.c.). The paretic colloidal gold curve (starting high and diminishing), the tabetic one (starting normal and elevating and receding again) are reliable indicators. We are accustomed in diseases with obscure etiology to seek mainly for possible tuberculous or syphilitic origin. Only recently, more attention is being paid to the possibility of retinal and chorioidal vascular pathology due to thromboangiitis obliterans (Buerger's disease). It seems to be extremely probable that in the future many changes commonly attributed to tuberculosis and syphilis will have to be reclassified, especially if more attention is going to be directed toward the possibility of Boeck sarcoidosis and undulant fever, etc., in connection with pathology of the eye. There is an apparent increase of undulant fever in the United States; the principal reason for the increase is that physicians have become more alert in suspecting the disease. The disease is more prevalent in rural areas where pasteurization of milk is not the rule. In the United States the disease is largely due to Brucella abortus instead of to Brucella melitensis as it is in the Mediterranean countries, and therefore has no tendency to seasonal predominance. The study of undulent fever will reveal newer facts about eye complications. The importance of sarcoidosis, the Besnier-Boeck-Schaumann disease is self-evident. First described by Besnier as lupus pernio, then as a sarcoid or lupoid lesion by Boeck, it was left to Schaumann to demonstrate that the pure case of dermatosis is part of a systemic disease, capable of invading any organ or tissue of the body. Heerfordt disease, febris uveoparotidica, was recognized by Pautrier as one manifestation of the Besnier-Boeck-Schaumann disease. The characteristic pathological lesion is the so-called hard tubercle, the absence of necrosis and of tbc. bacilli. Outstanding among the clinical characteristics is the fact that patients are more refractory to tuberculin than corresponding normal persons; furthermore, that hyperglobulinemia is a noticeable feature and eosinophilia may at times be present. Heerfordt disease is considered a symptom complex of the recognized entity, and one feels assured that future studies will lead to more data concerning uveal, as well as retinal pathology caused by sarcoidosis. The study of peripheral vascular diseases represents another chapter sorely neglected in the etiological study of fundus lesions.

The clinical picture of eye syphilis does not always reveal the site of the original lesion, which may be in the chorioid or in the retina. There are changes involving only the retina; on the other hand, Fuchs established the fact that severe chorioidal vascular syphilis may not cause any changes discernible with the ophthalmoscope. Syphilitic chorioretinitis is divided into *acquired* and *congenital* groups.

Acquired Syphilitic Chorioretinitis: Appears either in isolated form or in connection with inflammatory changes of the anterior segment. The pure iridocyclitis causes in the majority of cases only a small amount of vitreous opacities; the presence of dense dust-like opacities in a degree veiling the fundus picture is always indicative of simultaneous involvement of the chorioid. The exudation into the vitreous often prevents the inspection of the fundus and only after partial absorption of the exudate does the ophthalmoscope reveal exudative changes of the chorioid or retina. The examination of the vitreous with the loupe-ophthalmoscope or slit-lamp permits the differentiation between exudation and hemorrhages within the vitreous cavity; the typical brownish suspension, white inflammatory balls. the hemosiderin are of great diagnostic significance.

Syphilis presents itself frequently in the

form of diffuse chorioretinitis well recognized since Jakobson and Foerster; this is seen either in association with or without diffuse iritis in the form of extensive diffuse infiltration at the posterior pole. The onset is characterized by moderate diminution of the central visual acuity and the subjective complaints of micropsia, macropsia or metamorphopsia due to stimulation, edema, compression or distention of the retinal structures. Scotomas appear early; positive scotomas are rare; the size and shape of these vary. Ring or wing-shaped scotomas are often encountered, but central scotomas or peripheric indentation of the field are not rare, also combinations of the different visual field symptoms may aggravate the subjective disturbances. The haziness of the fundus is based either on the exudation into the vitreous or on the infiltrative process in the retina. The disc appears hyperaemic and red, but the margins are discernible, no swelling is present. The arteries usually are somewhat engorged and the retina adjoining the disc hazy. Few pinpoint-sized red spots in the macular area, small or larger chorioretinitic dots with possible pigmentation increasing in size towards the periphery or very small hemorrhages on or around the disc and in the macular region constitute the initial changes. Usually the duration is rather long. The vitreous haziness is often prevalent for months or even years, the gradual absorption of vitreous exudation making ophthalmoscopic inspection possible. Thickening of the walls of the arteries may reach such degree that the arteries are not only invaginated but appear as solid white stripes. The atrophy of the pigment epithelial layer will result in exhibiting the sclerosis of the chorioidal vessels with lightening of the intervascular spaces. The proliferation of the pigment epithelium into the external layers of the retina produces pigmentation of the retina of manifold shapes, usually small ones in the central parts and increasing in size towards the periphery. With the increasing density of pigmentation parallel white atrophic patches appear. The optic nerve is usually unaffected even if the duration is exceedingly long. Decoloration of the disc necessitates the presence of a second lesion in the opticus itself, or an extremely extensive lesion leading to almost complete destruction of the inner layers of the retina with an ascending atrophy of the optic fibers.

The disease is frequently bilateral, characteristic of the second stage of syphilis the end result occasionally reminds one of the picture of pigment degeneration of the retina, but should always be sharply differentiated from the latter. The functional result is extremely variable, recovery of complete function or total or almost total blindness depend on early administration of energetic anti-syphilitic treatment.

The retinitis circumpapillaris with massive exudation around the disc is a comparatively rare form of diffuse chorioretinitis, the possibility of arterial pathology of the circulus arteriosus must be considered.

Other forms of chorioretinitis (areolaris, chorioiditis acuta, metastatica) are rare and still rarer when due to syphilis. It should only be mentioned that in the course of syphilitic diffuse chorioretinitis isolated small foci may appear in the periphery or in the macular region (chorioretinitis centralis). The latter type is of serious prognosis due to the greater vulnerability of foveal arrangement.

Gummas of the uvea are rare, but relatively more frequent in the ciliary body than in the chorioid. They remind us of neoplastic growths accompanied by retinal hemorrhages, vitreous opacities and iritis. Often they are mistaken for malignancy until histological examination reveals their true nature; conglomerate tubercles also may simulate the picture of gummas. Primary retinal gummas are not known, but the inflammation of the chorioid simultaneously involves the adjacent parts of the retina.

Chorioretinitis in congenital syphilis: This develops in early fetal life, is often noticed in infants and is usually well established in early childhood. The picture does not change materially in later life and represents a permanent alteration; thus enabling us to establish the diagnosis of congenital syphilis. The fundus picture is just as characteristic of congenital syphilis as is the presence of blood vessels in the cornea following interstitial keratitis. The functional disturbance is usually negligible

with the exception of cases involving the macular area. Sidler-Huegenin classified four distinct groups of changes, which are generally accepted.

The best known and most characteristic is type I or pepper-and-salt fundus. Excellent pictures were given by Haab, and Oeller, consisting of extremely delicate yellowish-red dots mixed with tiny pigment spots. In the periphery the fundus has a grayish hue often interspersed with a few larger patches. The changes are bilateral, usually the periphery or the posterior pole is affected. The differentiation from the normal fundus flavus of blond individuals meets with occasional difficulties. The complete and well-established picture is often encountered in infants and does not progress. Reëxamination after the lapse of many years still reveals the same loss of function and identical ophthalmoscopic picture. The prognosis is favorable in the uncomplicated cases. The pepper-and-salt changes may be associated with more extensive form of chorioretinitis, or interstitial keratitis, nystagmus, fixed pupils, paralysis of accommodation, etc., and depending on the complications diminution of function will present itself.

The types described as II and IV are doubtlessly more frequent than type I. The patches are of about equal size, measuring about half the disc, yellowish-red, occur in the extreme periphery where they often appear confluent. Pigmentation develops in the later stages only. Often the periphery consists of diffuse pigmented and irregular white patches, atrophy with or without black pigment frames, adds to the kaleidoscopic variety. This type II is usually present in cases of interstitial keratitis complicated by uveal changes. In contradistinction to type I, type II may appear unilaterally, but the possibility that in the second eye the changes are too peripheric to be seen must be considered. This form may be combined with chorioiditis areolaris. The severe form of type II is very similar and hard to differentiate from chorioretinitis pigmentosa.

In type III the patches are of lighter color and the pigmentation is less marked. The third type, similarly to the second, occurs unilaterally. The changes progress from the extreme periphery towards the center. In the late stages, the scarce pigmentation may increase and therefore shows similar appearance to type II. Undoubtedly it is the rarest among the four types and it is questionable if the changes of type III constitute a separate entity or are only a modification of type II.

Type IV, the chorioretinitis pigmentosa, is often characterized by its progressive nature and by severe functional disturbances, indentation of the field, ring scotomas or diminished visual acuity. The ophthalmoscopic appearance resembles type II, but close to the larger round pigment patches irregular and bone-corpuscle-like pigmentation appears. The diffuse atrophy of the pigment epithelium, the grayish hue of the posterior pole, the marked sclerosis of the retinal vessels, and finally the retinitic atrophy of the optic nerve closely resemble the picture of pigment degeneration of the retina. Further analogy is given in the bilateral appearance, the indentation of the field and hemeralopia; the last two functional impairments being more rapid in progression in pigment degeneration. The prognosis is unfavorable on account of the optic atrophy and the extensive degeneration of the retina. The similarity of the ophthalmoscopic picture may be such, that it is almost beyond the scope of diagnostic possibility to differentiate this in given cases; i. e., pigment degeneration in a syphilitic person or a syphilitic chorioretinitis approaching the former. The presence of ring scotoma does not give any positive information, as ring scotoma is known to occur in pigment degeneration of the retina as well.

The four types of congenital syphilitic chorioretinitis do not present any difficulties of exact differentiation in uncomplicated cases. The types do not occur as isolated varieties only; their mixed occurrence does not constitute a rare exception; furthermore, combinations with other changes like chorioretinitis circumpapillaris, sclerosis of chorioidal vessels, endo- and perivasculitis, inflammatory changes of the anterior segment or exudation into the vitreous are only few of the instances contributing to the constantly changing clinical varieties.

As already mentioned, the changes in cho-

rioretinitis originate primarily either in the choroid or in the retina, or in most of the cases, simultaneously in both membranes. Even the retinitis centralis syphilitica recidivans is marked by chorioretinitic changes. The onset is marked by diminution of vision connected with positive central scotoma, the latter appearing in some instances as ring-shaped or paracentral. The functional disturbance is of short duration; the remissions are followed by renewed attacks of haziness in the macular area mixed with extremely delicate sprinkling and possible hemorrhages; pigmentation of the macula occurs only rarely. The disease infrequently appears in the first year following the infection, usually only after many years have elapsed. The underlying pathology consists in vascular changes around the macula (Fuchs), or flat isolated macular detachment (Leber) or most probably, the choriocapillaris is the site of the original lesion.

The peripheric form of chorioretinitis is characteristic of old syphilitic infections, especially in congenital cases, and appears in two varieties. The marble-like peripheral changes without functional disturbance (only changes in the adaptation) and the coarse pigment accumulation of the periphery with defects in the color field.

Genuine retinitis as primarly syphilitic retinal disease exhibiting the typical picture of haziness, hemorrhages and white exudation patches is exceedingly rare. The picture usually occurs in nephritic patients where the nephritis is based on syphilis, and therefore the probability that the retinal changes are based on the renal pathology must be considered. Retinal syphilitic changes do occur more often in association with chorioidal and optic nerve changes.

Syphilitic vascular changes of the retina. Among the syphilitic chorioretinitises the chorioretinitis pigmentosa is known to be associated with vasculitis and sclerosis of the arteries. The remaining types of chorioretinitis do not exhibit vascular changes in the ophthalmoscopic picture, but contrary to the clinical appearance, the histologic examination often reveals the presence of endo- and perivasculitis even in the unsuspected cases.

Retinal hemorrhages are rarely syphilitic. The retinal arteries and veins on the other hand are often attacked by syphilis, just like the vessels of the brain. The changes are directly observed in the retina. The angiopathia syphilitica appears as proliferation of the intima, thickening of the media and infiltration of the adventitia, and accordingly, the changes will be represented by slight haziness due to circulatory disturbance, irregularity of the caliber of the vessels, changing of the wall reflex and invagination of the vessels. One will find all the modifications from punctate hemorrhages and apoplectic retinitis to the partial or total obliteration of the arteries and veins (thrombosis but clinically often called embolism), the more profuse hemorrhages may appear in the vitreous cavity, or through consecutive organization the hemorrhages lead to the picture of retinitis proliferans. The endo- and perivasculitis have marked predilection for the arteries, usually the changes are restricted to one larger artery and to its branches. The circulation is disturbed, but not completely blocked in the cases where functional disturbances are lacking. The shrinking of the organized exudate masses, or the extensive exudation itself may lead in rare instances to detachment of the retina.

Optic neuritis denotes a clinical concept. The inflammation of the discs which is contrary to the pathologic concept meaning the inflammation in any region along the optic nerve. Optic neuritis is preceded by a hyperemia of the disc. The diagnosis of hyperemia confronts the clinician with many difficulties owing to the circumstance that the physiologic variant is rather wide. Hypermetropic disc is always more hyperemic in appearance than the myopic, and in hypermetropia a pseudoneuritis hypermetropica is often encountered. The isolated optic neuritis in the later development often shows symptoms of neuro-retinitis with marked inflammatory changes of the adjacent parts of the retina. The isolated optic neuritis represents singular involvement of disc without any pathologic lesion of the neighboring tissues as known to occur in other infectious diseases. Clinically, one can never exclude with certainty the possibility of basilar meningitis causing a

descending perineuritis presenting the picture of isolated optic neuritis. The syphilitic optic neuritis does not differ in appearance and functional disturbance from the nonsyphilitic variety. The central scotoma, peripheric indentation, or excentric cuts in the field are defects occurring in the syphilitic and nonsyphilitic lesions with equal frequency. The presence of homo- or heteronymous field defects indicate that the clinical picture of optic neuritis is already based on descending neuritis due to basilar meningitis.

From the differential diagnostic standpoint, the optic neuritis has to be distinguished from pseudoneuritis and choked disc.

The differentiation from pseudo-neuritis is based on the following facts. The pseudoneuritis occurs in hypermetropic eyes; hemorrhages and exudation are absent; the visual acuity is unimpaired and usually it is present in both eyes; vascular changes are missing, often other congenital anomalies like hyperplasia of glia elements, membrana epipapillaris are noticeable.

The differentiation from choked disc does not present unsurmountable difficulties in view of the following facts: the choked disc in the first stage represents pure stasis, the inflammatory exudation belonging to the later stages. The swelling of the disc amounts to more than +2.0 Diopters, the central visual acuity is unimpaired, and finally the functional examination, the field and adaptation representing contrasting differences in differentiation from the behavior in optic neuritis.

Contrary to the optic neuritis with visible and marked ophthalmoscopic changes, the optic nerve is affected in retrobulbar axial neuritis in its intraorbital section, or in the intracanalicular or finally basilar portion without any visible change to be seen with the ophthalmoscope. In the latter group only a secondary involvement of the disc manifests itself in the form of total or partial pallor of the disc. Again, the picture does not reveal the origin of the disease: diabetes, different toxic influences, or multiple sclerosis are liable to confuse the true picture.

Next to the optic neuritis, the most important changes of the optic nerve due to syphilis are the atrophic changes of the disc. The primary or tabetic atrophy, the neuritic type of atrophy due to cerebrospinal syphilis and the atrophy following choked disc are too well known to need further description. The atrophy in locomotor ataxia is marked by the presence of sharp margins, snow white or greenish color of the disc, visible holes in the cribriform plate, absence of vessel changes and bilateral appearance. In the neuritic type of atrophy the margins are less sharp, the holes in the cribriform plate disappear, the vessel changes are more or less marked. The presence of optico ciliary veins reveal the previous choked disc in its atrophic stage. In doubtful cases the auxiliary symptoms like Argyll-Robertson phenomenon are of determining value.

The possibility of tertiary syphilitic change has to be ruled out in cases of *choked disc.* Gumma of the brain, meningitis basilaris gummosa by arrogating space elevate the intracranial pressure and produce choking of the disc; the mechanism is the same as the well-known mechanism in neoplastic involvement of the brain.

Choked disc, optic atrophy (primary or secondary) occur in syphilitic arachnoidal adhesions around the chiasma. The diagnosis of chiasmal arachnoiditis becomes more important, as we learn, that the operative intervention is beneficial in restoration or improvement of vision, where the antisyphilitic treatment is not only not successful but is not justified in the light of its dangerous potentialities.

The neurorecidives of the optic disc were frequently seen in the first period of salvarsan administration; in the later years their appearance fortunately becoming extremely rare. Clinically, they represented an inflammatory reaction of extensive degree and severity. Their manifestation seems to be a basilar syphilis, the spirochaetes migrating along the intervaginal spaces into the tissues of the optic nerve due to insufficient salvarsan administration were activated, thus causing inflammatory response of unusual degree. With the improved technic of administration their occurrence nowadays is very rare.

31 Lincoln Park

REPORT OF A DEATH AFTER TONSILLECTOMY WITH RECOMMENDATIONS, ALSO AN OUTLINE OF A SIMPLE AND RAPID METHOD OF OPERATION*

M. Esther Cushnie, M.D., Philadelphia General Hospital, Philadelphia, Pa., and
C. H. Knauer, M.D., Trenton, N. J.

Anesthesia for Tonsillectomy in Children: Tonsillectomy is classified under minor surgery. It is not until we have the bitter experience of a table death that we realize the risk we take in subjecting a fairly healthy child to the anesthetic and the procedure involved. The preparation of the patient is important. He should be brought to the hospital the night before. This gives him an opportunity to become accustomed to his surroundings and the administrations of the doctors and nurses.

A thorough physical examination should be done, especially of the heart and lungs. The presence or absence of lymphadenopathy should be noted. The minimal laboratory tests should consist of urinalysis and bleeding and clotting time. The premedication preferred by us is Phenobarbital gr. ss the night before, repeated one hour before operation. A hypodermic injection of Atropine Sulphate gr. 1/300 to 1/150 is given twenty to thirty minutes before operation.

Ether for maintenance is our choice of anesthesia. Since ether induction causes the child much needless distress and prolongs the excitement stage, various other anesthetics have been employed to shorten this period of anesthesia. One of these, chloroform, is no longer a part of the anesthetist's equipment. Avertin, as a basal, increases the nursing care and lengthens the period of recovery. Ethyl chloride has been found to be satisfactory in some clinics, but we believe it to be too dangerous in inexperienced hands. Nitrous oxide is satisfactory if given without anoxia.

Vinethene is our anesthetic of choice for induction. If given without waste, four or five cc. are sufficient to carry the child through the excitement period. The method we use is to drop the vinethene slowly over an open mask covered with two layers of stockinette. Meanwhile have the patient count after you. When the patient stops counting, the change is made to ether.

The immediate post-operative care is important. At the completion of the operation, the patient is placed in the semiprone position with the face turned to one side and the arm and leg on that side flexed in order to raise the chest from the stretcher.

Notwithstanding, the brevity and simplicity of the procedure, one encounters every known hazard of longer and more difficult undertakings.

The dangers incident to the anesthetic itself, in this case ether, are always present. Care must be taken not to carry these children too deep. The depth of anesthesia can change alarmingly within a few minutes. Very often the anesthesia is started too soon and unnecessarily prolonged while waiting for the completion of the previous case. This is a common occurrence when the schedule is large and the surgeon tries to do too many tonsillectomies in succession. The possibility of there being a sensitivity to the anesthetic must not be overlooked. Authentic cases of allergy to ether have been reported.

Those accidents incident to the surgical procedure which interfere with the proper ventilation of the patient deserve mention.

Aspiration of blood or mucus can be prevented by adequate suction. Care should be taken when putting the mouth gag in, not to occlude the airway of the patient by opening the jaw too wide. The jaw should be supported by the anesthetist by placing the fingers over the body of the mandible, not by hyperextending the head as is often done. The surgeon, if a beginner, in his attempt to secure good exposure of the field, may occlude the pharynx by pushing the tongue downward instead of lifting it upward. We have seen a child unable to breathe because of the large number of

*Presented at the Staff Meeting of the Trenton General Hospital, November, 1942.

sponges and instruments in the mouth. The suction tip should not be used as a tongue depressor as it will remove ether, causing a less smooth maintenance.

There are certain risks inherent in the patient himself. Because of the large amount of tonsillar and adenoidal tissue, the airway of the patient is inadequate. This defect clears up amazingly with the removal of the lymphoid tissue.

Any history of excessive bleeding should be considered seriously and measures taken to combat it. The small, cardiac patient should be carried through the procedure with an adequate supply of oxygen and the surgery completed as quickly as is compatible with thoroughness.

Very often the clinic tonsillectomies are done by the interns and the anesthetics are given by the interns. This added risk to the patient may be reduced by more careful supervision by one who is fully aware of the dangers.

The most serious of the respiration sequelae, pneumonia and atelectasis, may be prevented by careful selection of cases, adequate suction and post-operative care. Children who have a rise of temperature, or any symptoms of upper respiratory infection even though slight, should be refused operation. Inspection of the mouth for loose teeth, chewing gum, or other foreign bodies, should be made. No child should be given an anesthetic for tonsillectomy who has inadvertently been given breakfast or lunch.

By the following procedure, if no delay is occasioned by waiting for instruments, it is possible to remove both tonsils in a very short time. The snare is first threaded over the tonsil forceps and the tonsil is manipulated so as to visualize the exact location of the anterior fibers of the palatoglossal muscle beneath the mucosa. The base of the tonsil is rotated anteriorly, the tensed mucosa is cut transversely directing the knife toward the ear, the incision is carried down to the muscle fibers. By everting the tonsil still further, if the muscle does not roll behind the tonsil, and exposing its upper pole, this may be accomplished by leverage with the handle of the knife. The base of the snare is snugged behind and beneath the palatoglossus, its distal loop drops into and finds a line of cleavage in the fold of mucosa which has been drawn deep into the space between the palatopharyngeus and the tonsil, this space having been created by its rotation. The wire loop is closed and a perfect enucleation is accomplished with complete preservation of the pillars.

CASE REPORT

Death of a five-year-old colored male under ether anesthesia.

History: William F., colored, five years old, entered the Philadelphia General Hospital for T and A. Patient was born at Philadelphia General Hospital on March 24, 1937. The delivery was low forceps. At the age of 18 months he was readmitted to the hospital with a temperature of 103 degrees, pulse of 166 and respirations 44. The child had scar tissue over his neck, chest and arms from burns received six months before. At this time the outstanding physical findings were enlarged lymph nodes of the posterior cervical region, axillary and inguinal regions. He was discharged one week later with the diagnosis of nasopharyngitis and general lymphadenopathy, cause undetermined.

Upon the last admission, May, 1942, there was nothing outstanding about the physical findings. The child was "well developed and well nourished". The tonsils were large and red and there was marked cervical adenopathy. Laboratory report: Urinalysis negative. Bleeding time was 2 minutes and the clotting time was 3 minutes. Temperature, 99; pulse 90; respiratory rate 24.

Pre-medication: Phenobarbital gr. ss, atropine sul. gr 1/150, at 8:15 a. m.
Anesthetic: Open drop ether began at 8:35 a. m., ended 9:00 a. m.
Operation began at 9:05 a. m., finished at 9:20 a. m.

Course of anesthesia: The patient required very little ether for induction. The operation was begun 35 minutes after the anesthesia was started, after which no ether was given. The patient's color was poor when he was taken to the operating room, but improved and the operation started. There was a minimum of bleeding. The patient left the operating room with shallow respirations. Plans were made to give oxygen before returning to the ward, but respirations ceased although the pulse could be felt for several seconds afterward. Oxygen and artificial respiration were administered. Coramine ampules 1 and later adrenalin ½ cc. were given intravenously.

Autopsy Report: Marked hyperplasia of the thymus, weight 32 gms.; acute bilateral dilation of the heart; marked emphysema and edema of the lungs; marked hyperplasia and congestion of the spleen; enlarged axillary, inguinal and cervical nodes with marked hyperplasia; marked hyperplasia of lymph follicles throughout the G. I. tract.

There were many danger signs along the way that should have warned both the surgeon and the anesthetist. The marked lymphadenopathy, first noticed when the child was eighteen months old deserved attention. Turnbull and Young, who made a special investigation for the Medical Research Committee of Great Britain, concluded that there is "no evidence that so-called status thymico-lymphaticus has any existence as a pathological entity". Other investigators state that there has been no apparent relation between the increase in lymphoid tissue and the death of a child dying of shock or under anesthesia. However, it should be borne in mind that those children who have marked lymphadenopathy do poorly under anesthesia. The enlarged tonsils and adenoids may be a part of the picture of general hyperplasia of lymphoid tissue, and removal is not always necessary to the child's welfare.

It is significant that this patient had 35 minutes of anesthesia before the operation began. This situation is not uncommon when there are a large number of tonsillectomies to be done. Other warnings which should have been heeded were the dusky mucous membranes and the small amount of bleeding. A certain amount of moral courage is required to postpone an operation after the patient is anesthetized, but unless the life of the patient depends upon the operation, such a course should be considered if the patient shows signs of undue depression.

SUMMARY

A few of the major risks of a minor procedure are reviewed with a brief discussion of the selection of the anesthesia, preparation of the patient and the hazards one may encounter. A case report is presented illustrating some of these warning signs which went unheeded. A simple and rapid method of removing the tonsils is outlined.

CONCLUSIONS

1. Tonsillectomies in children should be more than a casual procedure relegated to interns without adequate supervision.

2. The added risk of a prolonged anesthesia should be avoided.

3. Surgeons and anesthetists should be keenly aware of the danger which exists and be willing to postpone the operation until the child has had further studies.

PENICILLIN

Herrell, Cook and Thompson have studied experimentally the antibacterial activity of penicillin against several strains of Neisseria gonorrheae isolated from patients in whom the infection was completely resistant to what might be considered adequate treatment with sulfonamide preparations. These strains of organisms are inhibited completely in fairly high dilutions of an active form of penicillin. Bacterial cultures reveal that the number of organisms is decreased greatly at the end of one or two hours' contact with penicillin. Between the second and third or third and fourth hours in contact with penicillin no viable organisms were found. This experimental evidence immediately suggests that penicillin should prove effective in the treatment of clinical infections due to these sulfonamide resistant bacteria.

The complete absence of toxicity following the intravenous administration of pyrogen free penicillin, the lack of any discomfort to the patient and the rather rapid disappearance of clinical symptoms have been observed in three cases of sulfonamide resistant gonorrheal infections. Because of the limited amounts of penicillin available, we feel that penicillin therapy should be reserved and studied further in those cases in which the infection is resistant to the accepted forms of treatment now being used. In all the cases reported, in addition to the clinical response noted, negative bacterial cultures were obtained sometime between 17 and 48 hours after the institution of pencillin therapy.—(J. A. M. A., Vol. 122, No. 5, p. 291.)

REPORT OF DR. WELLS P. EAGLETON AS A DELEGATE OF THE MEDICAL SOCIETY OF NEW JERSEY TO THE AMERICAN MEDICAL ASSOCIATION AT THE MEETING IN CHICAGO, ILLINOIS, JUNE 7-9, 1943

Although I have been attending the meetings of the House of Delegates of the American Medical Association as a New Jersey representative, frequently during the last twenty years, the Chicago 1943 meeting was the most profitable and encouraging.

For the first time the House of Delegates did what it has frequently talked of doing—it really made history, in that, it prepared machinery to *assume the position of leadership in medical matters for the nation,* by the creation of a Council on Medical Service and Public Relations, which shall have as part of its functions:

4. "To investigate matters pertaining to the economic, social and similar aspects of medical care for all the people.

5. To study and suggest means for the distribution of medical services to the public consistent with the principles adopted by the House of Delegates.

6. To develop and assist committees on medical service and public relations originating within the constituent associations and component societies of the American Medical Association."

(J. A. M. A., Vol. 122, No. 9, p. 623.)

The Medical Society of New Jersey can be justly proud of its part in the formation of this Council, as it has been the one State Society which for the last ten years has been insisting that the American Medical Association should assume leadership in all matters pertaining to the public health, as it has also called on the Board of Trustees of the American Medical Association for special meetings to discuss Economic and Public Health Problems on June 23, 1924, December 1935 and again in 1937.

The whole meeting gradually led up to the formation of this Council.

The key note was sounded by the President, Brig. General Fred. W. Rankin, who had been giving his whole time to the Government and who is in active military service. The following are abstracts from his annual address "it must now be apparent * * * that mighty influences are at work to effect epochal changes in the complexion of medical practice." "They can no longer be ignored." "We must face realistically these tremendously forceful *socio-economic trends* which are intimately involved * * * with the nation's medical problems. The directional signs of postwar planning * * * already made for broadening the social security program and extending the nation's economic resources are to assure 'adequate medical and health care for all, regardless of place of residence or income status'." "The old system of medical practice will be considerably modified." "Our responsibility * * * in participating * * * is greater than many of us have been willing to admit; indeed, it is intimately involved with the medical security of our country as well as of our profession." *"Have we become languid and inelastic in our attitude and hesitant and fearful in our response to existing socioeconomic developments? I sincerely hope not."*

"It is * * * apparent that the trends now gathering momentum are directed toward some form of national health service as an integral function of the state."

He then went on to state, "that there are two essential provisions required, *professional* and *financial facilities.* These two provisions are interdependent and cannot be distinctly separated." "These two forms of medical service are not incompatible."

"All efforts must be harmoniously combined and closely coördinated toward the elaboration of an intelligent program which will permit a democratic as well as a comprehensive medical service with equally high professional and ethical standards."

"These are prodigious tasks." "Their achievement will demand * * * active and close collaboration with appropriate governmental agencies. We cannot disregard the growing interest of the public, the government and various lay groups in the administration of medical care; nor can we afford to engage in a struggle for domination."

"Indeed, the plan of action which we institute, * * * in our efforts to solve these problems will greatly influence * * * the future standards of the medical service of our country and the cultural standards of our profession." (J. A. M. A., Vol. 122, No. 8, p. 519-520.)

THE NEW COUNCIL ON MEDICAL SERVICE AND PUBLIC RELATIONS

The formation of the new Council sprang from resolutions offered by Indiana, Minnesota, New Jersey, Nebraska, Oklahoma, Ohio, New York and a representative of the Section on Radiology, all of which resolutions were

referred to a Reference Committee on Legislature and Public Relations of which Dr. Thomas A. McGoldrick of New York was chairman. (J. A. M. A., Vol. 122, No. 8, p. 545-546, and J. A. M. A., Vol. 122, No. 9, p. 621-623.)

New Jersey's resolution was as follows:

> At the 177th Annual Meeting of The Medical Society of New Jersey held on May 25th and 26th, 1943, the following resolution was unanimously adopted:
>
> "That the Delegates from The Medical Society of New Jersey to the American Medical Association be instructed to urge the House of Delegates of the American Medical Association to consider the creation of a Legislative Bureau of the American Medical Association in Washington; our Delegates were instructed to present the above resolution and our reasons therefore."

A copy of this resolution with a brief showing the necessity for the establishment of it was submitted to every Delegate prior to the meeting, and had been read by a large number of them and the purpose of the motion was favorably commented on.

An abstract of reasons for the establishment of a Legislative Bureau of the American Medical Association in Washington was as follows:

"The number of bills of public health and medical interest being introduced in Congress is sharply increasing. In an analysis of bills of public health and medical interest introduced at the 1943 session of Congress, reference was made to 116 bills. This included such matters as extending privileges to sectarian practitioners, appropriations for constructing hospitals, care of mothers and children, benefits for veterans, social security amendments, and reorganization of the Public Health Service; all of which are of vital interest to the medical profession. The appropriations called for in these various public health bills total $258,074,000.

The principal objections voiced to a more active participation by the American Medical Association in legislative affairs are:

1. That it would render the Association liable to a large income tax, and
2. That it would lower the prestige of an Association which is organized primarily for scientific purposes."

"The American Medical Association cannot be considered a small business enterprise. We understand that its assets are approximately $7,000,000. According to the report of the Board of Trustees the gross income from all sources for the fiscal year ending December 31, 1942, amounted to $1,975,236.30, and the total expenditures amounted to $1,644,820.96. This shows that the Association made a profit of $330,415.34 during the year 1942. There seems to be a moral question involved here. Should the American Medical Association, making such a large profit, escape taxation? As patriotic citizens, should we condone this escape? If the Association voluntarily insisted upon paying an income tax, would not this enhance the prestige of the Association now to be referred to?

As to objection two, the lowering of the prestige of the Association by engaging in legislative activities, our experience in this State negatives this idea. It depends upon how the activity is conducted."

A hearing of the McGoldrick reference committee was held which over forty members of the House of Delegates attended. Dr. Thomas K. Lewis of Camden spoke in favor of our resolution stating that "after twenty years of Legislation action, the last few years in which we had a doctor,—Dr. Frederick Quigley, as our Legislative Secretary at the New Jersey Legislature, New Jersey felt sure that the dignity of the profession had been sustained and its influence greatly increased."

On the following day the Reference Committee brought in a report for the establishment of a "Council of Legal Medicine and Legislature". This report was then followed by another report on a resolution offered by Dr. Skinner of the Section on Radiology calling for the formation of a Council for Medical Care, which had been approved by the Reference Committee on Amendments to the Constitution and By-Laws.

As there was conflict between the two respective councils, one overlapping the other, the whole matter was referred to the Board of Trustees.

That night the Board of Trustees called in the Chairmen of the Reference Committees and the following morning they brought in their report of the creation of the "Council of Medical Service and Public Relations" which is an effort to place the American Medical Association in a position of leadership and still to keep it actually out of politics *so that it cannot be regarded as a political body.*

The Council is organized on a very democratic basis,—it includes "the President of the American Medical Association, the immediate Past-President and the Secretary of the Association, one member of the Board of Trustees, and six members of the Association selected on a regional basis."

"The Council is (a) to coöperate with the Board of Trustees and (b) will utilize the functions and personnel of the Bureau of Legal Medicine and Legislation, the Bureau of Medical Economics and the Department of Public Relations in the headquarters office of the American Medical Association in Chicago."

HOSPITAL RELATIONS WITH THE PROFESSION

Many of the problems of politics and economic interests were discussed, especially the relation of the hospitals to the medical profession. These will require much study and attention for today there is considerable conflict between them.

The Supplementary Report on "Hospital Corporations Engaging in the Practice of Medicine" by the Trustees of the American Medical Association should be read by every hospital man, as the confusion between the profession and the hospitals is increasing. (J. A. M. A., Vol. 122, No. 8, p. 524-538.)

PROCUREMENT AND ASSIGNMENT

I also attended a meeting of the Procurement and Assignment Committee presided over by Dr. Lahey of Boston, appointed by the President. I was pleased to hear him make the statement that in no country in the World was there such a large group of medical men who had given their time so freely as the medical men of the United States had for the enlisting of doctors in the Armed Forces.

Among the other items of general interest was Brig. General Grant's statement that in the aviation service an effort was being made to make better doctors and that today over 5,000 doctors were at school. Also arrangements were made for Hospital Interns to get credit from the different Boards and that 78 per cent of all doctors in aviation service were doing work pertaining to their specialities. Also that the sick rate in Africa was very low. There were only 17 cases of osteomyelitis, which low incidence was due to plasma and the sulfa drugs.

Also the President, Brig. General Rankin's statement, that although *40 per cent of the medical profession have entered the service still the work at home is well carried on.*

In the appointment of Reference Committees Dr. Andrew McBride was on the committee on Report of Board of Trustees and Secretary, and Dr. Lucius F. Donohue was on the Reference Committee of the Executive Session. Dr. Lancelot Ely and Dr. Thomas K. Lewis of Camden, Delegates to the A. M. A. from New Jersey, Lieut. Col. William Carrington of Atlantic City, Vice-President of the A. M. A., and Dr. Joseph F. Londrigan, President-Elect of The Medical Society of New Jersey also were in attendance throughout the session.

THE BRILLIANT FUTURE OF THE AMERICAN MEDICAL ASSOCIATION

At long last the American Medical Association has entered on a crusade to make the medical profession responsible for the health of our people. Every true physician will welcome this opportunity to be of help, for those who, unable to avail themselves of the opportunity to serve in the Armed Forces, may still serve our nation by actively engaging in medical politics, and in public thought on which the health of our people and the very life of democracy depends.

Wells P. Eagleton, M.D., Sc.D.

FUTURE HOSPITAL BUILDING

In an interesting discussion of hospital building in the future, Elcock, an English hospital architect, points out that hospitals have been constructed so far almost exclusively for the curative treatment of disease and injury. At least in details of construction, provision has not been made for the use of hospitals as health centers in a larger sense. In education toward healthful living and the prevention of disease, the hospital has assumed a rather secondary rôle. Firmly believing that hospitals should more and more become health centers on a broader scale than heretofore, Elcock urges that in hospital construction of the future special consideration be given to the provision of educative and preventive facilities in the form of ambulatory clinics, lecture halls, class rooms, swimming pools, outdoor and indoor gymnasiums and similar facilities. Undoubtedly there will be places and conditions in which such expansion of services would greatly increase the usefulness of hospitals as community or neighborhood health centers, either by themselves or in coöperation and closer integration with health departments and other social institutions. To mention just one specific need, the increasing function of the general hospital as a center of education, diagnosis and treatment in cancer certainly demands thorough study in new hospital construction. In planning for postwar hospitals, the views advocated by Elcock merit attention. —J. A. M. A., Vol. 122, No. 10, p. 679, Current Comment.

LEGISLATIVE NEWS

The following is abstracted from Federal Legislative Bulletin No. 28, July 15, 1943, of the Bureau of Legal Medicine and Legislation of the American Medical Association.

Obstetric Care for Wives of Service Men.—The President has approved H. R. 2935, making appropriations for the Department of Labor, the Federal Security Agency and related independent agencies, for the fiscal year 1944. This law appropriates $4,400,000 for grants to States, including Alaska, Hawaii, Puerto Rico, and the District of Columbia, "to provide, in addition to similar services otherwise available, medical, nursing, and hospital maternity and infant care for wives and infants of enlisted men in the armed forces of the United States, under allotments by the Secretary of Labor and plans developed and administered by State health agencies and approved by the Chief of the Children's Bureau".

As reported to the House, June 14, H. R. 2935 carried the following proviso to the title of the bill making appropriations for the Department of Labor:

> "*Provided*, That no part of any appropriation contained in this title shall be used to promulgate or carry out any instruction, order, or regulation which discriminates between persons licensed under State law to practice obstetrics."

The House Committee on Appropriations, in its report that accompanied the bill (H. Rept. No. 540), sought to justify the proviso in this manner:

> "In connection with the appropriation bills for 1942 and 1943, the committee called attention to the action of the Children's Bureau in discriminating between persons licensed under State law to practice healing arts. The committee has been repeatedly assured by the Department that proper steps would be taken to obviate any discrimination but to date no definite action in that direction has been taken. The Children's Bureau has now arranged to have a study made to determine the relative merits of various types of schools giving instruction in healing arts. This is a matter which, in the judgment of the committee, lies entirely within the jurisdiction of the States. The States have established standards for licensing health practitioners and the Federal Government has never attempted to establish such standards. In the judgment of the committee, the Children's Bureau has not the power under law either to establish such standards or to question the standards established by the States. It is not the desire of the committee, of course, to permit the use of Federal funds to break down safeguards against the practice of healing arts by improperly and inadequately trained persons, but the committee does believe that the State laws and standards constitute the necessary protection for the public. Therefore, the committee has included in the bill a provision denying the use of the appropriation to promulgate or carry out any order, instruction, or regulation which has for its purpose the discrimination between persons licensed under State law to practice obstetrics."

Efforts made on the floor of the House, principally by Representative Judd of Minnesota, Representative Fenton of Pennsylvania and Representative Miller of Nebraska, all doctors of medicine, to strike the proviso from the bill were unsuccessful. The bill passed the House June 16 after the proviso had been amended to make it applicable only to instructions, orders, or regulations relating to the care of obstetric cases.

The Senate Committee on Appropriations, on June 24, recommended that the proviso be stricken from the bill. Thereafter the Senate acquiesced in the recommendation of its Committee and passed the bill June 29. A conference committee then considered the bill and agreed to recommend that the proviso be reinserted with the following additional phraseology: "*Provided further*, that the foregoing proviso shall not be so construed as to prevent any patient from having the services of any practitioner of her own choice, paid for out of this fund, so long as state laws are complied with."

The conference report came before the House of Representatives on July 1. Representative Judd of Minnesota offered the following motion:

> "Mr. Judd moves to recommit the bill to the conferees with instructions to the managers on the part of the House to concur in Senate amendment No. 5 without amendment."

Senate amendment No. 5 was the amendment that struck the proviso from the bill. The House rejected the motion by a vote of 212 to 152, with 67 representatives not voting, and thereafter adopted the conference report.

The conference report was considered in the Senate on July 2. There was no vote specifically on the recommendation of the conferees in connection with the proviso in question but an effort was made to induce the Senate to reject the conference report because of that recommendation. The vote in the Senate was on the adoption of the conference report as a whole. Senator LaFollette of Wisconsin, Senator Lodge of Massachusetts, Senator Chandler of Kentucky, Senator Hill of Alabama, Senator Maloney of Connecticut and Senator McClellan of Arkansas argued for the rejection of the conference report because of the recommendation it contained with respect to the proviso. Senator Downey of California and Senator Austin of Vermont supported the recommendation. After considerable discussion, the Senate voted to adopt the conference report by a vote of 42 to 32, with 22 Senators not voting.

The New Jersey vote on the Judd motion in the House of Representatives was as follows, a vote *for* the motion constituting a vote *against* the proviso.

For	Against	Not Voting
9	4	1

The New Jersey Senate vote on the motion to adopt the conference report was as follows:

For	Against	Not Voting
1	0	1

As the bill was approved by the President, therefore, it contains the following proviso in the title relating to appropriations for the Department of Labor:

> *"Provided,* that no part of any appropriation contained in this title shall be used to promulgate or carry out any instruction, order, or regulation relating to the care of obstetrical cases which discriminates between persons licensed under state law to practice obstetrics: *Provided further,* that the foregoing proviso shall not be so construed as to prevent any patient from having the services of any practitioner of her own choice, paid for out of this fund, so long as state laws are complied with."

PORTRAITS OF EARLY MEDICAL HEROES PRESENTED TO SURGEONS GENERAL OF ARMY AND NAVY

Portraits of six early Surgeons General of the Army and Navy have recently been presented to the respective medical services of the Army and Navy. These men helped to found the medical services of both branches of the Medical service:

William Paul Crillon Barton, the first Chief of the Bureau of Medicine and Surgery of the Navy, 1786—1856.

Jonathan M. Foltz, Chief of the Bureau of Medicine and Surgery and Surgeon General, U. S. Navy, 1810—1877.

Elisha Kent Kane, Medical Officer of the U. S. Navy, 1820—1857.

Charles S. Tripler, Brigadier General, Army Medical Corps, 1806—1866.

Jonathan Letterman, Surgeon Major, U. S. Army, 1824—1872.

Bernard J. D. Irwin, Brigadier General, Army Medical Corps, 1830—1917.

Together these men form a body of scientific pioneers who helped to establish the medical services of the Army and Navy and make them the great implement for the saving of life they are today. Barton standardized medical supplies, made of the crude "sick bay" a hospital and was responsible for placing a medical library in each unit. Foltz, known as Surgeon of the Seas because of his wide service, saw the transition of wooden ships to iron ones and forwarded in many ways the Navy in hygiene. Kane headed an expedition into the Arctic to seek a missing brother officer and during that trip added much to our knowledge of the treatment of scurvy. Tripler, of the Army, standardized the selection of recruits and wrote a manual which is still the basis of our standardization of the new Army men. Letterman established the first Ambulance Corps which was tested during the bloody battle of Fredericksburg, and became standard practice in the Union Army. Letterman General Hospital in San Francisco is named in his honor. Irwin, during the Battle of Shiloh, organized the first tent hospital, which has served as a model for field hospitals ever since. The site of his original hospital is marked with a government tablet.

STATE ACTIVITIES

INDUSTRIAL MEDICINE

COMMITTEE ON INDUSTRIAL HEALTH AND HYGIENE OF THE MEDICAL SOCIETY OF NEW JERSEY

Although it is clearly impossible to predict with any degree of accuracy the future course of events in the practice of medicine, we should like to present our convictions concerning the impact on industry of political and economic forces which we believe will be an outgrowth of the war.

There seems to be no question that widespread socio-economic changes with certain definite trends are now in progress and it seems very probable that these changes may be accelerated in the period of adjustment that will inevitably follow the war. The trend of these changes has thus far been in the direction of increased governmental participation and control of all types of industrial activity, accompanied by increased influence of various organized pressure groups. Heretofore many of the broad social changes in this country have originally applied chiefly to those organized groups engaged in industrial work. There is good reason to believe that this will continue to be the case and that the changes in the form of the practice of medicine will be initiated in the industrial field. It is obviously futile either to support or oppose change until the consequences of the proposed changes have been weighed in the balance. Realizing that change is inevitable, it is essential for the medical profession to have clear and desirable objectives and well formulated plans in order that it may have a voice in directing these changes into desirable channels.

The problem may be divided into two somewhat dissimilar parts as far as industrial medicine is concerned. The first part of this problem concerns most of our larger industries which have well organized health services which would be readily adaptable to any reasonable form of increased socialization. The second part of our problem involves our numerous and collectively important small industries which have not as a rule made any systematic provision for the care of their employees and would offer on this account a wide-open field for exploitation by hastily organized, poorly directed and ill-equipped industrial medical groups which might readily fall under control of undesirable organized pressure elements in the industrial community.

Your Industrial Health and Hygiene Committee feels that one of the most pressing duties of the medical profession as a whole, and of members of The Medical Society of New Jersey as a body, is to see that an increased effort be made to bring this problem to the attention of the smaller industries which are going to be most profoundly affected, and to urge them to adopt some suitable plan for medical care before they are overwhelmed by chaotic conditions and possibly ill-advised legislation.

In setting up any facilities in plans for industrial medicine, certain facts must be kept in mind. The most important of these is that modern industrial medicine is in many cases a highly specialized field, and that a particular type of training and aptitude is to be required of the physician if he is to give the maximum service envisaged in a comprehensive medical program.

Another essential point is that this service should be given by physicians who are free to practice medicine in an independent manner with the welfare of the patient as the first consideration. The industrial physician should not feel that he must cater to any organized group.

As a natural corollary to these specifications for medical personnel, it is essential that proper physical facilities be provided and that hospitalization in accredited hospitals and consultation with competent specialists should be available. Should sufficient interest be aroused in any industrial group or individual industry to induce it to set up some organized plan for medical care, the Committee is in a position to offer consultation service in making such plans and to give the benefit of its experience and guidance.

A careful survey of the small industrial plants in New Jersey reveals that most small plants have physicians "on call" only. This is not a satisfactory arrangement in most instances since the physician sees too few too late, that is to say that in most small industries only a small percentage of the cases are brought to the physician's attention and many of these are seen later than is advisable. Furthermore, since the physician as a rule is

not familiar with plant operations, he does not or cannot participate in accident and disease prevention programs. It cannot be too strongly emphasized that it is highly desirable for every physician giving such limited service to familiarize himself with the plant and its possible health hazards so that he may be able to contribute measurably to the development of a preventive program.

Another method for arranging for services for the small plant is through a coöperative group effort in which a number of small plants situated in a locality may pool their resources for the establishment of a joint "medical clinic". The physician, or physicians, who provide their services to such a group should set up a central clinic reasonably accessible to all of the plants participating in this scheme.

(Note: It seems highly desirable to have these "medical clinics" licensed and/or certified by The Medical Society of New Jersey as meeting certain minimum standard requirements. Perhaps operating licenses might be handled in the same way as hospital permits.)

(Note: Since we recommend that such physicians operating in such a scheme should have had the benefit of industrial medical experience or training, it seems highly desirable to institute at the earliest possible date a course of training along the lines of the Rutgers' Master of Science training course being studied by Dr. Decker's Committee, and have these physicians spend a certain amount of time in some of the medical clinics in the larger industries in our State.)

Physicians attempting to develop a satisfactory part-time medical service for a number of small establishments should have hospital affiliations, well-equipped offices or clinic centers, and special toxicological knowledge as well as special training in industrial health and hygiene. Other obligations to the industry include preplacement physical examinations and periodic reëxaminations of all employees, periodic visits into the plant for the examination of the work stations, and the institution of preventive measures for the control of health hazards.

It goes without saying that this accident and occupational disease prevention program is best carried out in coöperation with the plant safety engineer and chemists to whom the service may look for technical advice and guidance.

It is realized that coöperative action in behalf of these small industries will be slow and difficult to achieve. It would seem, therefore, that here is an opportunity for initiative and resourcefulness not entirely as a result of the war but certainly made greater by the war.

If such a program is to succeed, every physician must realize that his continued familiarity with the actual working conditions of the plant is an absolute requisite for effective service.

In spite of medicine's brilliant scientific achievements, for some years there has been a growing dissatisfaction with the methodology by which medicine has served society. Such being the case, we can be certain that unless the medical profession itself takes the initiative in revising its system of working so as to provide a more satisfactory medical service, the conduct of its affairs will be regulated by governmental agencies. To avoid this eventuality, we believe it our duty to scrutinize thoroughly the existing situation and institute as soon as possible measures based on the plan outlined in this report.

OUTLINE AND SUMMARY

1. Forecast of social changes and their trend.
2. Statement of problem as it will affect Industrial Medicine.
3. Conditions prevailing at present (disadvantages of physician "on call").
4. Suggested schemes for small industry setting forth
 a. Qualifications necessary for personnel
 b. Physical facilities, equipment, etc., which should be provided
 c. Control of facilities (operating licenses, etc.)
 d. Duties of personnel—programs of accident prevention, etc.
5. Offer of consulting help by Industrial Health and Hygiene Committee.

Committee:
J. Mallory Carlisle, M.D., Chairman
Donald O. Hamblin, M.D.
Edgar E. Evans, M.D.
William H. McCallion, M.D.
Arthur F. Mangelsdorff, M.D.
Augustus Gibson, M.D.

This report was accepted and approved as a progress report by the Subcommittee on Medical Practice at its meeting in Newark on July 25, 1943.

DRUGS WHICH MAY BE SOLD ONLY ON PRESCRIPTIONS

Because of being classified as "dangerous drugs" within the meaning of the Pure Food, Drug and Cosmetic Law, or as narcotics or hypnotics, the following drugs, except as indicated, may be legally sold to the public only when prescribed by physicians, dentists or veterinarians. Please coöperate with the law by writing a prescription whenever any of these drugs are needed for a patient.

Aconite
Aminopyrine
Aspidium
Barbital (1)
Barbituric Acid (1)
Barbiturates (1)
Benzedrine Sulfate
(For Internal Use)
Cantharides
(For Internal Use)
Carbon Tetrachloride
(For Internal Use)
Carbromal
Chenopodium Oil
Chrysorobin
Chrysophanic Acid
Chloral (1)
Chloral Hydrate (1)
Chlorobutanol (1)
Cinchophen
Cocaine
Codeine (1) (2)
Colchicine
Colchicum
Digitalis (6)
Dilaudid
Dionin (1) (4)
Emetine
Eucaine
Goa Powder
Heroin (1) (3)
Male Fern
Morphine (4)
Neocinchophen
Opium (1) (5)
Pantopon (1) (4)
Papaverine (1) (4)
Phenol and Camphor (in undiluted eutetic mixture)
Paraldehyde
Phenobarbital (1)
Phosphides
Phosphorous
Radium
Santonin
Strophanthus (6)
Sulfonamides and related compounds and preparations
Tansy Oil
Tetrachorethylene
Tetronal
Thiocyanates
Thymol
(For Internal Use)
Thyroid
Trional
Wormseed Oil

(1) Exempt when contained in preparations adaptable for external use only.

(2) Exempt when in preparations containing one grain or less in each fluid or avoirdupois ounce.

(3) Exempt when in preparations containing ⅛ grain or less in each fluid or avoirdupois ounce.

(4) Exempt when in preparations containing ¼ grain or less in each fluid or avoirdupois ounce.

(5) Exempt when in preparations containing 2 grains or less in each fluid or avoirdupois ounce.

(6) Exempt when not supplied in therapeutically effective proportions.

Note: The following drugs shall not be sold for medicinal use within this State: Dinitrophenol, Dinitrocresol, and their derivatives, Diethylene Glycol, Ethylene Glycol, Carbitol, Cellosolve, and all other Glycols except Glycerin and Propylene Glycol, the latter if present in drug products in appreciable quantities.

Compiled by the Joint Committee on Professional Relations of The Medical Society of New Jersey and the New Jersey Pharmaceutical Association.

CHESTER I. ULMER, M.D.,
Chairman

PRESCOTT R. LOVELAND, Ph.G.,
Secretary.

FEDERAL-STATE WAR CONFERENCE ON SOCIAL PROTECTION

More than 1,000 representatives of New Jersey's medical profession, health officers, law enforcement officials, welfare workers and educators attended the Federal-State War Conference on Social Protection which was held on June 18 at the War Memorial Building in Trenton.

The keynote of the Conference was coördination of the activities of all who are concerned with the repression of prostitution, and the prevention of sex delinquency. That the physicians of New Jersey are vitally concerned with this problem in order to check the spread of venereal diseases was recognized in the following resolution which was adopted by the Conference:

Whereas, The services rendered by private physicians and the services rendered by public health workers complement each other and coördination is required to obtain the maximum results, and

Whereas, It is essential that reporting of venereal disease cases, upon which an important part of the control program depends, be complete;

Resolved, That this Conference calls upon public health officials to offer to private physicians case-finding and case-holding service similar to that which is given to venereal disease clinics by skilled public health nurses, and

Resolved, That this Conference calls the attention of all physicians of New Jersey to Section 26:4-38 of the Revised Statutes, which requires the reporting of all cases of venereal disease treated by them, and to Section 26:4-35 which requires them to report all patients who lapse treatment while in a stage of the disease which may become communicable;

Resolved, That this Conference urges the physicians of New Jersey to report all patients who are likely to spread their venereal infections because

of their habits or for any other reason; and to cooperate with health officials in learning from their venereal disease patients the identity of and arranging for the examination of persons from whom such patients may have acquired their infections and to whom they may have transmitted their infections.

Another of the eighteen resolutions adopted by the Conference, which is of interest to physicians generally, is the following:

Whereas, The venereal diseases are dangerous communicable diseases and

Whereas, Prostitutes and promiscuous persons constitute a major source of venereal infection; and

Whereas, Prostitution cannot be made safe through any system of medical inspection;

Resolved, That this Conference affirms the principle of repression and prevention of prostitution and sexual promiscuity and urges the extension and strengthening of activities directed towards this end.

Resolved, That this Conference record its conviction that all endeavors to prevent sexual promiscuity, repress prostitution and otherwise guard against the spread of venereal diseases should apply with equal force and effect to either sex, and that special emphasis should be placed on segments of the population where the diseases are demonstrated to be most prevalent.

Resolved, That this Conference endorses the following objectives of Social Protection:

1. To restrain confirmed prostitutes and sex delinquents and thus prevent, during the period of restraint, sex contacts by these individuals in order to prevent the transmission of venereal diseases.
2. To deter other individuals from acts of prostitution and sex delinquency by the use of appropriate law enforcement techniques, and by making prostitution unprofitable and hazardous.
3. To rehabilitate and redirect prostitutes and sexually delinquent persons, when possible, into the normal life of the community.
4. To seek punishment of persons who knowingly aid and abet prostitution and sex delinquency.
5. To obtain the coöperation of persons whose places of business are being exploited by promiscuous persons, and of other persons who are or may become "unwitting facilitators" of prostitution and sex delinquency.
6. To eliminate conditions within the community which promote prostitution and sexual promiscuity.
7. To promote community facilities and activities for the prevention of prostitution and sexual promiscuity.
8. To expedite the medical examination of persons who are suspected to be sexually promiscuous and the medical treatment and quarantine of persons found to be infected with venereal diseases in a stage which may be or may become communicable.

The complete proceedings of the Conference will be published soon. Physicians interested in receiving copies should write to the State Department of Health, Trenton.

J. Lynn Mahaffey, M.D.,
Director of Health,
New Jersey State Department of Health.

OBITUARIES

MAJOR JAMES PHILIP CITTA

Major James Philip Citta, aged 31, was killed in an airplane accident near Roanoke, Va., on May 15, 1943. He was a Flight Surgeon, stationed at Shawfield, S. C.

Major Citta, who resided in Toms River, was graudated from Jefferson Medical College in 1937. He was a Diplomate of the National Board of Medical Examiners; a member of the staff of the Royal Pines Hospital, Pinewald; the Ocean County Medical Society, The Medical Society of New Jersey and the American Medical Association.

DR. ADOLPH KROLL

Dr. Adolph Kroll, Passaic's foremost heart specialist, died of a heart attack on July 7 at the Newark Induction Center.

Dr. Kroll was born in Jersey City on March 29, 1891, and came to Passaic at the age of four. He received his early education in Passaic public schools and was graduated from Bellevue College of Medicine, New York University, in 1915. He then specialized in cardiac conditions at Mt. Sinai Hospital, New York City. He interned at St. Joseph's Hospital in Paterson and later became a member of the staffs of St. Mary's and the General Hospitals in Passaic. Dr. Kroll was the chief cardiologist at both hospitals.

Dr. Kroll was a past president of the Passaic Practitioners' Club and a member of the Passaic County Medical Society, The Medical Society of New Jersey and the American Medical Association.

DR. ROBERT L. LEIGHTON

Dr. Robert L. Leighton, 53, died at his home in Spring Lake on July 5 after a long illness.

Dr. Leighton, a native of Manasquan, was graduated from Hahnemann Medical College in Philadelphia. He was a member of the Board of Governors of Fitkin Memorial Hospital. He was an organizer of Spring Lake First Aid Squad and was also noted as a philatelist.

Dr. Leighton was a member of the Monmouth County Medical Society, The Medical Society of New Jersey, the American Medical Association, American Institute of Homeopathy and Monmouth County Homeopathic Society.

DR. FRANK FORD McDEDE

Dr. Frank Ford McDede, prominent stomach disease specialist on the staff of St. Joseph's Hospital, Paterson, died on July 9, 1943, after a brief illness.

Dr. McDede was born on July 7, 1868, in Millbrook, N. J. For several years he was employed in the newspaper field. He then studied medicine at the College of Physicians and Surgeons in Baltimore, graduating with the class of 1901. During World War I, Dr. McDede received a commission as Captain and was assigned to duty at Fort Logan H. Roots, Little Rock, Ark.

Dr. McDede was an emeritus member of the Passaic County Medical Society, a member of The Medical Society of New Jersey, American Medical Association and various fraternal organizations.

DR. JULIA C. MUTCHLER

Dr. Julia C. Mutchler, the first woman to be elected to a county office in Morris County and who served two terms in the Assembly, died at Dover General Hospital on July 16, following an emergency operation. Her husband, Dr. H. Raymond Mutchler, is Morris County Physician.

Dr. Mutchler was one of the most prominent women physicians in New Jersey, was an organizer of the Baby Welfare Clinic and Red Cross in Dover, served on the Dover Board of Health and Aldermen and was school physician for several municipalities.

Dr. Mutchler was born in 1884 in Athens, Pa. She was educated in the schools of Ulster, Pa., and Grand Ledge, Mich., and received her medical degree at the Woman's Medical Hospital in Baltimore, Md., in 1908. She interned at the Norristown, Pa. State Hospital and at the Women's Hospital of Medicine and Surgery in Philadelphia. Dr. Mutchler served on the staff of Greystone Park State Hospital from 1914 to 1916. Since 1916 she has been actively engaged in the practice of medicine in Dover.

Dr. Mutchler served as a member of the Volunteer Medical Reserve Corps in World War I. She was a member of the Morris County Medical Society, The Medcial Society of New Jersey and the American Medical Association.

DR. HARRY C. STILLWELL

Dr. Harry C. Stillwell, president of the Rahway Memorial Hospital medical staff, died on June 15, in Macon, Ga., at the home of his brother. Death came as the result of an injury suffered by Dr. Stillwell following a dinner party in Newark on February 9, when he was waylaid and robbed. Dr. Stillwell's optic nerve was affected and he had been in Georgia to regain his health.

Dr. Stillwell was born in Webster, N. C., in 1902. He was graduated from North Carolina University and Jefferson Medical College, Philadelphia. He was president of the Rahway Memorial Hospital medical staff; a member of the Union County Medical Society, The Medical Society of New Jersey, the College of Radiologists and the American Medical Association.

DR. GEORGE W. WILLIAMS

Dr. George W. Williams, one of Trenton's best-known surgeons, died on June 20, 1943, following an illness of three months.

Dr. Williams was born in Trenton, August 9, 1892, was educated at St. John's Academy and was graduated in 1917 from the Georgetown University Medical School. After serving his internship at St. Francis Hospital, he was commissioned a Lieutenant in the Navy in World War I. Returning to Trenton after the war, Dr. Williams became a member of the staff of St. Francis Hospital, a position he held at the time of his death.

Dr. Williams was associate surgeon at the hospital and also director of the interne committee. He was a former member of the State Board of Medical Examiners. He was a Fellow of the American College of Surgeons; and a member of the Society of Surgeons of New Jersey, the Mercer County Medical Society, The Medical Society of New Jersey and the American Medical Association.

ANNUAL MEETING OF THE AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY, INC.

The annual meeting of the Board was held at Pittsburgh, Pa.

A number of changes in Board regulations and requirements were put into effect. Examples are the allowance of a stipulated amount of credit toward special training requirements for men in Service and assigned to general surgical positions, special training allowances on a preceptorship basis for men assigned to obstetrical or gynecological duties in military hospitals and working under the supervision of Diplomates or recognized obstetrician-gynecologists, as well as credit toward the "time in practice" requirement of the Board to be allowed for time in military service.

The Board will no longer require a general rotating internship, but will now accept a one-year interne service, although the rotating internship is preferable. Such services must be in institutions approved by the Council on Medical Education and Hospitals of the A. M. A.

The privilege of reopening applications by candidates who have been declared ineligible has been extended to two years from date of filing the application.

The Board has ruled temporarily to excuse men in military service from the submission of case records at the stipulated examination times, thereby permitting them to proceed without further delay with the Board examinations. This does not obligate the Board, however, to waive the case record requirement for such candidates. Plans have been made to provide similarly for Service men upon their eventual discharge from the Armed Forces, and to permit the greater use of operations done while in residency or in civilian practice before the war.

WOMAN'S AUXILIARY

MIDSUMMER MESSAGE

Mrs. Asher Yaguda, President

These are the days of easy procrastination. The weather, our enforced staying at home and duties connected with the war activity all tend to encourage neglect of the more familiar and routine things.

It cannot be said that our officers and chairmen are being tempted by the lazy wiles of midsummer. Your President's mail is piled high with letters from workers who are planning for our busy and critical year to come. All departmental heads will publish their programs for the year in our year book to be mailed out on September first. It is hoped that the Auxiliaries of the counties will take into consideration the plans and aims of the state chairmen before completing their own county programs for the year. Any of the chairmen are available for conferences with the county officers.

The county presidents are requested to appoint committees to correspond to the committees of the state board. A list of these committees has recently been mailed to county presidents and officers.

Let us all extend a friendly hand to the wives of our men who are in service. We are their only bond with things medical.

BOOKS RECEIVED FOR REVIEW

Methods of Treatment. By Logan Clendening, M.D., and Edward H. Hashinger, A.B., M.D. 8th ed. Pp. 1033. St. Louis, C. V. Mosby Company. 1943. $10.00.

Synopsis of Clinical Syphilis. By James Kirby Howles, B.S., M.D., M.M.S. Pp. 671. St. Louis, C. V. Mosby Company. 1943. $6.00.

Medical Malpractice. By Louis J. Regan, M.D., LL.B. Pp. 256. St. Louis, C. V. Mosby Company. 1943. $5.00.

Gastro-Enterology (in three volumes). By Henry L. Bockus, M.D. Vol. 1. Esophagus and Stomach; Examination of the Patient; and Diagnosis and Treatment of Disorders of the Esophagus and Stomach, Including Duodenal Ulcer. Pp. 831. Philadelphia, W. B. Saunders Company. 1943. $12.00 per single vol. 3 v. $35.00.

Manual of Fractures; Treatment by External Skeletal Fixation. By C. M. Shaar, M.D., F.A.C.S., and Frank P. Kreuz, Jr., M.D., F.A.C.S. Pp. 300. Philadelphia, W. B. Saunders Company. 1943. $3.00.

Geriatric Medicine; Diagnosis and Management of Diseases in the Aging and in the Aged. Ed. by Edward J. Stieglitz, M.S., M.D., F.A.C.P. Pp. 887. Philadelphia, W. B. Saunders Company. 1943. $10.00.

Allergy. By Erich Urbach, M.D., and Philip M. Gottlieb, M.D. Pp. 1073. New York, Grune & Stratton. 1943. $12.00.

Rehabilitation of the War Injured; A Symposium. Ed. by William Brown Doherty, M.D., and Dagobert D. Runes, Ph.D. Pp. 684. New York, Philosophical Library. 1943. $10.00.

BOOK REVIEWS

Flying Men and Medicine; the Effects of Flying Upon the Human Body. By E. Osmun Barr, M.D. Pp. 254. New York, Funk & Wagnalls Company. 1943. $2.50.

If the "brass heads" of the war and navy departments in the General "Billy" Mitchell controversy over air power were completely lacking in imagination, a few men on the medical staffs saw the changing conditions, and during the years following the first world war they wrestled with the baffling medical problems in the field of military aviation. These diligent labors at a time when aviation was demoralized have gone far to make the air safe in this period when aviation is reborn.

In the summer of 1918 pilots at Hazelhurst Field, Mineola, were used as guinea pigs in early laboratory experimental work by the medical staffs of that field. One of these men, then an officer in the Air Corps, now a surgeon, writes this engrossing book on the human machine and its relation to the flying machine of today. It is a romance of flyers and men of medicine. Through every page runs the thread of the adventure of flying. The theme is not the bullets of the enemy but the struggle between the human organism and the altitude; the velocity of the plane at various speeds and conditions of flight; water content of the body;

oxygen; effect of centrifugal force; fatigue, fear, equilibrium, nitrogen.

The demand for nerve energy and mental keenness is continuous in an airplane. Air accidents are for the most part due to human weakness; lack of attention to oxygen deficiency — oxygen hunger dulls the mind — nerve fatigue leads to loss of physical and mental coördination. Step by step the reader goes along with the candidate through the examination. The nervous system, its contributing parts and the other systems of the body; disqualifying diseases, possible corrective measures and various tests and their objectives are discussed. These are skillfully interspersed with active events and experiences of flyers; a description of the behaviour of the nerve cell in the oxygen deficiency of the stratosphere as an explanation of the relation to the real problem of flying; of the judicial and executive controls centered in the brain.

After the candidate is accepted we then look over the course of his training and the new environment of his life. The author stresses the need for greater emphasis in teaching the pilot his own inner mechanism with the same thoroughness that is given the teaching of the mechanism of the plane. We are then invited to prepare for an extended air journey in the stratosphere. It is a new experience and the requirements for passenger comfort are outlined.

In this new flying age the flyer emerges "as above average in emotional nervous and mental control". The new life in the air leads him into great experiences, new visions and new masteries. The great group of young people from which flyers must come will be grateful to Dr. Barr for he has brought them a challenge from the new world of the air.

BLAKE SNYDER.

How to Learn and Advance. By Samuel Kahn, M.D., Ph.D. Pp. 196. New York, The Alpha Press. 1942. $2.00.

With much earnestness the author proceeds to make many assertions without quite ever arriving at pedantry. Dispassionately and without the tiniest gleam of humor the advice pours out to the intended beneficiaries. It is like gold mining in quartz veins and you may ask the questions in terms of "pay dirt": What is the yield per ton?

But you do have your progeny and you will want to speed their journey down the Highway of Learning, especially if you are planning a medical career for them. Undoubtedly you will not use the book as written, but with deft fingers it will be easy for you to discard what does not apply. That which remains, added to your own experience and personality, will help you fulfill your parental obligation by averting the recurrence of Alexander Throckmorton's fate (of Spoon River Anthology fame) expressed in the lines:

"In youth my wings were strong and tireless,
But I did not know the mountains.
In age I knew the mountains
But my weary wings could not follow my vision—
Genius is wisdom and youth."

S. FREIMAN.

Essentials of Syphilology. By Rudolph H. Kampmeier, A.B., M.D., with chapters by Alvin E. Keller, M.D., and J. Cyril Paterson, M.D. Pp. 518. Philadelphia, J. B. Lippincott Company. 1943. $5.00.

Essentials of Syphilology is a very fine and well-written treatise. Although many phases of the subject are treated in a hurried and superficial manner, nothing has been omitted in mention. For the general practitioner and medical student it is an invaluable book and an excellent reference guide when time is so essential in seeking certain factual information which eliminates the unnecessary need of delving into the lengthy discussions found in the larger text books on syphilis.

The author has covered scientifically the various phases of syphilis in all its stages and has outlined their treatment in an easy and grasping manner. The book is beautifully illustrated and this makes its reading more pleasant and less fatiguing. The chapters are well written, easy to understand and contain a well of information which should make lighter the task of the practitioner in the handling of syphilitics. In short, it is a book which should occupy a space on the library shelf of every physician.

DANIEL C. REYNER, M.D.

Manual of Clinical Therapeutics; A Guide for Students and Practitioners. By Windsor C. Cutting, M.D. Pp. 609. Philadelphia, W. B. Saunders Company. 1943. $4.00.

For its almost poetic brevity and conciseness, this book cannot be recommended too highly. The subject matter follows a logical sequence. It is based on the theory that the physician has made the diagnosis and is referring to the manual for treatment only.

The book should cover the needs of civilian physicians who heretofore have been specializing and have been called upon to do more general practice; and for medical officers in the armed services who also find they are required to treat general medical conditions.

The convenient size of the book, the bold type and the absence of lengthy bibliographical references simplify reading. The author has accomplished his goal in making a "helpful guide to more rational and systematic therapeutic thinking and practice".

SAMUEL BARBASH, M.D.

Operative Oral Surgery. By Leo Winter, D.D.S., M.D., F.A.C.D., F.A.C.S., Sc. D. (Hon.), L.L.D. 2d ed. Pp. 1074 with 1211 illus. St. Louis, C. V. Mosby Company. 1943. $12.50.

The publication of the second edition at this opportune time offers to the medical and dental professions a book on modern oral surgery. The author, while still retaining the original book plan, has brought the work up to date by adding several new chapters on skeletal fixation, chemotherapy, shock, burns, and treatment of wounds. The new chapters covering the latter four subjects, in the reviewer's opinion, are much too brief to adequately cover the many advances made in these fields. Their impor-

tance in war times should justify a more lengthy and detailed evaluation on the part of the author.

Many advances have been made in surgical procedures for treatment of maxillo-facial injuries. The types and general characteristics of these injuries, together with the methods of handling them, are presented in an adequate and practical manner in the chapter on skeletal fixation, with a brief history and a detailed description of the various methods. No reference to the advantages, disadvantages, indication for use, or the degree of success is mentioned.

This method of fixation has been the subject of a number of excellent publications during recent months. It is being used extensively in treatment of present war fractures and is expressly designed to meet the requirements of modern warfare, the transportation and evacuation of cases being greatly facilitated. Its usefulness and application in civilian practice are still questionable. Where sufficient number of teeth are present to assure stabilization of the fracture, wiring and use of splints is still the method of choice. Skeletal fixation needs to pass through a further developmental stage, and its use should be applied intelligently in order to preclude undue criticism of a method which offers splendid possibilities.

The larger part of the book deals with specific problems and their treatment. Herein one finds adequate discussion of methods of removing impacted teeth and the surgical management of various disorders of the jaws. The illustrations are well reproduced and carefully chosen.

The author, a prominent lecturer and teacher, has had a wide experience and puts it to advantage in this excellent book. It should be a valuable addition to any medical-dental library.

Edmund P. Roberts, D.D.S.

Manual of Industrial Hygiene and Medical Service in War Industries. Edited by William N. Gafafer, D.Sc. Pp. 466 and Index. W. B. Saunders Co., Philadelphia. 1943.

For industrial physicians whose problems are multiplied by expanding plant and loss of medical staff to the military services, as well as for those who are newly entering the field of industrial medicine, the Manual of Industrial Hygiene should prove a valuable aid. The book covers a wide range of subjects more or less closely related to the work of the industrial doctor, and outlines the most modern practices in health organization and the control of occupational disease.

Sixteen specialists in sanitary engineering, industrial hygiene, health education, industrial medicine, and nursing have contributed to this volume. The chapter on occupational dermatoses by Dr. Louis Schwartz is of special interest from the point of view of prevention. The subject of industrial psychiatry, hitherto somewhat neglected, is dealt with by Dr. Lydia E. Giberson in a simple and practical way that should be of service to the physician in recommending the selection and placement of employees, as well as in detecting early signs of mental strain and breakdown under exacting working conditions.

The new problems arising from widespread employment of women in war plants are ably discussed by Dr. Hugh P. Brinton. The legal restrictions on hours of employment for women are given, as well as a list of occupations in which the employment of women is prohibited. The vexed question of absenteeism is thoroughly analyzed by the editor, who suggests plans for its control. The nutritional requirements of workers in very active, moderately active, and sedentary occupations are listed by Dr. R. F. Sievers, and recommendations are made for the education of workers in proper diet for maximum health and efficiency.

Other subjects covered are plant organization and sanitation, illumination, heating and ventilation of working environment, the effect of noise and of fatigue on the worker's health and productivity, nursing and dental services, venereal disease control, and the maximum utilization of manpower.

The volume is small and easily handled, and the arrangement of subjects, plus an excellent index, should make it an ideal reference book for the busy industrial physician and his staff.

J. M. Carlisle, M.D.

Synopsis of Diseases of the Skin. By Richard L. Sutton, M.D., and Richard L. Sutton, Jr., M.D. Pp. 481, with 413 illustrations. St. Louis, C. V. Mosby Company. 1942. $5.50.

As the title of the book implies, it is a condensation of a well-known and popular text book on skin diseases by the same authors. The publishers have simply used smaller pages, smaller print and smaller illustrations. Nothing essential to the brief description of the more common skin diseases has been left out. It is remarkable how much the authors have managed to put in this small book. Some of the illustrations are difficult to recognize unless one is trained in dermatology, and the print is often too small to be read with comfort.

While a physician with some interest in skin diseases would like to consult the larger, more detailed, well-known text book by these authors, practitioners and students may find it helpful.

N. B. Heller, M.D.

Primer of Allergy: A Guidebook for those who must find their way through the mazes of this strange and tantalizing state. By Warren T. Vaughan, M.S., M.D. 2d ed. Pp. 176. St. Louis, C. V. Mosby Company. 1943. $1.75.

The allergist, in order to obtain best results, must interest his patient in allergy. The allergic patient, more than those for whom instructions and medications suffice, must be educated in the causes and mechanics of allergic responses. Some times a problem may be completely solved within a short while after the patient learns that his illness is due to his peculiar reaction to his environment, in his contacts, ingestants or inhalants. Thus most allergists take the time to educate their patients or provide booklets for this purpose.

This primer supplies the patient with all the information he needs to understand his condition as well as much to interest him in it. It is an illustrated and informative chat given to the patient by the doctor.

Louise Fischer, M.D.

THE 177th ANNUAL MEETING OF THE MEDICAL SOCIETY OF NEW JERSEY

Essex House, Newark, New Jersey, May 25 and 26, 1943

THE OFFICIAL TRANSACTIONS

TABLE OF CONTENTS

	Page
MINUTES OF THE HOUSE OF DELEGATES	
First Session	328
Second Session	337
Third Session	338
WOMAN'S AUXILIARY MINUTES	
Pre-Convention Board Meeting	344
Sixteenth Annual Meeting	344
President's Annual Report	345
Post-Convention Board Meeting	346
Treasurer's Report	346

INDEX

	Page
Accident and Health Insurance	332, 338
Amendments to the By-Laws	335, 342
American Medical Association, Official Call of	336
Annual Meeting Committee	332
Annual Reports	328
Approval of 1942 Minutes	328
Bingham, Arthur W., Memorial	336, 341
Budget	330
By-Laws, Amendments to	335, 336, 342
Constitutional Changes	336, 342
Credentials Committee	342
Dues	331
Editorial Office Report	338
Election of Officers	337
Executive and Editorial Offices Report	330, 338
Fellow's Key, Presentation of	342
Finance and Budget Committee	330, 339
Hollinshed, Ralph K.	343
Honorary Membership Committee	331
Ill, Edward J., Memorial	336, 341
Judicial Council	330, 338
Legislation, Subcommittee on	332, 340
Legislative Agent Resolution	335, 342
Malpractice Insurance	331, 338
Medical Defense and Insurance	331, 338
Medical Examiners, State Board of	328, 334, 340
Medical Practice, Subcommittee on	333, 341
Medical Service Administration	339
Medical-Surgical Plan	330, 339
Memorials	336, 341
Nominating Committee Report	337
Official Call of the A. M. A.	336
Post-Graduate Education	331, 340
Post War Planning	330, 333, 341
Presentation of Fellow's Key	342
President-Elect	328, 338
President's Address	338
President's Report	328, 338
Procurement and Assignment (also see War Participation Committee)	330
Publication Committee	331, 339
Reference Committees:	
A	338
B	339
C and D	340
M	341
Constitution and By-Laws	342
Credentials	342
Resolutions	334
Rutgers Plan Committee	334, 340
Scientific Work Committee	331, 335, 340, 342
Secretary's Report	328, 338
Service Flag	342
Supplementary Reports	328
Treasurer's Report	329, 339
Trustees' File of Record Resolution	334, 341
Trustees' Report	330, 338
Vision, Scope and Planning Committee Resolution	334, 341
War Participation Committee	334, 340
Welfare Committee	332, 340
Wilkes, LeRoy A., Memorial	336, 341
Woman's Auxiliary:	
Annual Meeting	344
Executive Board Meetings	344, 346
Officers	345
President's Annual Report	345
Treasurer's Report	346
Woman's Auxiliary Advisory Committee	331

THE MINUTES OF THE HOUSE OF DELEGATES

Session I. Tuesday Evening, May 25, 1943

The One Hundred Seventy-seventh Annual Meeting of The Medical Society of New Jersey convened under wartime conditions at the Essex House in Newark. While the Academy of Medicine was kindly offered by the Trustees of the Academy for the purpose of this meeting, it was deemed impracticable to hold it there. The thanks of The Medical Society for the offer was extended to Dr. Sprague, President of the Academy.

The First Session convened at eight o'clock, Dr. Elias J. Marsh, President of the Society, presiding.

The Chairman of the Credentials Committee reported a quorum of the House present.

ANNOUNCEMENT

President Marsh: The program has been necessarily abbreviated and we will do our best to carry it through with dispatch. I am going to ask your approval of the special rules printed in the program:

1. It is the intention of the President to open all sessions punctually.
2. In order to save time and avoid unnecessary delay, all reports which do not contain pertinent subjects necessitating further discussion will be disposed of upon presentation. Anyone who wishes to discuss any particular subject, however, will be given an opportunity to do so. There is no desire on the part of the Presiding Officer to restrict the members—merely to eliminate unnecessary discussions and expedite the sessions.
3. No new business will be accepted on the second day without the unanimous consent of the House of Delegates.

A motion to that effect was made, was regularly seconded, and was carried.

APPROVAL OF MINUTES

Secretary Stahl: I move that the minutes of the 1943 Meeting be adopted as printed and distributed to the members.

The motion was regularly seconded and was carried.

REFERENCE COMMITTEE ANNOUNCEMENT

President Marsh: It has been our custom to refer all reports to Reference Committees, but, to save time on this occasion, any non-controversial reports will be open to immediate action and only subjects for discussion will be referred to the Reference Committees, whose function it will be to hear impartially any person who has anything to say in favor of or against the report and to report to the House tomorrow the gist of the discussion.

The Reference Committees are printed on pages 7 and 8 of the program.

ANNUAL AND SUPPLEMENTARY REPORTS

The presentation of the Annual and Supplementary Reports is the next order of business. They have all been printed in the May *Journal*.

PRESIDENT

I have one additional item to report. There seems to be perhaps a little reflection on the Board of Medical Examiners in connection with the Essex Medical College. Dr. Barbash has explained that the difference between the procedure of his Board and the Board of Education is due to a difference in the law. The education law in one case requires fuller information than the other law, and so possibly that explains the difference.

President-Elect Hollinshed took the Chair and stated that if there were no objections, the report as printed in The *Journal* would be referred to Reference Committee "A".

Action: See page 338.

(President Marsh resumed the Chair.)

PRESIDENT-ELECT

President-Elect Hollinshed had no supplementary report. The report as printed in the May *Journal* was referred to Reference Committee "A".

Action: See page 338.

SECRETARY

Secretary Stahl: I simply wish to add that the Executive Office in Trenton is running at one hundred per cent efficiency under the able administration of Mrs. Madden. (Applause.) It is my recommendation that for the duration of the national emergency we continue on as at present. (Applause.)

President Marsh: Do you wish to act on this recommendation and report now or refer it to a Reference Committee?

Dr. Watson B. Morris (Union County): I move that the report and recommendation be adopted.

The motion was regularly seconded and was unanimously carried.

ANNUAL REPORT OF THE TREASURER

STATEMENT OF RECEIPTS AND DISBURSEMENTS

GENERAL FUNDS

June 1, 1942, to April 30, 1943

RECEIPTS

Cash Balance, June 1, 1942		$ 75,489.41
Assessments		
Atlantic	$ 1,394.00	
Bergen	3,583.00	
Burlington	815.00	
Camden	2,204.00	
Cape May	356.00	
Cumberland	799.00	
Essex	14,971.00	
Gloucester	612.00	
Hudson	6,163.00	
Hunterdon	407.00	
Mercer	3,009.00	
Middlesex	2,165.00	
Monmouth	1,711.00	
Morris	1,513.00	
Ocean	323.00	
Passaic	4,946.00	
Salem	493.00	
Somerset	799.00	
Sussex	391.00	
Union	4,399.00	
Warren	407.00	
		51,460.00
Interest		172.50
Sale of Maternal Welfare Books		89.25
Revenue Unexpected		85.65
Publication, The *Journal* (net)		11,821.97
TOTAL		$139,118.78

DISBURSEMENTS

Budget Accounts		
Administration		
A- 1—Executive Salaries	$ 7,000.00	
A- 2—Executive Staff Salaries	3,811.77	
A- 3—Executive Office Expenses	895.71	
A- 4—Executive Travel	442.78	
A- 5—Rent, State Headquarters	2,911.69	
A- 6—Treasurer	29.89	
A- 7—Finance and Budget Committee	11.28	
A- 8—Bonding	82.00	
A- 9—Audit	303.76	
A-10—Secretary	1,670.71	
A-11—Unemployment Compensation Tax	15.93	
A-12—Insurance	162.93	
		$ 17,338.45
Journal		
B-1—Journal Publication	$11,526.09	
B-2—Cuts	74.81	
B-3—Editor's Salary	600.00	
B-4—Journal Staff Salaries	1,570.00	
B-5—Journal Office Expenses	316.41	
B-6—Journal Travel	89.69	
		14,177.00
Welfare		
C-2—Welfare Committee	$ 201.72	
C-3—Legislative Committee	2,904.80	
C-4—Public Health Committee	708.77	
C-5—Public Relations Committee	23.42	
C-6—Medical Practice Committee	95.69	
		3,934.40
Special Activities		
D- 1—President	$ 312.30	
D- 3—Dues to Conferences	25.00	
D- 8—Woman's Auxiliary	309.58	
D-11—Medical Service Administration	10,666.66	
Medical-Surgical Plan	5,000.00	
D-12—Medical Preparedness	3,106.66	
		19,420.20
E—Contingent		470.29
F—Legal		18.40
G—1943 Annual Meeting		147.72
H—Pension, Dr. J. B. Morrison		1,375.00
Grand Total		$ 56,881.46
Less Tax Withholdings on Salaries (U.C.C. and Victory)		54.63
TOTAL		$ 56,826.83
Budget Account Disbursements		$ 56,826.83
Accounts Payable, year ending May 31, 1942		118.78
Dues Remissions		
Atlantic	$ 723.00	
Bergen	1,312.00	
Burlington	288.00	
Camden	1,088.00	
Cape May	16.00	
Cumberland	160.00	
Essex	3,804.00	
Gloucester	192.00	
Hudson	1,376.00	
Hunterdon	64.00	
Mercer	1,104.00	
Middlesex	559.00	
Monmouth	688.00	
Morris	448.00	
Ocean	128.00	
Passaic	1,161.00	
Salem	64.00	
Somerset	240.00	
Sussex	80.00	
Union	1,472.00	
Warren	64.00	
		15,031.00
Total		$ 71,976.61
Cash Balance, April 30, 1943		67,142.17
TOTAL		$139,118.78

PERMANENT CAPITAL FUND

	May 31, 1942	Apr. 30, 1943
4M U. S. Treasury Bonds	$ 4,045.94	$ 4,045.94
Investors Mortgage and Realty	1,665.25	1,380.25
Trenton Mortgage Service Company	1,212.77	1,092.02
Cash	641.29	1,047.04
7 $1000 and 1 $500 Government War Bonds	7,500.00	7,500.00
TOTAL	$15,065.25	$15,065.25

KIPP MEMORIAL FUND

Eye, Ear and Throat Section

	May 31, 1942	Apr. 30, 1943
Howard Savings Institution	$37.10	$37.10

SCIENTIFIC RESEARCH FUND

	Apr. 30, 1943
Cash	$100.00

PRESIDENT MARSH: Does anyone wish to discuss the report of the Treasurer? If not, it will be referred to Reference Committee "B" for comparison with the Report of the Committee on Finance and Budget.

Action: See page 339.

BOARD OF TRUSTEES

DR. THOMAS B. LEE (Camden County): There are just one or two matters which we thought possibly might need some extra comment. One of these is the troubles of Procurement and Assignment. It seems that the nation is likely to need more doctors than they planned for. Our quota for this year was about 180, and so far only 36 have accepted commissions.

It has been suggested that the County Societies should advise those young men who are eligible, and in the age brackets, to accept these commissions in order to prevent a little more drastic action on the part of the Government because, if they need doctors, they will certainly get doctors.

The Medical-Surgical Plan is also having its troubles, and we believe that these troubles are due largely to a lack of understanding in certain sections. You must realize that you have a considerable investment in Medical-Surgical Plan.

It is not proper that this investment of quite a good many thousand dollars should be nonchalantly discarded, because a couple of counties do not really understand the Plan. I think those of you who do understand it should act as missionaries in explaining it to the others, because the Plan is not going as well as it would go if these two counties would not obstruct it. It is a little late now to pull out. The time to have pulled out was before it got started. Now, then, let's all be good sports and go along and give the Plan a trial; that, I think, is the plainly indicated duty of each member of this Society.

You will hear considerable about the postwar planning for the physicians who have made such great sacrifices, broken up their home ties, taken the risks, damage to practice, and so forth. We are planning to make things comfortable for them when they come home. There is a committee which has this plan in order, and it is hoped that each one of us who is not eligible to contribute to our country in this time should give thought and help to this committee which is planning so that the men who have made these sacrifices will find things a little less difficult when they return to their normal lives.

PRESIDENT MARSH: Does anyone wish to discuss this report?

DR. HENRY HAYWOOD (Middlesex County): We want the opportunity to discuss this Medical-Surgical Plan and I speak at this time only in order that it may not be passed over without Middlesex County having the proper opportunity to express its dissatisfaction; furthermore, that we may not be misrepresented or misunderstood.

PRESIDENT MARSH: Does anyone else wish to say anything on this report? A motion then for the disposal of this report is in order. No exception to be taken to it, a motion to adopt or accept will be in order.

DR. MORRIS (Union County): I move that the report be referred to Reference Committee "B".

The motion was regularly seconded and was carried.

Action: See page 339.

ANNUAL REPORT OF THE JUDICIAL COUNCIL

DR. CHRISTOPHER C. BELING (Essex County): No matter of any importance was referred to the Judicial Council. The Judicial Council has no report to make.

ANNUAL REPORT OF THE A. M. A. DELEGATES

PRESIDENT MARSH: The report of the Delegates to the A. M. A. was printed in the July 1942 *Journal*, page 391.

REPORT OF THE EXECUTIVE OFFICES

Mrs. Madden had nothing further to add to her report.

PRESIDENT MARSH: Now we will take up the reports of the committees.

ANNUAL REPORT OF THE FINANCE AND BUDGET COMMITTEE

BUDGET APPROPRIATIONS FOR 1943-1944

Administrative		
A- 2—Executive Staff Salaries	$5,200.00	
A- 3—Executive Office Expenses	1,200.00	
A- 4—Executive Travel	800.00	
A- 5—Rent — State Headquarters	2,160.00	
A- 6—Treasurer	150.00	
A- 7—Finance and Budget	50.00	
A- 8—Bonding	82.00	
A- 9—Audit	310.00	
A-10—Secretary	1,500.00	
A-11—Unemployment Compensation Tax	165.00	
A-12—Insurance	180.00	
		$11,797.00
Journal		
B-1—Publication	$14,000.00	
B-2—Cuts	150.00	
B-4—Journal Staff Salaries	1,820.00	
B-5—Journal Office Expenses	500.00	
B-6—Journal Travel	200.00	
		16,670.00
Welfare		
C-2—Welfare	$ 600.00	
C-3—Legislation	3,800.00	
C-4—Public Health	1,100.00	
C-5—Public Relations	250.00	
C-6—Medical Practice	1,000.00	
		6,750.00
Special Activities		
D- 1—President	$1,000.00	
D- 2—A. M. A. Delegates	375.00	
D- 3—Dues to Conferences	50.00	
D- 8—Woman's Auxiliary	600.00	
D-11—Medical Service Administration	9,000.00	
D-13—Post-Graduate Education	100.00	
		11,125.00

E—Contingent	3,000.00
F—Legal	1,000.00
G—Annual Meeting for 1944	1,000.00
H—Pension, Dr. J. B. Morrison	1,500.00
Total	$52,842.00

DR. HARRY R. NORTH (Mercer County): The total amount set up in 1943-44 budget is $52,842. The balance on April 30, 1943, as given by your Treasurer, was $67,142.17. The assessments which are applicable to the succeeding year, plus the accounts payable, amount to $62,466.78; the gross surplus, $4,675.39. There will be remission for 250 members paid for 1943, but entered the service, so we have to deduct $4,250.00, leaving a net surplus of $425.39.

It is necessary to bring up the surplus to $20,000; therefore, we have a deficit of $19,574.61. The recommended budget as set up, $52,842—makes a gross amount to be raised of $72,416.61. This amount, less the estimated income, advertising, interest, and so forth, $15,300, leaves a net amount of $57,116.61.

We have an estimated 4,180 members, of whom 1,500 will be in the service, leaving 2,680 men to pay this amount, which brings us the dues for 1943-44 of $22.

This report was carried to the Trustees and approved, and at another meeting of the Budget Committee today was approved for the third time, so the budget for next year, or the gross per capita assessment is $22; in other words, an increase of $5 per member.

PRESIDENT MARSH: This report, under the By-Laws, has to go over till tomorrow for action. It will be referred to Reference Committee "B".

Action: See page 339.

PUBLICATION COMMITTEE

Dr. Barkhorn had no further report.

SCIENTIFIC WORK COMMITTEE

Dr. Maver had no further report.

HONORARY MEMBERSHIP COMMITTEE

Dr. Donohoe had no report.

WOMAN'S AUXILIARY COMMITTEE

Dr. Dodd had no further report.

COMMITTEE ON POST-GRADUATE EDUCATION

Dr. MacMillan had no further report.

ANNUAL REPORT OF COMMITTEE ON MEDICAL DEFENSE AND INSURANCE

DR. J. WALLACE HURFF (Essex County): The Committee on Medical Defense and Insurance reports that during the past year one thousand members who had entered the Armed Forces of the country did not renew their policies. At the end of the last year 3,589 members had contracts. As a result of decreased membership, it brought about a decrease of premium volume of approximately twenty-five thousand dollars ($25,000). According to the records of the company, 59 claims were reported, about 25 per cent of which resulted from diathermy and other electrical burns. The increasing number and the severity of these cases have been matters of considerable concern to the company for some years past. Claims made as a result of diathermy burns are proving to be as costly to defend or settle as injuries produced by x-ray and radium treatments. The company has expressed itself regarding this increased hazard, for which it is not receiving a proportionate premium rate such as is obtained in x-ray and radium commensurate with the greater risk involved. This matter was considered by the committee. It was our opinion that an additional premium was justifiable in these cases.

Those doctors who employ these electrical modalities were creating risks which the group had to bear, that in many cases treatments were being administered by nurses or unqualified office assistants, thus making the risk greater. It was thought that a considerable increase in rate should be applied to doctors practicing diathermy and other treatments requiring the use of various apparatuses. Such an increase in rate applied only to these physicians would not be sufficient to overcome the losses sustained by the reduced income from doctors who gave up their insurance on account of war service. The matter of electrical treatments will have to receive much more study before a final conclusion is reached as to the rating of such risks. Your committee and the company seem to be of the same opinion in this respect.

It was suggested by the Home Office that a general increase in the basic rate should be negotiated rather than an extra premium charge in cases where electrical appliances are used.

There has been noted an increase in the formation of small private obstetrical units, often maintained in connection with or adjacent to the home or office of the general practitioner. This tendency has been given an impetus by the Welfare Federation, which urged the establishment because present hospital accommodations are overcrowded.

The company in one instance refused to insure a doctor who started a five-bed obstetrical unit in his home and office. This matter was taken up by the committee and thoroughly discussed with the company officials. The importance of insuring such doctors was emphasized.

Your committee has taken into consideration all of the existing conditions brought about by the war emergency, the depletion of medical service to the community, the increased responsibilities of civil practitioners and the consequences resulting therefrom in relation to the welfare of the profession and it has also weighted the situation as it confronts the insurance company in its ability to build up sufficient reserves to meet losses and to provide reserves in such a manner as to make possible the continuation of the liberal services so far rendered by them to the Society.

Your committee recommends the following:

1. Renewal of the contract through Messrs. Faulhaber & Heard.

2. In view of the existing circumstances, the acceptance of an increase of 20 per cent of the premium rates now in effect for the duration of the emergency, effective July 1st on all business written or renewed after July 1st, 1943.

Assuming that the proposed rate increase is effected, we have the assurance of the company that it would be liberal in its underwriting attitude toward the complicated question of accepting, modifying or rejecting insurance for those members who are treating patients by maintaining beds at the homes of the physicians, adjacent to their offices or otherwise located; that is, maintaining what are in effect small hospitals, particularly for maternity cases. The company realized that to give proper insurance service to the profession, it must recognize the unusual conditions which the war has brought to doctors, that many of them have already entered the Armed Forces and the ranks of those remaining are becoming more and more depleted with a consequent increased volume of work for those who remain and inadequate facilities and personnel for properly handling it.

Accident and Health Insurance

For many years we have been endeavoring to obtain a non-cancellable policy for our membership. We are now able to report a great advance in this direction. The National Casualty Company, through our representatives, E. &. W. Blanksteen of Jersey City, has made the following offer:

If 50 per cent of our net active membership subscribe for a policy within a definite enrollment period to be arranged, the National Casualty Company will issue policies on a non-selective basis to all who apply, regardless of individual past medical history, and at the same time they will attach a non-cancellable agreement rider to each individual policy. In the Agreement Rider, the company will stipulate that they will renew each policy no matter how bad their experience may be with any individual, so long as he pays his premium, continues in the practice of medicine and remains a member of The Medical Society of New Jersey. The company will not be able to get off any one risk without cancelling the entire group, in which event sixty days' notice in advance of any anniversary date will have to be given to the Society.

If any County Medical Society may decide to put on an intensified enrollment campaign among its members, the State Society policies in that county will be made non-cancellable as soon as they qualify by giving the company the necessary average spread of 50 per cent of their group.

A 50 per cent average spread in any subsidiary group of the State Society with a minimum of fifty lives in any such group is essential so that the company will have enough good risks to offset the impaired risks in the group. The smaller County Societies in the State will be taken care of by putting together two or three of them into one group in order to develop the minimum spread required.

If 50 per cent of its membership (and by net is meant the number of members minus those now in the armed services) subscribe, the State Medical Society will obtain a non-cancellable policy at an unbelievably low cost.

Among the many other advantages of belonging to the State Society, it will offer new members the privilege of subscribing to its accident and health policy on a non-selective basis, provided they subscribe within sixty days of election to membership. After the enrollment campaign is closed and the 50 per cent is secured, any doctor who was on the roll of the Society at the commencement of the campaign and did not choose to subscribe during the campaign may later apply to the company, but his application will be subject to their regular underwriting rules; he will receive a policy if normally acceptable, and, if not, they may reject him entirely if they cannot issue a policy with a restrictive rider against a previous impairment.

Our physicians' special policy, as it now stands, provides sound disability protection at a cost that is 30 to 40 per cent under the market for similar coverage. Now this added feature of non-selection of risk by the company with a non-cancellable agreement rider will make its possession much more desirable, and therefore every eligible member of the Society should avail himself of it.

The company has paid its usual crop of claims and another year has gone by without a case coming before our committee for arbitration. As you know, the committee acts as the sole arbiter in the settlement of any dispute or disagreement between the policyholder and the company.

We recommend:

A. The renewal of the present agreement with the National Casualty Company through our agent, Messrs. E. & W. Blanksteen.

B. The acceptance of the company's offer of a non-cancellable, non-selective policy under the terms set forth, and its recommendation to the members of the State and Component County Societies.

President Marsh: This is certainly a matter entitled to consideration. It is referred to Committee "A" for consideration and for discussion by anyone who wishes to discuss it tomorrow.

Action: See page 338.

ANNUAL MEETING COMMITTEE

Dr. John Gray had no supplementary report.

SUPPLEMENTARY REPORT OF THE WELFARE COMMITTEE

Dr. Herschel S. Murphy (Union County): The report of the Welfare Committee and the reports of its various subcommittees as printed in the May *Journal* are complete with the exception of two supplementary reports. One supplementary report is from the Committee on Legislation. The other supplementary report is from the Subcommittee on Medical Practice.

I have been asked by President Marsh to read these supplementary reports. They are not too long and I will try to do it as quickly as possible.

SUPPLEMENTARY REPORT OF THE COMMITTEE ON LEGISLATION

Since the report of this committee was prepared, two bills have been introduced in the State Legislature which are of interest to the profession:

(1) A-288 (Mr. Case, Union, April 2) constituting a commission to study the personnel employed by

the various State Departments, Boards, Commissions and Agencies, and of their various duties and compensation, and making an appropriation therefor ($15,000). This bill, which passed both houses on the date of its introduction and was promptly signed by the Governor, makes possible a survey of all professional boards, including the State Board of Medical Examiners.

(2) A-261 (Mr. Reiffin, Passaic, May 10) is quite similar to Senate 20, which we opposed and which remained in committee. The bill would permit nurses who graduated before July 1, 1925, to be registered without examination. This measure was referred to the Committee on Public Health and we believe it will remain in that committee.

In our published report we mentioned that this committee recommended to the Welfare Committee at its last meeting, March 21st, that the Welfare Committee recommend to the Trustees that consideration be given to the thought of having our Delegates to the A. M. A. bring to the attention of the House of Delegates the desirability of establishing a Legislative Bureau in Washington.

At the present time the Bureau of Legal Medicine and Legislation receives its information as to pending legislation from a correspondent in Washington who apparently has served the Association to its satisfaction for many years. He is not in any sense a legislative representative since he does not actively participate in congressional hearings on bills of interest to the medical profession or function in other ways in which a legislative representative normally functions.

The Bureau does not rely solely on the services of this correspondent for information on legislative affairs. It subscribes to a Washington service that gives daily reports on happenings in Congress, and subscribes to the Congressional Record, and obtains information from various other sources.

We wish again to emphasize the need, in our opinion, of establishing a Legislative Bureau of the American Medical Association in Washington. Now, more than ever, with the sharp increase of bills being introduced in Congress dealing with public health, it seems necessary, in the public interest, that representatives of organized medicine be on the scene.

Copies of a condensed statistical analysis of major bills of public health and medical interest introduced at the 1943 Congress, which have been referred to in five Federal Legislative Bulletins issued by the Bureau of Legal Medicine and Legislation of the A. M. A. between January 14th and May 19th, have been distributed to the membership of the House of Delegates.

With the thought of strengthening the legislative setup of the American Medical Association, we have some suggestions to offer for the consideration of the House of Delegates and the New Jersey Delegates to the A. M. A. The organizational structure of the A. M. A., besides the Officers, Board of Trustees and Judicial Council, consists of seven councils devoted to various scientific aspects of medicine, a Committee on Scientific Exhibits, and four Bureaus: Legal Medicine and Legislation, Health Education, Investigation, and Medical Economics. We would suggest the advisability of (1) the establishment of a council or committee on Welfare, to supervise legislation, public relations and medical practice (medical economics); the Bureaus presently established to operate under the direction of this council or committee on Welfare; (2) the establishment of regional sectional meetings on Welfare.

A few years ago a proposal to establish an eastern division for this purpose apparently was jettisoned because of the fear that these sectional groups might produce blocs within the Association.

We are inclined to believe that the establishment of a Council on Welfare might be productive of considerable good, this section or council to meet at the time of the Annual Meeting of the A. M. A.

We would recommend that the status of the National Physicians' Committee for the Extension of Medical Services, in relation to federal legislative activities be reëxamined. In a bulletin of the New Jersey State Committee of this organization, dated May 7th, some reasons are given for the establishment of this organization to carry on federal legislative activities. The reasons given, in our opinion, lack validity and logic. As we have said before, we believe it is entirely possible for the A. M. A. to carry on legislative activities in a manner not detrimental to the interests or prestige of organized medicine. We believe our experience in State Legislative affairs affirms this fact.

It may well be that the National Physicians' Committee may serve a useful purpose if its proper place in relation to legislation is determined. However, our legislative efforts must be governed by policies established by organized medicine. The policies with respect to legislative activities of the National Physicians' Committee represent nothing more than the thought and ideas of the subscribers to this committee.

This is a supplementary report from the Committee on Legislation. The committee asks if it is possible that this be referred to a reference committee.

PRESIDENT MARSH: This report will be referred to Committee "D".

Action: See page 340.

SUPPLEMENTARY REPORT OF THE SUBCOMMITTEE ON MEDICAL PRACTICE

DR. MURPHY: At Dr. Johnsen's request I will present the supplementary report of the Subcommittee on Medical Practice:

Anticipating the social and economic changes affecting the welfare of the general public and the medical profession during the post-war period, the Committee on Medical Practice adopted the following resolution at its meeting of March 21, 1943:

"In view of the postwar plans proposed by governmental and other organizations which involve medical practice, it is proposed that the Subcommittee on Medical Practice make a comprehensive study of all these plans and proposals and report to the Welfare Committee its findings and recommendations."

This resolution was endorsed by the President-Elect of The Medical Society of New Jersey, Dr. Ralph K. Hollinshed, and was approved by the Welfare Committee at its last meeting on March 21, 1943.

The scope of such a study must of necessity be defined. The various phases of postwar planning of medical practice and distribution of medical care involves many subjects. It embraces all component elements involved in providing medical care. Therefore, the investigation should be broad enough to take into consideration all these factors, and their relation to the public as well as the medical and allied professions.

It is, therefore, proposed that the following subject divisions be studied in detail by the appropriate advisory committee. The results of the studies and recommendations shall then be submitted to the Welfare Committee from time to time and the final report rendered prior to the Annual Meeting of the Society in 1944.

I. Proposals Involving Compulsory Health Insurance Programs
 1. Wagner Health Insurance Act.
 2. Proceedings of the National Health Conference.
 3. Report of the National Resources Planning Board.
 4. Proposed Amendment to the Social Security Act.
 5. The Beveridge Report.
 6. Health Insurance Bill submitted to the Special Committee on Social Security of the House of Commons, Dominion of Canada.
 7. New Zealand Health Insurance Act.
 8. Miscellaneous Compulsory Insurance Plans.

II. Voluntary Health and Indemnity Insurance Proposals
 1. California Physicians Service, San Francisco.
 2. Medical and Surgical Care, Inc., Utica, N. Y.
 3. Medical Expense Fund of New York, Brooklyn.
 4. Western New York Medical Plan, Inc., Buffalo.
 5. Medical-Surgical Plan of New Jersey, Newark.
 6. Michigan Medical Service, Detroit.
 7. Medical Service Administration of Pennsylvania, Harrisburg.
 8. Colorado Medical Service, Denver.
 9. Medical Service Association of North Carolina, Durham.
 10. Massachusetts Medical Service, Boston.

III. Medical Service Plans of the United States Government and the State of New Jersey
 1. United States Public Health Service.
 2. United States Department of Labor.
 3. United States Department of Agriculture.
 4. United States Veterans Bureau.
 5. United States Children's Bureau and Maternal Health Welfare.
 6. National Youth Administration.
 7. State and Municipal Medical Care Plans in New Jersey.

IV. Medical Care Plans of Industry and Labor Unions
 1. Corporation Medical Practice
 a. Kaiser Plan.
 b. Endicott-Johnson.
 c. Edison Company.
 d. Miscellaneous.
 2. Industrial Medicine.
 3. Workmen's Compensation.

V. Medical Care of the Indigent and Low-Wage Group.

VI. Hospital Practice
 1. Auxiliary Medical Service
 a. Laboratory.
 b. X-ray.
 c. Physiotherapy.
 d. Anesthesia.
 2. Nursing and Nursing Education.

VII. Need and Demand for Improved Medical Care Distribution in New Jersey.

VIII. Miscellaneous
 1. Majority and Minority Report of the Committee on the Costs of Medical Care.
 2. Report of the State Conference on Health and Welfare, N. J.
 3. Corlears Hook Medical Association Plan, N. Y.
 4. New York City Family Medical Insurance Plan.
 5. Medical-Dental Service Organizations.
 6. Group Clinics and Group Practice
 a. Private.
 b. Corporate.
 c. Group Health, Inc., Washington, D. C.
 7. Postwar Problems of Physicians now in Military Service.

IX. Private Practice.

President Marsh: This report, which contains an ambitious program, has already been referred to Committee "D" for consideration and hearing tomorrow.

Action: See page 341.

RUTGERS PLAN COMMITTEE

Dr. Decker had no further report.

WAR PARTICIPATION

Dr. Carlisle had no further report.

STATE BOARD OF MEDICAL EXAMINERS

Dr. Hallinger had no further report.

NEW BUSINESS

RESOLUTIONS

Dr. Norman W. Burritt (Union County): On behalf of the Union County Delegation I would like to offer the following resolution to the House of Delegates:

Resolved, That the Board of Trustees be required to keep a file of record of all actions of all committees of the Board of Trustees.

President Marsh: That will be referred to Committee "M".

Action: See page 341.

Dr. David A. Kraker (Essex County): In conformance with a resolution adopted by the Council and the membership of the Essex County Medical Society, we are offering a resolution which may be merely a reiteration of the Report of the Committee on Medical Practice. The difference is that the Essex County Medical Society thinks this subject is important enough to be one that should be the result of the House of Delegates' resolution, making it a legislative action.

The resolution is as follows:

Whereas, The present world-wide upheaval with its resulting stresses and strains on society is charged with potential dangers to representative government and also to many long established, sound institutions, including the present form of medical practice, which have made America what it is today, and

Whereas, We believe competition in medical prac-

tice produces the best type of medical care and that this principle is represented in the free choice of physician and patient, which free choice is the vital factor which stimulates individual progress and accounts in part for the excellent quality of medical care being provided today, and which free choice we believe must be preserved, and

Whereas, Although the medical profession by self-discipline and effort has brought the science and art of medical practice to its present high standards, nevertheless the adequacy and availability of such medical care and the leadership of the profession in matters relative thereto are being critically questioned, and

Whereas, To meet this challenge and to remove the threat of undesirable bureaucratic control, the individual physician turns to the leaders of organized medicine with confidence that they are fully informed regarding the impending dangers to the profession and also the duties and obligations of the profession as a whole, and

Whereas, The need of awareness and the appreciation of responsibilities of leadership were never greater than at the present time when great difficulties beset judgment and action; therefore be it

Resolved, That the Essex County Medical Society respectfully urges that The Medical Society of New Jersey organize a Vision, Scope and Planning Committee whose duties in a general way would consist of discernment of trends, consideration of the needs of the profession and the public, fact-finding, discussion, planning and regular reporting to the parent body. (This committee would have to spend much time interpreting the opinions expressed on the printed page, or radio. It would need to study the various government reports and other plans, such as the recent "Report of U. A. W.-C. I. O. Committee", at Chicago, August, 1942. Several large, successful organizations, such as the Telephone Company, have a similar committee for planning years ahead.)

Be It Further Resolved, That The Medical Society of New Jersey establish programs of information for the public whereby the people would learn of the aims and principles underlying the conduct of the profession as follows:

That the best form of medical care for the public is based upon the free choice of physician and patient, that this is a fundamental concept which preserves vital competition, due reward for effort, individual initiative and freedom from bureaucratic control.

Be It Further Resolved, That the public should be informed of the principles of The Medical Society of New Jersey, as stated by the Public Relations Committee, namely:

1. That the Society reiterate its principles that medical care be made available to all people of New Jersey at a cost they can afford to pay.
2. That we coöperate with all public and private agencies promoting health programs, and assume leadership in guiding their activities rather than obstructing them.
3. That we stimulate distribution of medical care by actively supporting voluntary health plans and plans for the care of indigents paid for by tax subsidies.

Be It Further Resolved, That the public be told that medical care is available for all when and where it is sought and also the reasons made known as to why certain parts of the population do not have what we consider adequate medical care. (We believe such conditions exist because of ignorance or warped tradition. Some people abhor physicians, while others practice self-medication chiefly as a result of drug advertising, and finally, many others follow cults of various kinds.)

Be It Further Resolved, That The Medical Society of New Jersey urge and encourage the respective component societies to carry out the programs of information, especially emphasizing the principles set forth in the above resolutions.

EDWARD W. SPRAGUE, M.D.
J. WALLACE HURFF, M.D.
ROYAL A. SCHAAF, M.D.

Certified as official:
M. H. GREIFINGER, M.D., Secretary
J. WALLACE HURFF, M.D., President

We have no intent in Essex County to obstruct any legislation that may develop, but we feel that this should go before the Resolutions Committee or one of the Reference Committees, rather, and be properly discussed, and that this should be the action of the legislative branch of the Society, making it, in a sense, a permanent committee until such time as it has been able to report and the Society acts definitely upon it.

I move these resolutions.

PRESIDENT MARSH: Thank you, Dr. Kraker.

This resolution contains so much material closely akin to the Report of the Committee on Medical Practice, that it will be referred to Reference Committee "D", so that the two matters can be considered together.

Action: See page 341.

DR. HENRY C. BARKHORN (Essex County): On behalf of the Essex County Medical Society, I present the following resolution:

That The Medical Society of New Jersey continue the employment of a legislative agent and that our present legislative agent be retained in this position.

I move its adoption.

PRESIDENT MARSH: It will be referred to Committee "M".

Action: See page 341.

AMENDMENT TO THE BY-LAWS

The Committee on Scientific Work offers this amendment to the By-Laws, as follows:

Chapter X, Section 7, under Reporters, to read:
"Each component society shall elect one of its members a Reporter, whose duty it will be to furnish to the Editor *and to the Secretary of the Committee on Scientific Work* a brief and intelligent report", etc.

These By-Laws may be amended at any annual meeting of The Medical Society of New Jersey by a two-thirds vote of the members present, provided that at least fifty members are present; and, provided further, that the amendments shall have been submitted to the Committee on Constitution and By-Laws, and shall have been twice read in open meeting and laid upon the table for one day.

This has now been read before the House of Delegates and will be referred to the Committee on Constitution and By-Laws.

Secretary Stahl: At the Annual Meeting of the House of Delegates held in Atlantic City, May 20, 21, and 22, 1941, the following Amendment to the Constitution was presented in writing, considered by the Committee on Constitution and By-Laws and recommended for adoption by a vote of the House of Delegates:

Proposal to make the President of The Medical Society of New Jersey an ex-officio member of the Judicial Council.

In the Constitution, change Article VII by inserting in the sixth line after the word "collectively" the following words: "together with the President who shall be a member ex-officio".

The following amendment to the By-Laws was adopted in 1941:

In the By-Laws, Chapter VII, Section 1, add at the end of the section, after the word "year" the following words: "The President shall be a member of the Council ex-officio".

This communication is in compliance with Article XII of the Constitution of The Medical Society of New Jersey.

Through oversight no final action was taken on this amendment by the House of Delegates at the 1942 Annual Meeting, and it is, therefore, to be acted upon at the Annual Meeting in Newark, May 26, 1943.

President Marsh: That has been read, has been published in the *Journal* and sent to all County Societies. It also will be referred to the Committee on Constitution and By-Laws.

Action: See page 342.

MEMORIALS

Dr. Spencer T. Snedecor (Bergen County): Mr. President, there is one face missing here tonight. I think we ought to take recognition of that and I move that the Committee on Resolutions be requested to prepare a suitable memorial for Dr. LeRoy A. Wilkes, commemorating his long and faithful service to this Society.

President Marsh: It will be referred to Committee "M".

Action: See page 341.

Dr. Newcomb (Burlington County): I move that the same committee prepare a resolution on the death of Dr. Arthur W. Bingham.

President Marsh: It will be referred to Committee "M". Certainly we have lost two very distinguished servants of this Society.

Action: See page 341.

Dr. Edward Sprague (Essex County): Mr. President, may the Resolutions Committee prepare a suitable memorial on the death of Dr. Edward J. Ill, the oldest Fellow of the Society?

President Marsh: That will be referred to that committee.

Action: See page 341.

I will ask Dr. Hollinshed to read the Official Call of the A. M. A.

Dr. Hollinshed read the Official Call, as follows:

Official Call

To the Officers, Fellows and Members of the American Medical Association:

The regular annual session of the House of Delegates of the American Medical Association will be held in Chicago, Illinois, beginning Monday, June the seventh, Nineteen hundred and forty-three.

There will be no Scientific Assembly of the Association during the year Nineteen hundred and forty-three.

The President-Elect will be installed as President at a meeting to be held at 8 p. m., Tuesday, June the eighth.

Fred W. Rankin, President
H. H. Shoulders, Speaker,
House of Delegates.

Attest:
Olin West, Secretary
Chicago, Illinois, April the fifth.

President Marsh: That will be referred to the President and Secretary for whatever action is necessary.

Upon motion regularly made and seconded, the House recessed at nine-thirty o'clock.

Session II. Wednesday Afternoon, May 26, 1943.

The meeting convened at two-fifteen o'clock, President Marsh presiding.

PRESIDENT MARSH: The By-Laws provide that the Report of the Nominating Committee and the Election of Officers and Delegates to the American Medical Association shall be the first order of business in the afternoon of the second day of the Annual Meeting. The time has now arrived, the second day of the Annual Meeting, and the Report of the Nominating Committee is in order. Dr. North, will you make your report?

REPORT OF THE NOMINATING COMMITTEE

For President-Elect:
Dr. Joseph F. Londrigan

For First Vice-President:
Dr. Samuel Alexander

For Second Vice-President:
Dr. Frank G. Scammell

For Secretary:
Dr. Alfred Stahl

For Treasurer:
Dr. George J. Young

For Trustees:
District 1—Dr. E. Zeh Hawkes, 3-year term
District 4—Dr. J. Howard Hornberger, 3-year term
District 2—Dr. Andrew F. McBride, 3-year term
District 2—Dr. Joseph G. Coleman, 1-year term

For Councilor:
District 3—Dr. Barclay S. Fuhrmann, 3-year term

A. M. A. Delegates, 1944 and 1945 meetings:
Dr. Andrew F. McBride
Dr. Lucius F. Donohoe

A. M. A. Alternates, 1944 and 1945 meetings:
Dr. Spencer T. Snedecor
Dr. Ralph K. Hollinshed

Delegate to Connecticut, 1944 meeting:
Dr. C. Byron Blaisdell

Alternate to Connecticut, 1944 meeting:
Dr. William G. Herrman

Publication Committee:
Dr. Lewis W. Brown, 3-year term

Scientific Work Committee:
Dr. John W. Gray, 1-year term
Dr. William W. Maver, 2-year term
Dr. Patrick H. Corrigan, 3-year term
Dr. S. Emlen Stokes, 4-year term
Dr. Harold Davidson, 5-year term

There being no additional nominations, the candidates were elected unanimously, the Secretary casting the ballot.

The meeting recessed at two twenty-five o'clock.

Session III. Wednesday Afternoon, May 26, 1943

The meeting reconvened at two-thirty o'clock, President Marsh presiding.

PRESIDENT'S ADDRESS

President Marsh: The first order of business is the President's address. I will ask Dr. Hollinshed to take the Chair while I present it.

(President-Elect Hollinshed took the Chair.)

President-Elect Hollinshed: At this time I present to you Dr. Elias J. Marsh, who will deliver his annual address. (For address, see page 260, July *Journal*.)

President-Elect Hollinshed: Thank you, Dr. Marsh. I will ask the House of Delegates to rise in honor of Dr. Marsh.

(The members of the House arose and applauded, and President Marsh resumed the Chair.)

REPORTS OF REFERENCE COMMITTEES

President Marsh: Probably there will be some discussion of the reports, and as I do not hear well enough to guide the debate, I will ask the President-Elect if he will take the Chair for the present.

(President-Elect Hollinshed resumed the Chair.)

Chairman Hollinshed: Most of the Reference Committees have had more than one matter referred to them, and I think it would be well if we act on each section of each report separately and then act on the report as a whole.

First we will consider the Report of Reference Committee "A", which has the reports of the Officers, the Board of Trustees, the Judicial Council, and the Executive Officer.

REFERENCE COMMITTEE "A"

Dr. Samuel A. Cosgrove (Hudson County): The first sections of this report present nothing controversial.

Reference Committee "A" met at nine-thirty, all members being present except Dr. Dandois.

It considered the following reports and acted upon them as indicated:

I. The report of the *President* (May *Journal*, page 165, and page 328 of these Transactions)

President's report is approved with special reference to:

1. The Society's attitude toward a proposed medical college in Newark.

2. Proposal to increase the Society's dues during the period of military service of our members.

II. The report of the *President-Elect* (May *Journal*, page 166)

This report was approved.

III. The report of the *Secretary* (May *Journal*, page 168, and page 328 of these Transactions)

This report was approved.

IV. The report of the *Board of Trustees* (May *Journal*, page 169, and page 330 of these Transactions)

This report was approved.

V. The report of the *Executive and Editorial Offices* (May *Journal*, page 169)

This report was approved.

VI. The report of the *Judicial Council*.

No report submitted.

VII. The portion of the report of the *Committee on Medical Defense and Insurance* (page 331 of these Transactions) dealing with accident and health insurance.

This report was approved.

I move the adoption of this portion of the report, so far offered.

The motion was regularly seconded and was carried.

VIII. The portion of the report of the Committee on Medical Defense and Insurance referring to malpractice insurance. This report was carefully considered. It has to do with increased hazards for the company by reason of:

1. A large number of claims based on accidents due to the use of diathermy and other similar modalities; and

2. The establishment of a number of small maternity hospitals in rural sections.

The Committee on Medical Defense and Insurance recommends concurrence in suggestions of the Company, that these increased hazards to the Company be met by a 20 per cent increase in the overall premiums charged to members insured.

Your Reference Committee believes that the loading of individual premiums, with reference to those insured who use certain specified apparatus or conduct small maternity hospitals or other similar establishments, would be a fairer method of meeting the increased hazards of the Company than a general increase in basic premiums.

Your Reference Committee therefore does not concur in the recommendation of the Committee on Medical Defense and Insurance for a general 20 per cent increase in premiums.

Mr. Chairman, I move the adoption of this section of the report of Reference Committee "A". In doing so I would like to invite to the attention of the delegates that in acting favorably on this motion you concur in the attitude of the Reference Committee which has the effect of an instruction to the Committee on Medical Defense and Insurance to reopen negotiations with the Company looking to a different method of meeting the undoubtedly just necessities of the Company on a different basis than that which the Committee has proposed.

The motion was regularly seconded and was carried.

Editorial Note: On June 27, 1943, the Board of Trustees approved the recommendation to increase the premium on mal-practice insurance 20 per cent for the present emergency.

DR. COSGROVE: I move the adoption of the whole report of Reference Committee "A".

The motion was regularly seconded and was carried.

REFERENCE COMMITTEE "B"

DR. HARRISON B. WILSON (Bergen County): Mr. President, Ladies and Gentlemen of the House of Delegates: Reference Committee "B" had to deal with several subjects today, all of which were not controversial, with the exception of one. In dealing with the Report of the *Finance and Budget Committee* (page 330 of these Transactions), we were in accord with the report submitted to the House of Delegates yesterday. In dealing with the Report of the *Treasurer* (page 329 of these Transactions), we had nothing but agreement on that. The *Publication Committee* (May *Journal*, page 171) came in for the unanimous support of the Committee.

The *Medical Service Administration* (May *Journal*, page 192) received our unanimous support.

For those sections that I have just enumerated and upon which the Reference Committee "B" agreed, I move, Mr. Chairman, the adoption of those reports.

The motion was regularly seconded and was carried.

DR. WILSON: On the question of the *Medical-Surgical Plan* there has been some difference of opinion in the state as to the desirability of the plan in its present form. There is opposition from several counties in the state, and representatives from those counties appeared before the Reference Committee "B" today and expressed their objections. We spent about three hours discussing these various objections and questions that were raised, and in coming to our final conclusion I will ask Dr. Morris to read this report, because I accidentally broke my glasses last night, so I have to depend on one of the members of the Committee to read the recommendations of that Reference Committee "B", which it has to make with reference to the Medical-Surgical Plan.

DR. WATSON B. MORRIS: As Dr. Wilson has told you, we had a very heavy meeting this morning and I will read to you the report as the Committee adopted it.

This Medical-Surgical Plan has not received the unanimous support in the state by the County Societies. The principal opponents to the Plan as it is now constituted come from the societies of Middlesex, Somerset, and Union Counties. Representatives from these counties appeared before the committee and expressed their objections to the Plan. Some of the objections were plausibly answered and some were not satisfactorily answered. The discussion was free, intelligent, and not acrimonious.

Reference Committee "B" concludes:

1. That no organic change be made in the Plan as it is now constituted.

2. That in the interest of majority rule and fair sportsmanship all counties in the state subscribe to the Plan for a period of one year, in order that experience may be obtained and adjustments be made as experience will warrant.

3. That the decision of the counties to support or oppose this Plan be left wholly in their jurisdiction, and that no attempt be made to get these counties to subscribe to the Plan unless it is their voluntary request for additional information.

4. That in its initial year of trial a figure of approximately 100,000 subscribers be secured. This, we think, will be a fair cross-section upon which to base our future judgments for change and adjustment if necessary.

DR. WILSON: I move the adoption of the recommendation of Reference Committee "B" on the Medical-Surgical Plan.

CHAIRMAN HOLLINSHED: You have heard the motion. Is there a second?

DR. ULMER: I second the motion.

CHAIRMAN HOLLINSHED: Are you ready for the question?

There are no particularly controversial matters to be discussed in this report. There are four sections to this part of it. If it is the desire of the House we can take them up one by one and discuss them.

The first section is that Reference Committee "B" concludes:

That no organic change be made in the Plan as it is now constituted.

Surely there is nothing debatable in that. Shall we act upon that section?

The motion was put to a vote and was carried.

Section 2: That in the interest of majority rule and fair sportsmanship all counties in the state subscribe to the Plan for a period of one year, in order that experience may be obtained and adjustments be made as experience will warrant.

DR. THOMAS K. LEWIS (Camden County): In all fairness, I would like to see that No. 2 changed: "That the House of Delegates request every County Society to participate in this action." It rather implies that the House of Delegates is directing every County Society to take part in this action and I believe that it would be fairer to make that a request rather than have it read as a direction.

CHAIRMAN HOLLINSHED: I will read Section 2 as altered:

That in the interest of majority rule and fair sportsmanship, all counties in the state be requested to subscribe to the Plan for a period of a

year in order that experience may be obtained and adjustments be made as experience will warrant.

The Chairman of the Reference Committee has moved the adoption of this. Do I hear a second to that?

The motion was seconded, was put to a vote and was carried.

Chairman Hollinshed: Section 3:

That the decision of the counties to support or oppose this Plan be left wholly in their jurisdiction, and that no attempt be made to get these counties to subscribe to the Plan unless it is their voluntary request for additional information.

Is there any discussion on this section?

Dr. Ely: I move its adoption.

The motion was regularly seconded, was put to a vote and was carried.

Chairman Hollinshed: Section 4:

That in its initial year of trial a figure of approximately 100,000 subscribers be secured. This, we think, will be a fair cross-section upon which to base our future judgments for change and adjustment if necessary.

Dr. Lewis: Again I would like to change the phraseology of that to the effect that a limit be placed at a hundred thousand.

Dr. Wilson: That is agreeable.

Chairman Hollinshed: The change suggested by Dr. Lewis is agreeable to the Chairman of the Reference Committee. It will read as changed:

That in its initial year of trial a limit of approximately 100,000 subscribers be secured. This, we think, will be a fair cross-section upon which to base our future judgments for change and adjustment if necessary.

Is there a second to the motion that it be adopted?

The motion was regularly seconded, was put to a vote and was carried.

Dr. Wilson: Mr. Chairman, I move the adoption of the report as a whole, as it has been corrected.

Dr. Weigel: I second the motion.

The motion was put to a vote and was carried.

REFERENCE COMMITTEE "C"

Dr. Lancelot Ely (Somerset County): Your Reference Committee "C" met this morning with three members.

War Participation Committee (May *Journal*, page 191), Chairman, J. Mallory Carlisle, M.D. The report of this Committee was approved without any comments.

Report of the *State Board of Medical Examiners* (May *Journal*, page 199), Dr. E. S. Hallinger, Secretary.

This report is of great interest and importance with its classifications of the work of the committee.

The Reference Committee noted with interest the number of osteopaths qualified as regular physicians. The report mentions again the registration of all medical practitioners in New Jersey. This subject is of great interest to the Board for proper handling of licensed and unlicensed men, especially those physicians who are not members of the State Society.

We are well aware that our State Society has not approved the annual registration of physicians in New Jersey; however, we feel that since there is a marked difficulty facing the Board of Medical Examiners, complicating seriously their efficiency and successful operation of their duties, we recommend that the Board of Trustees take some measures to assist them and help to solve this problem.

Post-Graduate Education (May *Journal*, page 171), C. Wright MacMillan, M.D., Chairman. The report of this Committee is approved.

Report of the *Scientific Work Committee* (May *Journal*, page 170).

The report of Dr. William W. Maver, Chairman, reviews the duties and functions of this Committee. The report is short and only one item stands out as requiring further consideration, that of changing the By-Laws, Chapter X, Section 7. The Reference Committee approves the report and recommends the suggested changes.

The Rutgers Plan (May *Journal*, page 191), Henry B. Decker, M.D., Chairman.

The recommendations of this Committee should be of great interest to the younger doctors of the state who are located near the larger hospitals. The Committee is to be encouraged in carrying out this idea and with the support of Rutgers University it should be of worthwhile value.

The Reference Committee approves the report.

I move the adoption of each part of this report and of the report as a whole.

The motion was seconded, was put to a vote, and was carried.

REFERENCE COMMITTEE "D"

Dr. Arthur P. Hasking (Hudson County): Reference Committee "D" met this morning, all present with the exception of Dr. Mott. The general matters of the reports of the *Welfare Committee* and the subcommittees as printed in the *Journal* have been approved.

The particular matters that were referred to us especially were matters of Medical Practice and Legislation. Our report is unanimous.

We recommend that the supplementary report of the *Subcommittee on Legislation* be concurred in; and, further, that the Delegates from The Medical Society of New Jersey to the A. M. A. be instructed to urge the House of Delegates of the American Medical Association to consider the creation of a Legislative Bureau of the A. M. A. in Washington; and, furthermore, that our State Society communicate immediately (and the word "immediately" was introduced in view of the fact that the American Medical Association meets beginning June 7th) through our Secretary with the other Component State Societies of the American Medical Associa-

tion, stating that our Delegates were instructed to present the above resolution and giving our reasons therefor with the request that they give it their earnest consideration.

In regard to the supplementary report of the Subcommittee on *Medical Practice* of this Society (page 333 of these Transactions) and also the resolution of the Essex County Medical Society proposing a committee on Vision, Scope and Planning (page 334 of these Transactions), we consider it inadvisable to create a new and separate committee as both proposals cover the same scope of activities.

We would recommend recognizing the importance of the Medical Practice Committee for the present and future, and we recommend the increase in the membership of this Committee so that it may be divided into sections to study the specific problems incorporated in the report and supplementary report of the Subcommittee on Medical Practice of this Society and the resolutions of the Essex County Medical Society.

Furthermore, we feel that this Committee should have some continuity of membership and not change its entire personnel from year to year, since the accumulated knowledge over a period of time would be invaluable to the State Society.

We feel so strongly on this subject that we suggest, if necessary, that the Committee on Medical Practice should be established as a Standing Committee of this Society.

DR. HASKING: I move the adoption of each part of the report and of the report as a whole.

The motion was regularly seconded, was put to a vote, and was carried.

REFERENCE COMMITTEE "M"

DR. H. ROY VAN NESS (Essex County): Reference Committee "M" met this morning, with the exception of Dr. Blaugrund, and considered the following resolutions:

Resolution on the death of Dr. Edward J. Ill:

Whereas, The House of Delegates of The Medical Society of New Jersey, meeting in its Annual Session on May 26, 1943, record with great sorrow the irreparable loss by death of

DR. EDWARD J. ILL,

the distinguished dean of the medical profession of New Jersey, and

Whereas, Dr. Ill, through his long and illustrious career as a physician and surgeon, has served as a guiding spirit to the medical profession of the State, and through his splendid work has been instrumental in advancing the medical sciences both in his community and abroad, and

Whereas, The House of Delegates of The Medical Society of New Jersey wish to perpetuate the recognition of the invaluable services of Dr. Ill; therefore be it

Resolved, That the House of Delegates of The Medical Society of New Jersey, as a token of their

AFFECTION, PROFOUND REVERENCE AND ESTEEM,

spread a copy of these resolutions upon their minutes and send another copy to his bereaved family.

The second resolution is on the death of Dr. Arthur W. Bingham:

Whereas, The House of Delegates of The Medical Society of New Jersey, meeting in its Annual Session on May 26, 1943, record with great sorrow the irreparable loss by death of

DR. ARTHUR W. BINGHAM,

learned obstetrician, instructive author and public-spirited citizen, and

Whereas, Dr. Bingham, through his long and illustrious career as an obstetrician, by his pioneer work in maternal welfare has created a new epoch in New Jersey and throughout the nation, and

Whereas, the House of Delegates of The Medical Society of New Jersey wish to perpetuate the recognition of the invaluable services of Dr. Bingham; therefore be it

Resolved, That the House of Delegates of The Medical Society of New Jersey, as a token of their

AFFECTION, PROFOUND REVERENCE AND ESTEEM,

spread a copy of these resolutions upon their minutes and send another copy to his bereaved family.

The third resolution is on the death of Dr. LeRoy A. Wilkes:

Whereas, The House of Delegates of The Medical Society of New Jersey, meeting in its Annual Session on May 26, 1943, record with great sorrow the irreparable loss by death of

DR. LeROY A. WILKES,

the distinguished Executive Officer of The Medical Society of New Jersey and through his long and illustrious career as a pediatrician has served as a guiding spirit to the medical profession of the State, and through his unselfish devotion to organized medicine has been instrumental in advancing the medical thought both in this State and abroad, and

Whereas, The House of Delegates of The Medical Society of New Jersey wish to perpetuate the recognition of the invaluable services of Dr. Wilkes; therefore be it

Resolved, That the House of Delegates of The Medical Society of New Jersey, as a token of their

AFFECTION, PROFOUND REVERENCE AND ESTEEM,

spread a copy of these resolutions upon their minutes and send another copy to his bereaved family.

I move the adoption of these resolutions.

DR. ANDREW F. MCBRIDE: I second the motion and suggest they be adopted by a rising vote.

(The members of the House of Delegates rose and observed a moment of silence.)

CHAIRMAN HOLLINSHED: The resolutions are adopted.

DR. VAN NESS: A resolution was introduced by Dr. Burritt, of Union County:

Resolved, That the Board of Trustees be required to keep a permanent file of record of all final actions of all Committees of that Board.

DR. VAN NESS: A resolution was introduced by Dr. Barkhorn, of Essex County:

Resolved, That The Medical Society of New Jersey continue the employment of a Legislative Agent and that our present Legislative Agent be retained in this position.

Dr. Van Ness: I move the adoption of each part of the report and of the report as a whole.

The motion was regularly seconded, was put to a vote, and was carried.

REFERENCE COMMITTEE ON CONSTITUTION AND BY-LAWS

Dr. Marcus W. Newcomb (Burlington County): The Committee met with three present and two absent, and I talked to the fourth one after the meeting and he concurred in what we did.

There was a proposal to make the President of The Medical Society of New Jersey an ex-officio member of the Judicial Council.

> In the Constitution, change Article VII by inserting in the sixth line, after the word "collectively" the following words: "together with the President who shall be a member ex-officio".

The following amendment to the By-Laws was adopted in 1941:

> In the By-Laws, Chapter VII, Section 1, add at the end of the section, after the word "year" the following words: "The President shall be a member of the Council ex-officio".

Amendment to the By-Laws concerning Reporters: Chapter X, Section 7, under Reporters, to read:

> Each component society shall elect one of its members a Reporter, whose duty it will be to furnish to the Editor *and to the Secretary of the Committee on Scientific Work* a brief and intelligent report, etc.

It is believed that such an amendment would aid in correlating the work of our Committee.

Dr. Newcomb: I move the adoption of each part of the report and of the complete report.

The motion was regularly seconded, was put to a vote, and was carried.

REFERENCE COMMITTEE ON CREDENTIALS

Dr. Samuel Alexander (Bergen County): Mr. President and Delegates of the Convention: The Reference Committee on Credentials wishes to report that as of 3:00 p. m. today, 203 Delegates registered, and 118 members registered, and 93 Auxiliary members registered; a total of 414.

Chairman Hollinshed: It is not necessary to take any action on this report.

(President Marsh resumed the Chair.)

President Marsh: Is there any unfinished business? Opportunity is now offered to anyone wishing to introduce new business, by the unanimous consent of the House.

I want to express once more my appreciation of the very valuable and efficient and devoted service which, since last December Mrs. Madden has given to the office and work of this Society, and I am going to ask Mrs. Madden if she will just step half-way up the room at any rate and I will ask all the members of the Society to rise and express their approval.

(The members rose and applauded.)

Mrs. Madden: I can't say anything but "thank you," and we will do everything we can to continue on as we have. (Applause.)

President Marsh: I don't know whether all of you were present at the luncheon today when the ladies of the Auxiliary presented a service flag to the Society. It gives a great deal of satisfaction, I am sure, to all the members of the Society to know that the ladies of the Auxiliary have seen fit in this way to recognize the service of nearly 1,300 of our fellow members now in the military service, and I would be very glad to entertain a motion of grateful recognition of this act on their part.

Dr. North: I so move.

Dr. Lewis: I second the motion.

The motion was put to a vote, and was carried.

President Marsh: The Secretary will transmit this action of the Society to the Auxiliary.

Now, so far as I know, that is all the business we have; I believe Dr. Lewis is waiting for some place on the program.

PRESENTATION OF FELLOW'S KEY

Dr. Lewis: Mr. President and Members of the House of Delegates: As the first wartime President to the second wartime President, I have only sympathy and congratulations. During the last administration, before, and particularly after December 7, 1941, many of the ambitions that were entertained toward innovations, improvements, and what-not, to The Medical Society of New Jersey, were of necessity abandoned.

The present administration has been completely hemmed in by the all-out war effort, and, to my personal knowledge, Dr. Marsh has not been in a position to put through many of the projects which he had planned for this year. His efforts have largely been in the background because of the fact that our nation is at war and every consideration must be secondary to that fact.

At this convention most of the ceremonies and honors which usually, by custom, are granted to the President of our Society, of necessity, have been abandoned; nevertheless, we wish our President to feel that we are deeply obligated to him for fulfilling during a difficult period of our national history, the duties of his office to, I believe, the mutual satisfaction of every member of this Society.

In presenting to him the key of fellowship, I have twofold privilege; first, of welcoming him to the ranks of the Fellows of The Medical Society of New Jersey; and, second, in presenting him with this key, the congratulations and the thanks and deep and sincere appreciation of The Medical Society of New Jersey for his effort, the able manner in which he has carried on the duties of his office during a difficult year.

Dr. Marsh, it gives me great pleasure to present to you this key.

(The members rose and applauded.)

President Marsh: Thank you very much, Dr. Lewis, and all the members of the House and all the members of the Society.

I wish you to know that I do not know of anything that could come to me that would give me more gratification, and in a certain sense make me feel more at home than this memorial gift. You may not know that the blood of three Fellows of the Society flows in me. My father and my grandfather, and one of my great-grandfathers were all Presidents of this Society. I also, as a matter of historical interest to me, at least, find that I am connected by either marriage or blood with some seven or eight other members of the line of Fellows of this Society.

It is now twenty-one years or will be next month on the anniversary of the Society meeting, since I became an officer in this Society. At that time I had the very great fortune to be introduced as an officer of the Society under the Presidency of a gentleman for whom I early learned to conceive a very high regard, and whose memory I still hold, and shall continue to hold in very warm and grateful appreciation, Dr. James Hunter, Jr., of the Town of Westville, in the County of Gloucester.

I have been associated with many of the men since that time and I have learned to appreciate their sterling value.

It is now my very great pleasure and gratification to welcome and introduce as my successor, a man who really needs no introduction whatsoever, a man who unites in himself all the qualities that we desire to see in the high standard of our profession, Dr. Ralph K. Hollinshed, of the same town, Westville, and the same County of Gloucester.

(The members rose and applauded.)

President Hollinshed: I want to thank Dr. Marsh for his kind remarks. I accept the responsibilities of this office and fully realize their implications, and I know that by myself it would be impossible to accomplish anything at all; however, we are not going to sit down and cry over the condition of present-day affairs. We are going to go ahead and try to do things.

We have planned some work. Our committees are pretty well formulated. We have some wide-awake, energetic chairmen with committees that I am sure will be able to accomplish things, provided we have the support of each Component Society and each member of each Component Society, to help us. I want to make a plea now that each Component Society hold its meetings regularly through this critical period during the war, even though the attendance is small and the interest seems to be lagging; it is necessary that we carry on.

I should like to see the committees in the County Society parallel, as nearly as possible, committees of the State Society, so when these committees of the State Society have work which they have done, and reports which they can turn over to the County Societies, there will be someone to do work in the County Societies.

We have got to protect the practice of medicine for the returning soldiers. These men are coming back. Some of them won't have a practice to come to when they return; others will find a good bit of their practice gone. We must do our best to uphold the principles and practice of medicine and do the best we can to make it a good place to be when the war is over. I wish to thank you again. (Applause.)

(Upon motion regularly made and seconded the meeting adjourned at three forty-five o'clock.)

Alfred Stahl, M.D.,
Secretary.

WOMAN'S AUXILIARY TO THE MEDICAL SOCIETY OF NEW JERSEY

I. PRE-CONVENTION BOARD MEETING

By Mrs. Banks S. Baker, Recording Secretary, Camden

The pre-convention meeting of the Executive Board was held in the Jade Room of the Essex House on Tuesday, May 25, 1943. The meeting was called to order at 8:30 p. m. by the President, Mrs. J. Howard Hornberger.

The minutes of the March meeting were approved.

Dr. Dodd, Chairman of the Advisory Committee, brought greetings to the members from Dr. Marsh and The Medical Society.

The Treasurer's statement was read and filed. (See page 346.)

The President's report was read and filed. (See page 345.)

The President appointed Mrs. Asher Yaguda and Mrs. G. E. McDonnel to serve as members of the Auditing Committee.

Mrs. Hornberger announced that the President's Pin was presented at the Fellowettes' dinner.

There being no further business the meeting was adjourned.

II. SIXTEENTH ANNUAL MEETING

By Mrs. Banks S. Baker, Recording Secretary, Camden

The Sixteenth Annual Meeting of the Woman's Auxiliary to The Medical Society of New Jersey was called to order at 10:00 a. m., Wednesday, May 26, by the President, Mrs. J. Howard Hornberger.

The invocation was delivered by Reverend Cunningham of the First Reformed Church, Newark.

Mrs. Asher Yaguda, President of the Woman's Auxiliary to the Essex County Medical Society, delivered an address of welcome.

Memorial service was conducted by Mrs. C. Chester Chianese for the following members:

Mrs. E. D. Newman—Essex
Mrs. William Petry—Essex
Mrs. Arthur W. Bingham—Essex
Mrs. William Brewer—Gloucester
Mrs. Henry Diverty—Gloucester
Mrs. James Hunter—Gloucester
Mrs. Elmer J. Elias—Mercer
Mrs. Frank G. Scammell—Mercer
Mrs. William Albrecht—Somerset

Mrs. Hornberger introduced Dr. Elias J. Marsh, President of The Medical Society of New Jersey. Dr. Marsh urged the members of the Auxiliary to continue their endeavors to obtain new members for the Widows and Orphans Society, and presented as a possible project the purchase of bonds for the benefit of the Scientific Endowment Fund.

The minutes of the last Annual Meeting were approved as read.

The Treasurer's report was read and approved. (See page 346.)

Mrs. G. E. McDonnel reported for the Auditing Committee, and the report of the Treasurer together with the attestation of the Auditors was accepted on motion.

The President's report was accepted with thanks.

The Committee Chairmen reported, and reports were approved on motion.

The reports of the County Presidents were approved on motion.

The following resolutions were adopted:

1. Resolved, that as our Past President, Mrs. James A. Hunter, died last December 28, 1942, her departure leaves us deprived of a trusted friend and co-worker. She was one of our Past Presidents, beloved by all who knew her. She has for many years conducted our memorial services at the annual meetings. She did this so impressively and with such dignity, we can never forget her. Her duties as State Historian began when she retired as President. Her charming manner and kindly advice endeared her to all who were privileged to know her, and our sense of loss is recorded with great sorrow.

Be it resolved that a copy of this tribute be spread upon the minutes of this meeting and a copy be sent to her family.

2. Be It Resolved, That, considering the difficult times through which we are passing, we want to thank all those responsible for the program and entertainment of this convention of May 25-26, 1943. Therefore, be it resolved, that we as a body extend to Mrs. Mason and her committee our appreciation for their efforts.

Be it also resolved that a copy of this resolution be spread upon the minutes of this meeting and a copy be sent to Mrs. Mason.

The Finance Chairman, Mrs. Chester I. Ulmer, recommended in her report that three $100 War Bonds of either Series F or G be purchased. Mrs. Carlander moved that one $100 War Bond be purchased this year. The motion was regularly seconded and was carried.

On motion of Mrs. G. E. McDonnel, the Auxiliary voted to pay the expenses of the President and President-Elect to the Chicago Convention.

The following were nominated to serve as members of the Nominating Committee:

Mrs. J. Irving Fort—Essex
Mrs. William E. Dodd—Ocean
Mrs. A. J. Casselman—Camden
Mrs. V. M. Brody—Middlesex

Mrs. O. R. Carlander, Chairman of the Nominating Committee, submitted the following names for election:

President-Elect—Mrs. David B. Allman, Atlantic City
First Vice-President—Mrs. James J. McGuire, Trenton
Second Vice-President—Mrs. Chester I. Ulmer, Gibbstown
Recording Secretary—Mrs. Banks S. Baker, Camden
Treasurer—Mrs. Thomas P. McConaghy, Camden
Directors—Mrs. William E. Dodd, Beach Haven; Mrs. James H. Mason, Atlantic City

There being no other nominations the candidates were declared elected, and the newly elected officers were installed.

Mrs. Dean LeFavor reported the following registration: 19 Executive Board members, 6 County Presidents, 22 Delegates, 3 Alternates and 4 members.

There being no further business the meeting was adjourned.

III. PRESIDENT'S ANNUAL REPORT

By MRS. J. HOWARD HORNBERGER, Florence

The Woman's Auxiliary to The Medical Society of New Jersey has fifteen organized counties and a total membership of 943. This year shows a loss of 61, no doubt due to the fact that some of our members have left the state with their husbands who have been called into military service.

At the October Executive Board meeting it was decided that the counties would pay to the state treasurer the national dues of the members whose husbands have gone into service, thus preventing a great loss of membership.

Several counties have been forced to cancel their public relations meetings and health forums because of lack of transportation or inability to obtain prominent speakers. However, meetings were held in Bergen, Camden, Essex, Hudson and Mercer Counties.

Atlantic, Burlington, Camden and Mercer Counties are sponsoring student nurse scholarships. The members-at-large are contributing to the war effort by serving as Nurses' Aides; teaching home nursing; taking first aid, nutrition and home nursing courses; serving in the motor corps; and making surgical dressings for the Red Cross.

Essex County is collecting wool scraps.

Hudson County has purchased several large War Bonds and has assisted in the sale of War Savings Bonds and Stamps throughout the year.

Burlington County supplied hostesses one day every two weeks at Fort Dix until lack of transportation forced them to discontinue. They also contributed to the "cookie jar".

Middlesex County has given needed articles to the boys in the Stockade at Camp Kilmer.

Emphasis has been stressed on legislation and on keeping in touch with absent members. Talks on public health, rationing, nutrition, hobbies, wartime fashions and books have been given throughout the year.

The State Auxiliary will present to The Medical Society of New Jersey at their annual meeting in Newark on May 26 a service flag to be hung in the meeting room during the sessions, and thereafter in the Executive Offices in Trenton.

We have had three Executive Board meetings to date, one in Atlantic City, one in Trenton and one in Camden. One additional meeting will be held in Newark prior to the Annual Meeting.

At its March meeting, the Executive Board recommended a study of finances by the Finance Committee for presentation to the House of Delegates, with the suggestion that the State Auxiliary purchase War Bonds with the surplus funds.

In the death of Dr. LeRoy A. Wilkes we have lost a great friend and adviser. However, we have been ably assisted by Mrs. Edith L. Madden, his temporary successor.

The spirit of coöperation and friendliness have prevailed throughout the year, and although attendance at meetings has been small, we seem more closely knit together. I am deeply indebted to Mrs. James H. Mason and to Mrs. Asher Yaguda for taking over the arrangements for this meeting.

To the Executive Offices, Executive Board, County Presidents, and all members who have so generously assisted me, I extend my sincere thanks and appreciation. It has been an honor and a pleasure to serve as your President, and I have enjoyed it in spite of the many difficulties.

IV. POST-CONVENTION BOARD MEETING

By MRS. BANKS S. BAKER, Recording Secretary, Camden

The Post-Convention meeting of the Executive Board was held in the Jade Room of the Essex House on Wednesday, May 26, 1943. The meeting was called to order by the President, Mrs. Asher Yaguda.

The newly appointed Committee Chairmen were introduced by the President.

Mrs. Hornberger moved that the Program be prepared and mailed before the first of September. The motion was regularly seconded and was carried.

The Treasurer, Mrs. T. P. McConaghy, submitted a statement which was filed.

The minutes of the Pre-Convention meeting were approved as read.

Mrs. G. E. McDonnel moved that all Executive Board meetings be open meetings. The motion was regularly seconded and was carried.

Mrs. McGuire moved that the Printing Chairman proceed with the printing and disbursement of stationery for the coming year. The motion was regularly seconded and was carried.

The President requested that the counties forward immediately a list of their incoming officers and chairmen.

The Credentials Chairman, Mrs. Dean LeFavor, reported the following registration: 22 Executive Board members, 6 County Presidents, and 27 members, a total of 55.

There being no further business the meeting was adjourned.

V. TREASURER'S REPORT

By MRS. THOMAS P. MCCONAGHY, Treasurer, Camden

		Emergency	General	Total
April 22, 1942. Balance on hand		$187.68	$ 540.67	$ 728.35
RECEIPTS				
Sale of twelve handbooks	$ 3.00			
Dues	553.80	55.38	501.42	556.80
		$243.06	$1,042.09	$1,285.15
DISBURSEMENTS				
1942 A. M. A. Tea	$ 75.00			
Printing	11.02			
Dues N. J. Health & Sanitary Assn.—two years	6.00			
12 Handbooks for resale	3.00			
Expenses to National (Mrs. Carlander)	30.00			
Expenses to National (Mrs. Hornberger)	16.34			
Expenses President (Mrs. Hornberger)	87.42			
Guest Luncheons	2.50			
Treasurer's Bond	5.00			
Expenses Treasurer (Mrs. McConaghy)	4.00			
National dues	236.75			
President's Pin	27.35			
Expenses Finance Chairman (Mrs. Ulmer)	2.03			
Expenses Credentials Chairman (Mrs. Mason)	.75			
Expenses Bulletin Chairman (Mrs. Jessurun)	2.93		510.09	510.09
		$243.06	$ 532.00	$ 775.06
May 26, 1943. Balance—In Emergency Account				$243.06
—In General Account				532.00
Total				$755.06

Tuberculosis Abstracts

A Review for Physicians

ISSUED MONTHLY BY THE NATIONAL TUBERCULOSIS ASSOCIATION

Vol. XVI **August, 1943** **No. 8**

THE first step in the rehabilitation of a tuberculous person is physical restoration, which is particularly the province of the physician. In the further adjustment of the inactive patient the lay worker who attempts to serve the patient without learning the story of diagnosis, treatment and recovery from the physician, treads on quicksand. Most successful rehabilitation follows the concerted application of the medical skill of the physician and the special information and training of qualified lay workers. Practical suggestions for the family physician who is interested in such coördination are here presented by Dr. F. L. Jennings.

THE FAMILY DOCTOR, THE PATIENT AND THE JOB

The private physician who has guided his patient through recovery from pulmonary tuberculosis is now being asked frequently to advise concerning some job which that patient may attempt without too great hazard. In this general manpower shortage, the patient with inactive tuberculosis, whether from civilian life, from induction centers, or discharged from military services, can find employment readily in many localities, particularly if he has an established skill. Beside that economic need which makes many patients reluctant to continue treatment for the prescribed period, patients now are moved by the wish to become a part of the war effort and sometimes by high wages. Some employers who hire all comers are unlikely to establish any safeguards for handicapped workers.

One of the physician's paramount difficulties has been the item of sufficiently definite information about the job in question. Jobs are changing rapidly. The exhausting task of a year ago has been reduced to machine-tending. Redesign, retooling, reorganization, re-routing, continue to make more specifications obsolete. Keeping up with such rapid and drastic change is impossible alike for any physician or lay worker without current sources of industrial information. Some physicians have sought to bridge this difficulty by such general terms as "light work," hoping thereby to protect the patient from excessive exertion, strain and tension. Unfortunately, employers' requirements are definite. Employment placement interviewers must meet these definite requirements. A patient's ability to do "light work" is indefinite and unsaleable.

But there are now official and unofficial sources of information through which physician and patient may usually find definite indications concerning which job is free from undesirable hazards. The official services include the United States Employment Service, which has branch offices in most population centers, and the State Vocational Rehabilitation Services. The United States Employment Service has the most complete and currently accurate information on what jobs there are in each community and on what physical performance is required in each job. It has originated a "Physical Demands Form," which is being used experimentally to determine required physical activity and working conditions. This type of job analysis explores especially such items as continuous standing, sitting, lifting, stooping, etc. One purpose of this information is to check the specific requirements of the job against the specific limitations of the handicapped applicant.

Interested physicians may obtain copies of interim physical requirement forms from the National Tuberculosis Association. The larger offices of the U.S.E.S. also include executives or interviewers who have some experience in special placements and who are qualified to discuss the subject of suitable placement for recovered patients with their physicians. The U.S.E.S. has placed thousands of inactive tuberculous patients in hundreds

of different jobs. The suitability of these placements has depended most of the time on the quality and quantity of medical information available.

When the recovered tuberculous patient has no marketable skill, or when his old job is contraindicated medically, application for training or retraining and placement should be made to the State Bureau of Vocational Rehabilitation. Financed by State appropriations and Federal matching funds, these Bureaus are empowered to impart specific vocational training and placement to handicapped adults in order to make them self-supporting.

The physician will find in Federal Form R-3a (revised), published by the Federal Vocational Rehabilitation Bureau, and in the manual prepared for its interpretation (Misc. 2328) practical bases upon which rehabilitation agent and physician may cohere their services for the patient.* The form and the manual are the result of many consultations between Federal rehabilitation personnel and members of the Council of the American Trudeau Society and other phthisiologists of long experience. Many state agents and supervisors have learned that, as the Federal manual points out, direct interview between physician and rehabilitation worker is the most satisfactory procedure for both.

A number of the state and local tuberculosis associations have included rehabilitation in their program objectives. Some have employed special personnel competent to assist the patient in finding his way to appropriate training or placement or both. Rehabilitation workers employed by voluntary agencies are well aware that the patients of private physicians may have as much need for their services as the sanatorium graduate. The physician may find it well worth while to inquire from the nearest tuberculosis association what it has to offer in the direction of rehabilitation.

Both official and voluntary resources have been stimulated and encouraged by changing attitudes within industry. Not manpower shortage alone, but a cumulation of satisfactory performance by former patients, has done much to improve this situation.

The nation's leading personnel agency, the United States Civil Service Commission, has conducted surveys of jobs in several types of Federal services and in war-contract industries in search of jobs suitable for physically handicapped persons. Prospective employment for persons with a history of tuberculosis has been conspicuously included.

This precedent has been matched by action on the part of the National Association of Manufacturers. In the December, 1942, supplement of its Industrial Relations Bulletin, the N.A.M. indicated that various handicapped groups are a new labor source. Specific mention is made of employees who have suffered amputations, deafness, blindness, organic heart diseases and tuberculosis. For each group, a partial list of suggested jobs is offered. The bulletin indicates that one of the parallel practices in employing handicapped workers calls for "careful selectivity in applying the handicapped man to a job which he can do." Again the private physician and the industrial doctor are able to provide medical advice and counsel. A number of large employers have recently utilized the specific job-analysis method developed by the United States Employment Service, described above.

Tuberculosis literature is not without its contributions on rehabilitation information of value to the physician. The American Review of Tuberculosis has in preparation articles prepared by the United States Employment Service, and the Federal Vocational Rehabilitation Bureau regarding their procedures in cases eligible for their services. The Rehabilitation Service of the National Tuberculosis Association is preparing special releases on the subject of patients not eligible for official services. Thus, the physician, when called upon to advise his patient occupationally, may utilize the services and the publications of the United States Employment Service, the Rehabilitation Bureaus and the tuberculosis associations to good advantage.

Written especially for Tuberculosis Abstracts, by F. L. Jennings, M.D., Supt. and Med. Dir., Sunnyside Sanatorium, Indianapolis, Ind.

*Available from the Vocational Rehabilitation Bureau, Federal Security Agency, Washington, D. C., or through tuberculosis associations.

SUPPLIED BY

New Jersey Tuberculosis League

15 East Kinney Street, Newark, New Jersey

YOUR PATIENT LIVES IN OUR LABORATORY

● Scientists in the MALLINCKRODT laboratories keep a mental picture of your patient before them, while they make prescription chemicals. They know that the chemicals they test and retest must be as fine and pure as possible . . . that the health of men, women and children may depend on the reliability and potency of these medicinals.

● Each product manufactured by the MALLINCKRODT CHEMICAL WORKS for use in prescription compounding represents the aggregate result of over three generations of research. Give your patient the benefit of these years of experience . . . specify M C W in your prescriptions.

Mallinckrodt Prescription Chemicals

IODIDES • SILVER SALTS • BISMUTH COMPOUNDS
TANNIC ACID • IRON COMPOUNDS • SALICYLATES



FINE CHEMICALS
Mallinckrodt
SINCE 1867

MALLINCKRODT CHEMICAL WORKS

76 years of service to chemical users

Mallinckrodt Street, St. Louis, Mo. • 74 Gold Street, New York, N. Y.
CHICAGO • PHILADELPHIA • LOS ANGELES • MONTREAL



PRESCRIPTION PHARMACISTS

TO THE MEMBERS OF

THE MEDICAL SOCIETY OF NEW JERSEY

PLACE	NAME AND ADDRESS	TELEPHONE
AUDUBON	W. H. Tegeler, 315 Atlantic Ave.	Audubon 1037
CRANFORD	J. Walter Seager, 103 Union Ave. N.	CRanford 6-0700
ELIZABETH	Kerner's Prescription Pharmacy, 504 Court St.	ELizabeth 3-9497
HARRISON	Squier's Pharmacy, 234 Harrison Ave.	HArrison 6-2127
JERSEY CITY	Smith & Williams Prescription Phar., 343 Jackson Ave.	BErgen 3-2616
MONTCLAIR	Wm. J. McNulty, So. Fullerton Ave. & The Crescent	MOntclair 2-2014
MORRISTOWN	Carrell's Pharmacy, Inc., 31 South St.	MOrristown 4-0143
NEWARK	Marquier's Pharmacy, Sanford & So. Orange Aves.	ESsex 3-7721
NEW BRUNSWICK	Hoagland's Drug Store, 365 George St.	New Brunswick 49
SOUTH ORANGE	Taft's Pharmacy, 2 So. Orange Ave.	SOuth Orange 2-0063
WEST NEW YORK	The Owl Pharmacy, 6611 Bergenline Ave.	UNion 5-0384

GEORGE A. SACHER

PRESCRIPTION PHARMACIST

43rd and SPRINGFIELD AVENUE
IRVINGTON, N. J.

ESsex 3-2089

Hospital Equipment and Supplies
Surgical Instruments and Appliances

N. S. Low & Co., Inc.

224 EAST 23rd STREET NEW YORK CITY

Tel.: Stuyvesant 9-7274—5-6

FOUR STORES IN NEW YORK CITY

900 Prospect Avenue, Bronx, N. Y.
2473 Webster Ave., Bronx, N. Y.
55 Avenue A, New York City

IN VARICOSE ULCERS IT'S

CRURICAST

READY-TO-USE
UNNA'S BOOT BANDAGE
EFFECTIVE and ECONOMICAL

AMERICAN MEDICAL ASSN. ACCEPTED COUNCIL ON PHYSICAL THERAPY

Now you can use Unna's Paste in ready-to-use bandage form — *no heating, no painting, no messiness in your office.* As simply and quickly applied as a gauze roller bandage.

CRURICAST combines support and local dressing in varicose ulcers and eczema, lymphedema, phlebitis, chronic thrombophletic induration. Excellent for partial immobilization.



10 yards long,
3" or 4" wide.

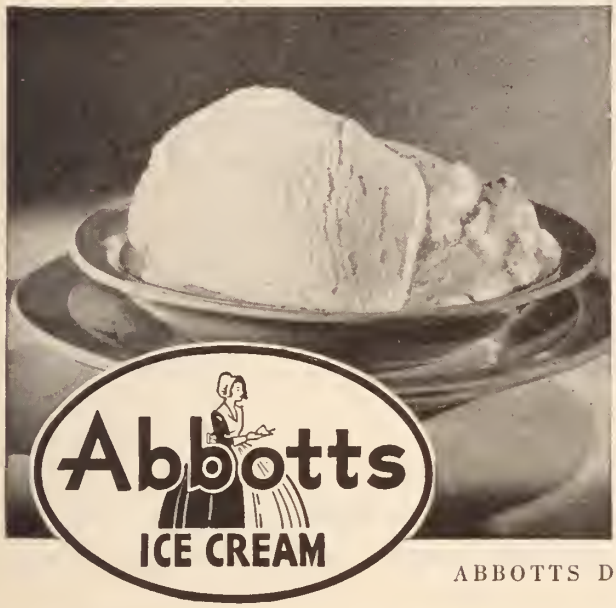
Introductory Offer
2 CRURICAST Bandages $1.00
(regular retail value $1.50)

Made by

E. K. DEMMEL COMPANY
59-11 67th Avenue, Brooklyn, N. Y.

RECOGNIZED BY PHYSICIANS AS A

Fine Energy Food . .



Abbotts Ice Cream is rich in high-quality proteins, calcium and Vitamin A. It also contains Vitamins B_1, C, D and G.

We make it from our own deluxe Cream, produced under strict bacteriological laboratory control at our Country Creameries.

ABBOTTS DAIRIES, INC., *Philadelphia, Pa.*

PROMPT • EFFICIENT
in relief of teething pains

CO-NIB

Mothers appreciate your prescription or recommendation of this quick acting, efficient agent. Carefully selected ingredients produce local anesthetic effects without systemic disturbances.

AN ETHICAL PRESCRIPTION

available at pharmacies



Sample and literature an request

ELBON LABORATORIES
MONTCLAIR, NEW JERSEY

ARZOL
Silver Nitrate Applicators



- Six inch wood applicators are tipped match-like with 75% Silver Nitrate.
- Ten applicators are individually assembled for easy withdrawal.
- Each unit provides a pocket-size container with a closing flap.
- The De Luxe package contains ten units (100 applicators).
- Price $1.50 per package.

ORDER FROM YOUR DEALER

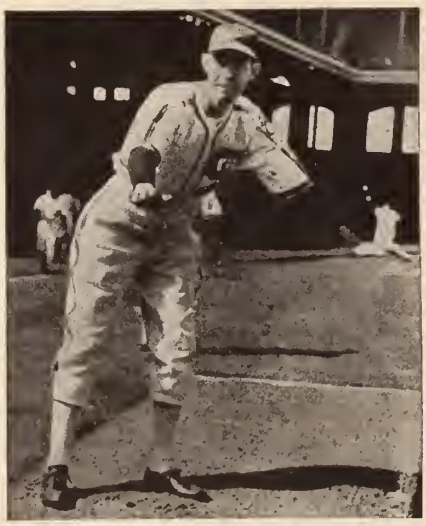
ARZOL CHEMICAL CO.
Nyack, N. Y.

REPRESENTATIVE FUNERAL DIRECTORS

OF THE STATE OF NEW JERSEY

Special and Dependable Service Day and Night. Special Attention Given to Hospital Calls, Train and Express Shipments.

Place	Name and Address	Telephone
BLOOMFIELD	Peter J. Quinn Funeral Service, 320 Belleville Ave.	BLoomfield 2-1260
ELIZABETH	Aug. F. Schmidt & Son, 139 Westfield Ave.	ELizabeth 2-2268
MORRISTOWN	Raymond A. Lanterman & Son, 126 South St.	MOrristown 4-2880
NEWARK	Peoples Burial Co., 84 Broad St.	HUmboldt 2-0707
PATERSON	Robert C. Moore & Sons, 384 Totowa Ave.	SHerwood 2-3914
RED BANK	The Wordens—Albert, Harry & James, 60 E. Front St.	Red Bank 557
RIVERDALE	George E. Richards, Newark Turnpike	Pompton Lakes 164



Monty Stratton says: "I am getting along fine on my Hanger Leg. I have never worn any other make."

Monty Stratton

Famous White Sox Pitcher

WEARS A HANGER LIMB

For 81 years we have been making, wearing, fitting and improving artificial limbs. The knowledge and skill we have gained during this time enables us to give every advantage of construction, fit, and comfort.

The Hanger name guarantees complete satisfaction.

J. E. HANGER, INC.

104 FIFTH AVENUE New York, N. Y. — **Established 81 years** *Inventors and Manufacturers* — **334 NO. 13th ST.** Philadelphia, Pa.

ENGLISH WILLOW AND DURAL LIGHT METAL ARTIFICIAL LIMBS

Belle Mead Sanatorium

BELLE MEAD :: NEW JERSEY

Under State License Since 1910

Sanatorium Phone BELLE MEAD, N. J. 21

● **For the individual care and modern treatment of nervous, mental, alcoholic, drug patients and general invalidism.**

FULL COOPERATION WITH REFERRING PHYSICIANS
RATES VERY REASONABLE FOR ATTRACTIVE ACCOMMODATIONS

●

J. C. KINDRED, M.D., *Consultant*
L. R. HARRISON, M.D., *Consultant*
MASON PITMAN, M.D. RUSSEL N. CARRIER, M.D.*
Medical Directors
Military Service

86c out of each $1.00 gross income used for members' benefit

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION

Accident, Hospital, Sickness
INSURANCE

FOR ETHICAL PRACTITIONERS EXCLUSIVELY
[57,000 Policies in Force]

$5,000.00 ACCIDENTAL DEATH $25.00 weekly indemnity, accident and sickness	For $32.00 per year
$10,000.00 ACCIDENTAL DEATH $50.00 weekly indemnity, accident and sickness	For $64.00 per year
$15,000.00 ACCIDENTAL DEATH $75.00 weekly indemnity, accident and sickness	For $96.00 per year

ALSO HOSPITAL EXPENSE FOR MEMBERS, WIVES AND CHILDREN

41 Years Under the Same Management
$2,418,000.00 INVESTED ASSETS
$11,350,000.00 PAID FOR CLAIMS

$200,000 deposited with State of Nebraska for protection of our members.

Disability need not be incurred in line of duty—benefits from the beginning day of disability.
Send for applications, Doctor, to

400 First National Bank Bldg. Omaha, Nebr.

COOK COUNTY
Graduate School of Medicine

(In affiliation with COOK COUNTY HOSPITAL)
Incorporated not for profit

Announces Continuous Courses

SURGERY—Two Weeks' Intensive Course in Surgical Technique starting August 9, August 23, September 6, September 20, and every two weeks throughout the year.

MEDICINE—Two Weeks' Intensive Course starting October 4. Two Weeks' Course in Gastro-Enterology starting October 18.

FRACTURES & TRAUMATIC SURGERY—Two Weeks' Intensive Course starting October 18.

GYNECOLOGY—Two Weeks' Intensive Course starting October 18. Clinical and Diagnostic Courses.

OBSTETRICS—Two Weeks' Intensive Course starting October 4.

OPHTHALMOLOGY—Two Weeks' Intensive Course starting September 27. Course in Refraction Methods October 11.

OTOLARYNGOLOGY—Two Weeks' Intensive Course starting September 13.

ROENTGENOLOGY—Courses in X-ray Interpretation, Fluoroscopy, Deep X-ray Therapy every week.

UROLOGY—Two Weeks' Course and One Month Course available every two weeks.

CYSTOSCOPY—Ten Day Practical Course every two weeks.

GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES.

TEACHING FACULTY
Attending Staff of Cook County Hospital

Address: Registrar, 427 South Honore St., Chicago, Ill.



AURORA

Founded by Robert Schulman, M.D.
(Since 1920)

A RESORT FOR HEALTH

For cardiovascular, metabolic, endocrinological and neurological disturbances.
Resident physicians. Complete physiotherapy department.

May we send you literature?

BENJAMIN SHERMAN, M.D., Medical Director
Morr. 4-3260 — On Route 24 **MORRISTOWN, NEW JERSEY**

Mountain View Rest, Inc.

Established
1927

Roseland, New Jersey
P. O. Box 158

A HOMELIKE NEUROPSYCHIATRIC SANITARIUM, where reliable and individual care and treatment are available.

Descriptive Booklet on Request

Phones: Caldwell 6-1651
6-1652

MRS. DONALD ST. CLAIR, Directress

FAIR OAKS

SUMMIT **NEW JERSEY**

DR. THOMAS P. PROUT, Medical Director
DR. CAMELLA A. LOSADA
DR. CARROLL S. THOMSON

A sanatorium equipped with many of the facilities of the hospital, minus the hospital atmosphere, for the modern treatment and management of problems in neuropsychiatry. We have finished our fortieth year.

PSYCHO-THERAPY **DIETETICS**
PHYSIO-THERAPY **HYDRO-THERAPY**
CLINICAL LABORATORY **OCCUPATIONAL THERAPY**
BASAL METABOLISM **ELECTRIC SHOCK THERAPY**

Telephone: Summit 6-0143



WHIPPANY REST

(Formerly Whippany River Health Farm)
Licensed by State Department
of Institutions and Agencies
Ideal for Chronic and
Elderly Patients
Phone Whippany 8-6311
THERESA CUDDY SCOLA, R.N.
Directress
Whippany Road, Whippany, N. J.
Next Door to Seeing Eye

CHARLES B. TOWNS HOSPITAL

Serving the Medical Profession for Over 40 Years

For Alcoholism and Drug Addiction Exclusively

Definite Treatment • Fixed Charges • Minimum Hospitalization

293 CENTRAL PARK WEST, NEW YORK, N. Y. — Tel. SChuyler 4-0770
(*Hospital Literature*)

"INTERPINES"

GOSHEN, N. Y. Phone 117
ETHICAL — RELIABLE — SCIENTIFIC
Disorders of the Nervous System
BEAUTIFUL QUIET HOMELIKE WRITE FOR BOOKLET
FREDERICK W. SEWARD, M.D., Director
FREDERICK T. SEWARD, M.D., Res. Physician CLARENCE A. POTTER, M.D., Res. Physician

"The Glenwood" Sanitarium

Licensed for the care and treatment of

Nervous and mental disorders, alcoholism and drug addiction

Homelike surroundings, good nursing, psychiatric treatment and excellent food.

R. GRANT BARRY, M.D.
2301 NOTTINGHAM WAY
TRENTON, N. J.
Tel. 2-8053

Wage Taxes Boost Collections

The new tax law permits the deduction of amounts paid on old bills from the Income Tax.

By telling debtors how to make this deduction, we are getting miraculous results on accounts that our clients considered uncollectible. We welcome a chance to handle your bills for a modest percentage of the amount recovered.

Send card or prescription blank for details.

National Discount & Audit Co.

Herald Tribune Bldg. New York, N. Y.
The leading reliable collection service.

Zemmer

PRESCRIBE or DISPENSE ZEMMER PHARMACEUTICALS
Tablets, Lozenges, Ampoules, Capsules, Ointments, etc. Guaranteed reliable potency. Our products are laboratory controlled. Write for catalogue.
Chemists to the Medical Profession
THE ZEMMER COMPANY, Oakland Station, Pittsburgh, Pa.

POSTPARTUM BACKACHE

often averted by prescribing a

SPENCER

Maternity Support

for wear during pregnancy

Orthopedists tell us that they are noting an increasing number of postpartum back cases, particularly among primaparas.

Young mothers, unaccustomed to baby care and the physical exertion of home-making, are often handicapped by weakened back and abdominal muscles. Lifting of the child, bending and stooping, plus postpartum fatigue, induce back derangements.



Patient with 5 months' development wearing an Individually Designed Spencer Maternity and Breast Support. Usable after childbirth,, too!

By wearing a Spencer Support during pregnancy, designed especially for her, the patient is protected against undue fatigue and back strain before and after childbirth.

A light, flexible Spencer Maternity Support will be individually designed for your patient. It will provide support for lower abdomen, with freedom at upper abdomen; improve posture; relieve pressure; prevent and relieve backache and nausea when not pathological. Designed of non-elastic material. *Guaranteed* never to lose its shape. Easily adjusted to increasing development.

Spencer Supports are never sold in stores. For a Spencer Specialist, look in telephone book under "Spencer Corsetiere" or write direct to us.

SPENCER *INDIVIDUALLY DESIGNED*

Abdominal, Back and Breast Supports

SPENCER INCORPORATED,
137 Derby Ave., New Haven 7, Conn.
In Canada: Rock Island, Quebec.
In England: Spencer (Banbury) Ltd., Banbury, Oxon.

May We Send You Booklet?

Please send me baaklet, "Haw Spencer Supports Aid the Doctor's Treatment."

.....M. D.

Address D°



E. F. C. HORMONES

STANDARDIZED, OFFICIAL U.S.P. METHOD



for female disorders

ESTROGENIC HORMONES
injection

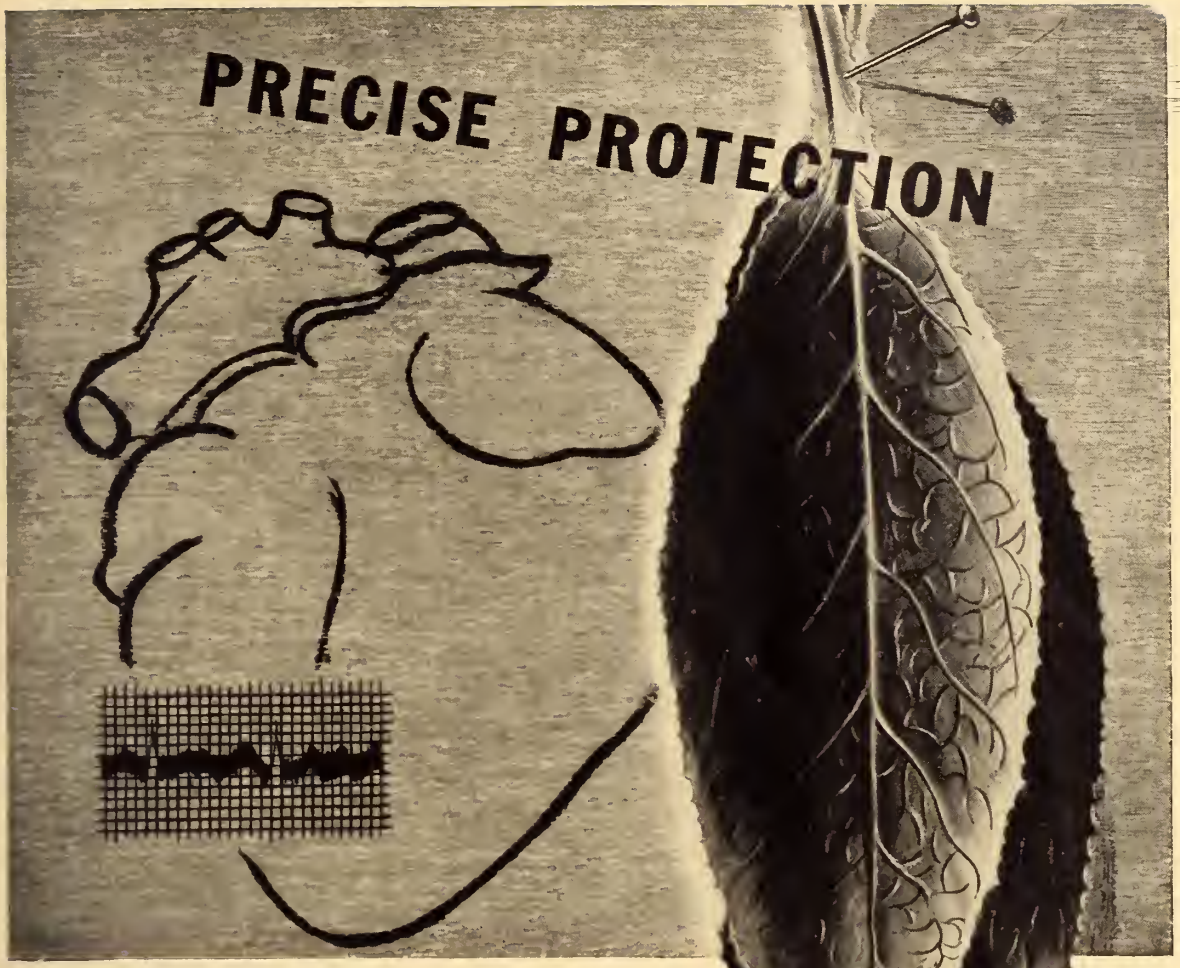
TRI-ESTRIN
(*Estrogenic Hormone Tablets*)
orally

ENDESTROL
(STILBESTROL)
injection and orally

PROGESTERONE
(CORPUS LUTEUM HORMONE)
injection

ENDOCRINE
Food Company
UNION CITY, N.J.

PRECISE PROTECTION



Three forms of Wyeth digitalis assist the physician in providing the cardiac patient with precise protection. In addition to Wyeth's Tincture Digitalis, U.S.P., Wyeth's Capsules Digitalis Leaf, Defatted, are available. In cases when nausea and vomiting, due to causes other than digitalization, preclude oral administration, Wyeth's Suppositories Digitalis Leaf permit rectal administration.

JOHN WYETH & BROTHER, INC., PHILADELPHIA, PA.

- Wyeth's Tincture Digitalis, U.S.P. XII. *Bottles of 4 fluidounces and one pint.*
- Wyeth's Capsules Digitalis Leaf, Defatted, 1 unit U.S.P. XII. *Bottles of 36, 100, 500 and 1,000 capsules.*
- Wyeth's Suppositories Digitalis Leaf, 1 unit U.S.P. XII. *Boxes of 12.*

ALL ARE PHYSIOLOGICALLY STANDARDIZED.



Wyeth's **DIGITALIS PRODUCTS**



"Pabena Tastes Good, Too"

CHILDREN like the flavor of this new companion-cereal to Pablum. Mothers find that Pabena has all the convenience and economy of Pablum. Both cereals can be quickly prepared in the required amount simply by adding milk or milk formula. Pabena, like Pablum, is thoroughly cooked and is enriched with calcium, phosphorus, iron, and the vitamin B complex. Samples and literature sent on request of physicians.

Pabena is supplied in 8 oz. cartons. Pablum continues to be supplied in 8 oz. cartons and 1 lb.-2 oz. cartons.

MEAD JOHNSON & COMPANY

Evansville, Indiana, U.S.A.

MEAD'S
WE ARE KEEPING THE FAITH

THE JOURNAL

OF

THE MEDICAL SOCIETY OF NEW JERSEY

Place of Publication, Printing and Mailing:
12 SOUTH DAY STREET, ORANGE, NEW JERSEY

Entered as second-class matter, September 5, 1906, at the post office at Orange, New Jersey, under Act of March 3, 1879.

VOL. 40, NO. 9 — SEPTEMBER, 1943 — Subscriptions, $3.00 per Year, Single Copies, 30 Cents

THE N.Y. ACADEMY OF MEDICINE
SEP 10 1943
LIBRARY

CONTENTS—Pages 349 to 378

EDITORIALS— Page

THE ECONOMIC OUTLOOK OF THE POSTWAR PHYSICIAN . . . 349

NARCOTIC ACT REGISTRATION 350

PROCUREMENT AND ASSIGNMENT SERVICE 351

AVAILABLE PHYSICIANS AND THE SELECTIVE SERVICE ACT 351

MEDICAL-SURGICAL PLAN OF NEW JERSEY 352

With New Jersey Medical Authors 353

ORIGINAL ARTICLES—

CRYOTHERAPY FOR COMMON SKIN DISEASES—C. C. Carpenter, M.D., Summit, N. J. 354

PRIMARY ATYPICAL PNEUMONIA. A CLINICAL DESCRIPTION OF THE DISEASE BASED UPON TWO HUNDRED AND FIFTY CASES — Lt. Col. M. Kasich, M.C., and Lt. I. S. Cohen, M.C., Fort Dix, N. J. 358

Gonococcus Culture Stations in New Jersey 364

ANEMIA OF PREGNANCY—Maternal Welfare Article No. 83—Theodore K. Graham, M.D., Paterson, N. J. 365

A LESSON FROM A DEATH CERTIFICATE 367

STATE ACTIVITIES— Page

Preliminary Report on Post-War Planning, Article I . . . 368

Industrial Medicine—Dubious Practices . . . 372

N. J. Chest Physicians Officers . . . 372

County Society Meeting Dates . . . 373

N. J. Radiological Society Officers . . . 373

Are Your Drug and Surgical Supplies Adequate? . . . 374

Supplementary List of Members . . . 374

American Public Health Association Annual Meeting . . . 374

Two Physicians Needed . . . 374

Obituary—Dr. Norman W. Currie . . . 375

THE BOOK SHELF—

Books Received . . . 375

Book Reviews . . . 375

WOMAN'S AUXILIARY—

President's Message . . . 376

Obituary—Mrs. L. Samuel Sica . . . 376

Officers and Chairmen of State Auxiliary . . . 376

Presidents of County Auxiliaries . . . 376

TUBERCULOSIS ABSTRACTS . . . 377

Roster of Officers, Advertising Page 3A

Editorial and Executive Offices of the Society

222 WEST STATE STREET
TRENTON 8, N. J.
Tel. 5776

Acceptance for mailing at special rate of postage provided for in Sec. 1103, Act of Oct. 3, 1917, authorized July 29, 1918.

Copyright 1943 by
The Medical Society of New Jersey

PHYSICIAN'S INCOME PROTECTION

Our Physicians Special Policy—endorsed by the State Medical Society—will appeal to you also, if you investigate. Elimination of excessive acquisition costs and economy of operation makes possible our rate which is far below that of equally broad and dependable insurance.

Brief Outline of Coverage

Accident Benefits—from 1st day for 60 months for total disability.
Half benefits for partial disability, limit 6 months.
Dismemberment benefits up to $10,000.

Sickness benefits—from 8th day for 12 months, full benefits, *house confinement not required.*

Rate for $100 Monthly Benefit, up to age 50, $7.40 quarterly.

Slightly higher rates to age limit of 65. Policies available from $100 to $300 monthly
Additional provisions for accidental death benefit and hospital expense insurance.

Your State Medical Society Insurance Committee are sole arbiters for handling any claim requiring arbitration.

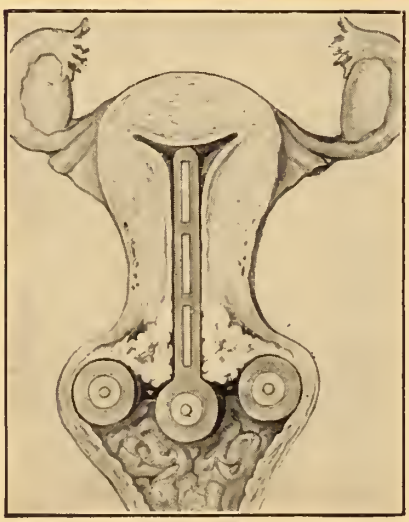
E. and W. BLANKSTEEN, Mgrs.

Authorized Representatives of The Medical Society of New Jersey

76 MONTGOMERY STREET **JERSEY CITY, N. J.**

Tel. Bergen 4-6051

IMPROVE YOUR RESULTS IN CANCER OF THE CERVIX



CONSISTENTLY high percentages of 5-year cures in Carcinoma of the Cervix are reported by institutions employing the French technique illustrated here. Ametal rubber applicators encase the heavy primary screens and provide ideal secondary filtration to protect the vaginal mucosa. Radium or Radon applicators for the treatment of Carcinoma of the Cervix and provided with Ametal filtration are available exclusively through us. Inquire and order by mail, or preferably by telegraph or telephone reversing charges. Deliveries are made to your office or hospital for use at the hour you may specify.

THE RADIUM EMANATION CORPORATION

GRAYBAR BUILDING Tel. MUrray Hill 3-8636 NEW YORK, N. Y.

THE MEDICAL SOCIETY OF NEW JERSEY

Founded July 23, 1766

PLACE OF PUBLICATION, PRINTING AND MAILING, 12. SO. DAY ST., ORANGE, N. J.

EXECUTIVE AND EDITORIAL OFFICES, 222 WEST STATE ST., TRENTON 8, N. J. TEL. 5776

EDITH L. MADDEN, *Acting Executive Officer*.....Trenton
HENRY A. DAVIDSON, *Editor, in Service A. U. S.*.....Trenton

MEDICAL SERVICE ADMINISTRATION OF NEW JERSEY
MEDICAL-SURGICAL PLAN OF NEW JERSEY
31 CLINTON ST., NEWARK, N. J.
Tel. MItchell 2-0675

NORMAN M. SCOTT, *Medical Director*
Executive Assistant, The Medical Society of New Jersey

OFFICERS

President, RALPH K. HOLLINSHED Westville
President-Elect, JOSEPH F. LONDRIGAN Hoboken
First Vice-President, SAMUEL ALEXANDER.....Park Ridge
Second Vice-President, FRANK G. SCAMMELL.....Trenton
Secretary, ALFRED STAHL Newark
Treasurer, GEORGE J. YOUNG Morristown

TRUSTEES

THOMAS B. LEE, *Chairman* (1945) Camden
ALDRICH C. CROWE, *Secretary* (1944) Ocean City
RALPH K. HOLLINSHED Westville
JOSEPH F. LONDRIGAN Hoboken
SAMUEL ALEXANDER Park Ridge
FRANK G. SCAMMELL Trenton
ALFRED STAHL Newark
GEORGE J. YOUNG Morristown
WILLIAM F. COSTELLO (1944) Dover
GEORGE W. FITHIAN (1944) Perth Amboy
JOSEPH G. COLEMAN (1944) Hamburg
DAVID W. GREEN (1945) Salem
HARRY R. NORTH (1945) Trenton
JAMES F. NORTON (1945) Jersey City
E. ZEH HAWKES (1946) Newark
J. HOWARD HORNBERGER (1946) Roebling
ANDREW F. MCBRIDE (1946) Paterson

COUNCILORS

First District (Union, Warren, Morris and Essex Counties).....CHRISTOPHER C. BELING, Newark (1945)
Second District (Sussex, Bergen, Hudson and Passaic Counties).....VINCENT P. BUTLER, Jersey City (1944)
Third District (Mercer, Middlesex, Somerset and Hunterdon Counties).....BARCLAY S. FUHRMANN, Flemington (1946)
Fourth District (Camden, Burlington, Ocean and Monmouth Counties).....S. EMLEN STOKES, Moorestown (1945)
Fifth District (Cape May, Cumberland, Atlantic, Gloucester and Salem Counties).....CHESTER I. ULMER, Gibbstown (1944)
President (Ex-Officio).....RALPH K. HOLLINSHED, Westville

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

Delegates

WELLS P. EAGLETON (1944) Newark
HILTON S. READ (1944) Ventnor
THOMAS K. LEWIS (1944) Camden
ANDREW F. MCBRIDE (1945) Paterson
LUCIUS F. DONOHOE (1945) Bayonne

Alternate Delegates

ELMER P. WEIGEL (1944) Plainfield
LANCELOT ELY (1944) Somerville
CLARENCE W. WAY (1944) Fort Monmouth
SPENCER T. SNEDECOR (1945) Hackensack
RALPH K. HOLLINSHED (1945) Westville

1 qt. supplies ⅓ to ½ of the daily protein need



Yes, milk offers a goodly share of protein — an important point these meat-scarce days. Moreover, its proteins are complete. They could serve as the sole source of protein if taken in sufficient quantity.

Suggest that your patients include milk in their menus as a protein supplement as well as for its minerals and vitamins. They'll like the rich, creamy flavor of

SUPPLEE
A Division of National Dairy Products Corporation

Sealtest
HOMOGENIZED
(pronounced hoe-MAH-jen-ized)
VITAMIN D MILK



WHETHER biliary stasis arises from inflammation of the gallbladder, or of the biliary ducts, or from liver dysfunction —mere emptying of the gallbladder (through cholagogic therapy) cannot provide adequate relief. The *liver itself* must produce more bile . . . fluid enough to pass the biliary channels with free and effective drainage.

Cholan DH (dehydrocholic acid-Maltbie) is a hydrocholeretic of maximum efficiency—increasing from 2 to 4 times the flow of especially *low-viscosity* bile. Its use may frequently forestall the necessity for surgical intervention by discouraging gall stone formation or the entrenchment of infection.

Contra-indications: Occlusive obstruction of biliary tract. Use with caution in acute yellow atrophy, acute hepatitis, eclampsia and progressive jaundice.

Cholan DH is supplied in bottles containing 100, 500, and 1,000 tablets of 3¾ grains each. Also in ampul form, as Cholan DH Sodium (Solution Sodium Dehydrocholate—a 20% concentration in 3 cc. or 10 cc. ampuls, 6 of either to a box.

COMPREHENSIVE LITERATURE ON REQUEST

CHOLAN·DH

(Dehydrocholic Acid Maltbie)

THE MALTBIE CHEMICAL COMPANY

NEWARK, NEW JERSEY

Full-Motioned, Lifelike
ARTIFICIAL HUMAN EYES





We have the Enviable Reputation of "Really Knowing How" to produce that "Pleasing Cosmetic Effect" so desired by one wearing an Artificial Eye.

REFERRED CASES CAREFULLY ATTENDED

IT IS OF VITAL IMPORTANCE TO THE PATIENT'S FUTURE APPEARANCE THAT THE FIRST ARTIFICIAL EYE BE PROPERLY FITTED. IT IS IN THESE NEW CASES, WHERE UTMOST ATTENTION MUST BE GIVEN—AND OF WHICH WE HAVE MADE A SPECIAL STUDY.

Especially Made to Order Eyes by Skilled Artisans.
Also Eyes Fitted from Stock

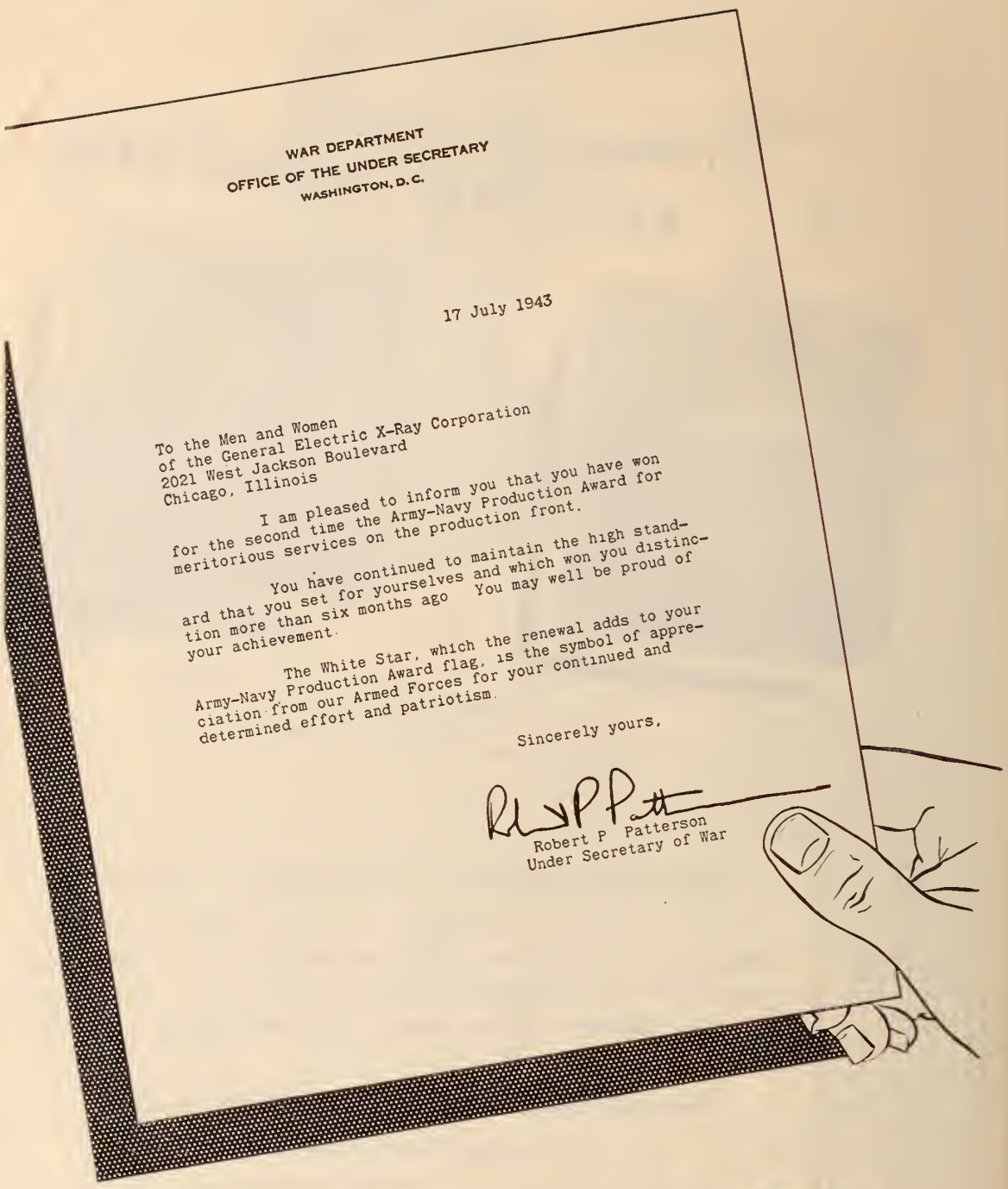
SELECTIONS SENT ON MEMORANDUM UPON REQUEST.

FRIED AND KOHLER, INC.

"Specialists in Artificial Human Eyes Exclusively"

665 FIFTH AVENUE
near 53rd St.
NEW YORK, N. Y.
Tel. Eldorado 5-1970

"Pleasing Particular People for Over Forty Years!"



WAR DEPARTMENT
OFFICE OF THE UNDER SECRETARY
WASHINGTON, D.C.

17 July 1943

To the Men and Women
of the General Electric X-Ray Corporation
2021 West Jackson Boulevard
Chicago, Illinois

I am pleased to inform you that you have won for the second time the Army-Navy Production Award for meritorious services on the production front.

You have continued to maintain the high standard that you set for yourselves and which won you distinction more than six months ago You may well be proud of your achievement.

The White Star, which the renewal adds to your Army-Navy Production Award flag, is the symbol of appreciation from our Armed Forces for your continued and determined effort and patriotism.

Sincerely yours,

Robert P Patterson
Under Secretary of War

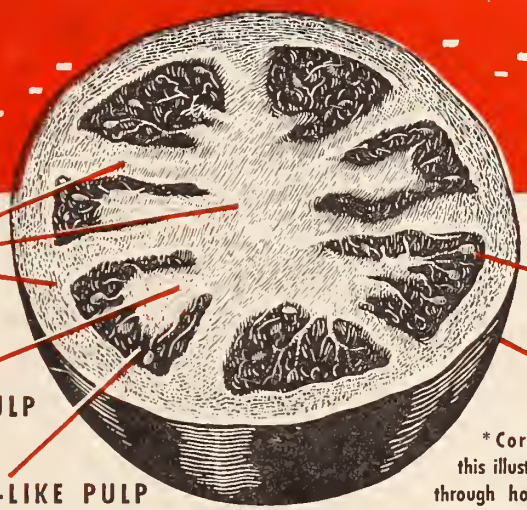
G-E STANDARDS ARE SET UP TO BE MAINTAINED — IN WAR AND IN PEACE

ARMY E NAVY

GENERAL ELECTRIC
X-RAY CORPORATION
2012 JACKSON BLVD CHICAGO (12), ILL., U. S. A.

Today's Best Buy — U. S. War Bonds

THE *Anatomy* OF A KEMP'S SUN-RAYED TOMATO



OUTER AND INNER WALLS

INNER LOCULE PULP

YELLOWISH JELLY-LIKE PULP

SEEDS

SKIN

*Core not shown, as this illustrates tomato sliced through horizontal diameter.

● Except for skin, seeds and core,* all regions of this tomato are important to you in tomato juice. That's why we use the whole tomato, minus skin, seeds and core, for Kemp's Sun-Rayed brand Tomato Juice. Note proportion of three primary regions pictured above, left. Just right for finest flavor, high nutrition, rich red color and proper consistency. No ordinary field tomatoes these, but a special strain developed through 23 generations of tomato culture. We convert these tomatoes into Kemp's Sun-Rayed by our patented process which insures high retention of vitamins A, B_1 and C.

Packed by
THE SUN-RAYED CO.
Frankfort, Indiana

• • •

New England Representative
MORTON OF BOSTON
185 Devonshire Street





NON-SEPARATING

Warrior

THE military doctor of World War II – unarmed yet unafraid – moves up shoulder to shoulder with the combat troops. Bayonet charge . . . parachute landing . . . beach-storming from raiding barges . . . constantly, the medical officer proves that he is every inch a fighting man.

More than likely, he's a Camel smoker, too, for Camel's mellow mildness and smooth, comforting flavor quickly won it first choice in the armed forces.*

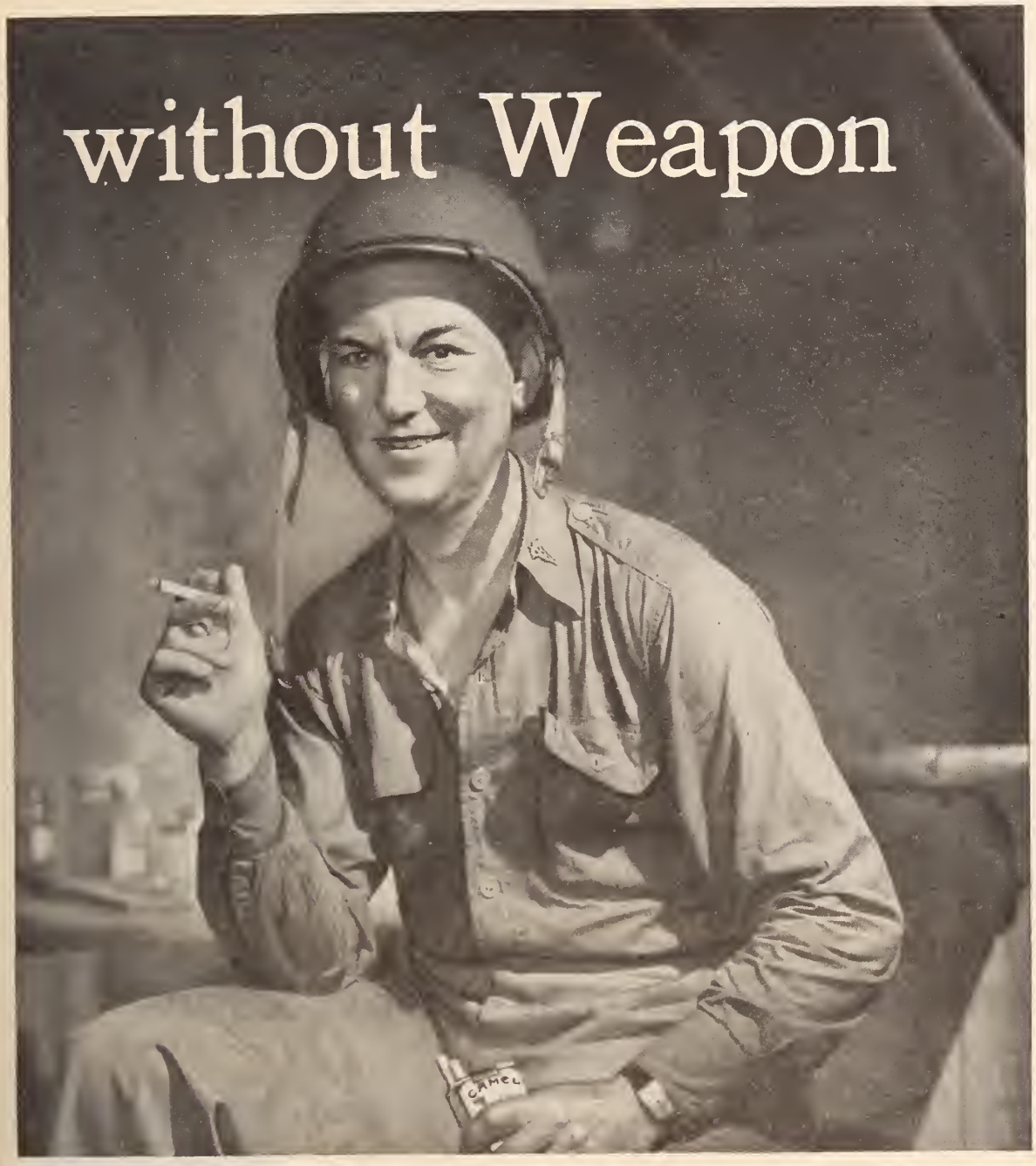
Planning a gift for someone in service? Make it Camels . . . a carton . . . the *thoughtful* remembrance.





BUY WAR BONDS STAMPS

Camel



1st in the Service

*With men in the Army, the Navy, the Marine Corps, and the Coast Guard, the favorite cigarette is Camel. (Based on actual sales records.)

New reprints available on cigarette research—Archives of Otolaryngology, February, 1943, pp. 169-173—March, 1943, pp. 404-410. Camel Cigarettes, Medical Relations Division, One Pershing Square, New York 17, N. Y.

Costlier Tobaccos

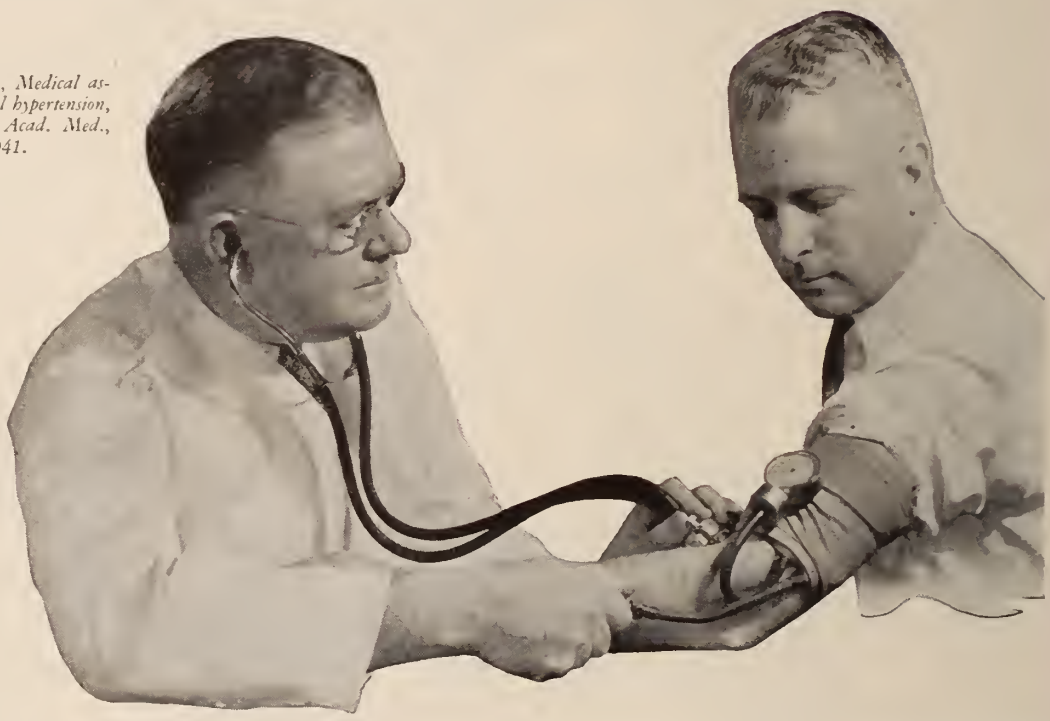
THE IMPORTANCE OF HYPERTENSION

"The importance of hypertension as a problem of health needs emphasis. High blood pressure is both a common disease and a serious one. Indeed, it appears to be more common and more deadly than cancer."*

"About a fourth of all deaths of individuals past fifty years of age is referable to hypertension."*

". . . hypertension usually is a serious disease which terminates the lives of those it afflicts within a relatively short period."*

*Allen, E. V., *Medical aspects of arterial hypertension*, *Bull. N. Y. Acad. Med.*, 17: March, 1941.



PROLONGED REDUCTION OF HIGH BLOOD PRESSURE WITH **ERYTHROL TETRANITRATE MERCK**

TREATMENT of arterial hypertension today is necessarily directed toward relief and not cure. The use of Erythrol Tetranitrate is suggested as an additional measure when the usual regimen of rest and dietary control has proved inadequate.

Erythrol Tetranitrate offers the advantage of producing such a prolonged reduction in blood pressure that administration three times daily may be adequate to maintain the desired level. It may be prescribed over an extended period with sustained effect.

The vasodilator action of Erythrol Tetranitrate usually begins about fifteen minutes after administration and persists for a period of three to four hours. The average dose is ½ to 1 grain (0.03 to 0.06 Gm.) every 4 to 6 hours, in tablets as marketed.





MERCK & CO., Inc. *Manufacturing Chemists* RAHWAY, N. J.



ADRENAL CORTEX EXTRACT (UPJOHN) is distinctive in its therapeutic action in that it affords the multiple actions of the many active principles of the adrenal cortex. This makes possible more effective, potent therapy for increasing muscle tone and capacity for work, for improving resistance, and for alleviating apathy and depression in adrenal cortical insufficiency.

There is no one synthetic duplicate which can influence carbohydrate metabolism, capillary tone, vascular permeability, plasma volume, body fluids and electrolytes.

ADRENAL CORTEX EXTRACT (UPJOHN) can be given intravenously, as well as by subcutaneous and intramuscular injection. Whenever potent replacement therapy is indicated—

Adrenal Cortex Extract (Upjohn)

Sterile Solution in 10 cc. rubber-capped vials for subcutaneous, intramuscular and intravenous therapy

Upjohn
KALAMAZOO, MICHIGAN

ANOTHER WAY TO SAVE LIVES . . . BUY WAR BONDS FOR VICTORY

PROFESSIONAL LIABILITY PROTECTION

Afforded Members of

THE MEDICAL SOCIETY OF NEW JERSEY

Since 1921

FAULHABER & HEARD, INC.

Authorized broker to negotiate professional liability contracts for The Medical Society of New Jersey

CONSULT US

For Protection and Specialized Service

31 Clinton Street Newark, N. J.

Telephone MItchell 2-1294

FAULHABER & HEARD, Inc.

31 CLINTON STREET **NEWARK, N. J**

Kindly send information on limits and costs of Society Professional Policy.

Name

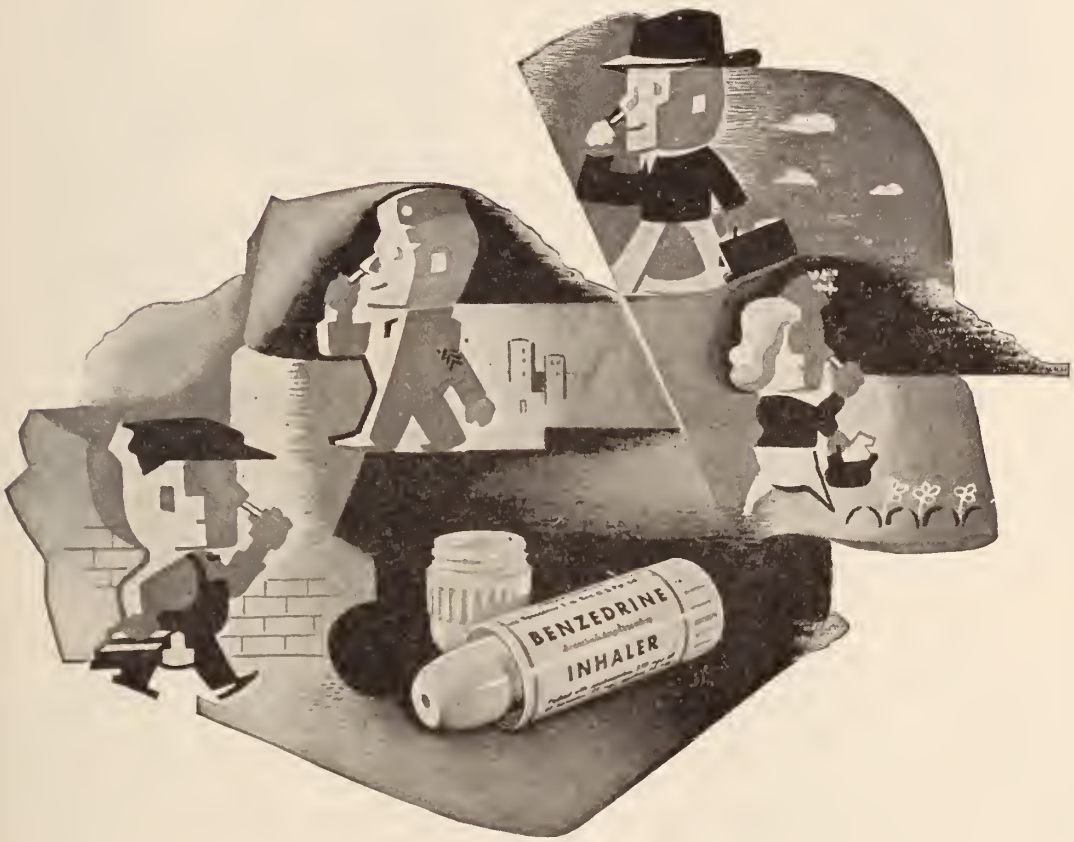
Address

.....

So Outstandingly Convenient

that the physician may overlook the fact that it is,

first and foremost, a highly effective therapeutic agent.



Benzedrine Inhaler

In a Modern Plastic Tube

Each Benzedrine Inhaler is packed with racemic amphetamine, S.K.F., 250 mg.; oil of lavender, 75 mg.; and menthol, 25 mg. Benzedrine is S.K.F.'s trademark, Reg. U. S. Pat. Off., for their Inhaler and their brand of racemic amphetamine.

SMITH, KLINE & FRENCH LABORATORIES, PHILADELPHIA, PA.

OPTIMUM NUTRITION FOR BABY... MINIMUM TIME FOR DOCTOR...



with this complete liquid infant formula!

BIOLAC SUPPLIES milk proteins, milk minerals, iron, and vitamins A, B_1, B_2 and D in amounts which equal or exceed recognized requirements for infants. Thus with the sole exception of vitamin C, Biolac provides *complete* nutrition for the bottle-fed baby.

Biolac is a real timesaver for overworked doctors, too! *No carbohydrate or other extra formula ingredients to calculate!*

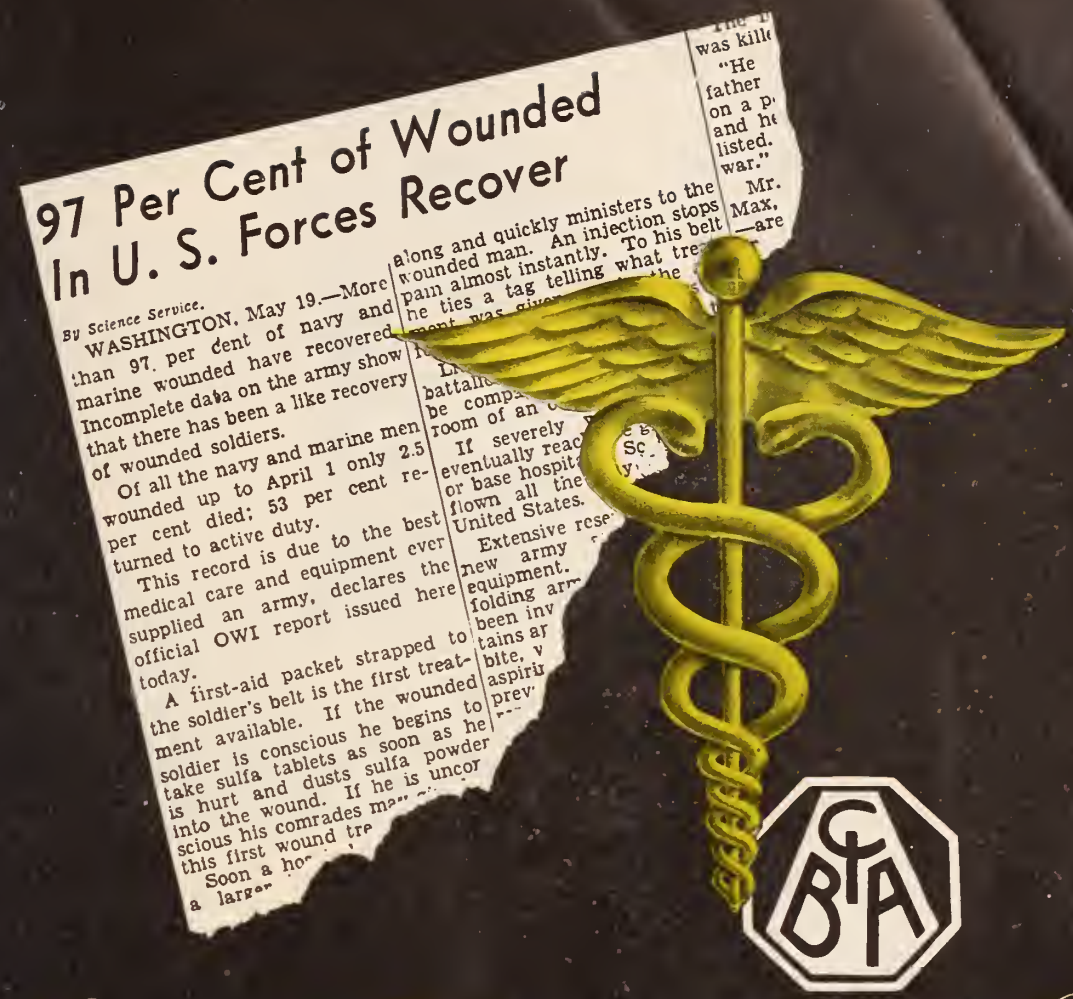
Also, with Biolac there is less chance of upsets due to errors in preparing formulas. Less chance of formula contamination, too, because Biolac requires only simple dilution with boiled water, as you prescribe.

NO LACK IN BIOLAC

Borden's complete infant formula

● *Biolac is prepared from whole milk, skim milk, carbohydrates—Vitamin B_1, concentrate of Vitamins A and D from cod liver oil, and ferric citrate. It is evaporated, homogenized, and sterilized. For professional information, write Borden's Prescription Products Division, 350 Madison Avenue, New York, New York.*

ACCEPTED AMERICAN MEDICAL ASSN.



Salute to Distinguished Service

• It is a tribute to the Medical Corps of the fighting forces and to American research that *more than 97 per cent of Navy and Marine wounded recover*, and that 53 per cent return to active duty. Present Army records show like recovery of wounded soldiers.

Such a record could not have been established without skilled medical care in the field — and without products of American pharmaceutical manufacturing laboratories . . . always searching for improvements in existing preparations, always seeking new and more effective medicaments.

As one of these manufacturing laboratories, Ciba salutes the Medical Corps of the American Armed Forces for brilliant use of vital therapeutic aids.

CIBA

Pharmaceutical Products, Inc.

SUMMIT • NEW JERSEY



Consistent Performance

★ Unchanging, the Naval Observatory clock at Arlington has ticked on for decades. Its unvarying time is the accepted standard throughout the nation. The same consistent performance may be expected from PITOCIN*. Rigid standardization and marked stability assure the same reaction today as yesterday and the day before.

★ PITOCIN'S potent oxytocic principle, negligible amount of pressor factor, low protein content and freedom from impurities assures stimulation of uterine contracture, no appreciable rise in blood pressure and a minimum possibility of reactions—true uniformity.

★ Chief indications for PITOCIN (alpha-hypophamine) are: medical induction of labor; stimulation of uterus, in properly selected cases, during labor; prevention of postpartum hemorrhage and bleeding following curettage; and treatment of postpartum and late puerperal hemorrhage.

*TRADE-MARK REG. U. S. PAT. OFF.

PITOCIN

A product of modern research offered to the medical profession by Parke, Davis & Company

PARKE, DAVIS & COMPANY

DETROIT, MICHIGAN



Epinephrine Hydrochloride 1:1000 N.N.R.

CHEPLIN'S solution of this powerful vasoconstrictor, hemostatic and circulatory stimulant is adjusted to a definite standard strength and is physiologically assayed by measuring the effect on blood pressure.

EPINEPHRINE HYDROCHLORIDE may be administered by hypodermic, inhalation or topical application, affording rapid relief of asthmatic symptoms, urticaria, angioneurotic edema, reactions following injections of biologicals, shock or collapse, and prompt control of certain types of hemorrhage. When used in conjunction with topical, nerve block or infiltration anesthesias, it produces a bloodless operative field and retards absorption of the anesthetic—thus prolonging the period of anesthesia. Literature on Request.

ACCEPTED AMERICAN MEDICAL ASSN.

EPINEPHRINE HYDROCHLORIDE is packaged as 1:1000 in:

1 cc. ampules.
10 cc. rubber-stoppered vials.
30 cc. rubber-stoppered vials.
30 & 480 cc. bottles for topical applications.

"ACCEPTED STANDARDS AT AN ACCEPTABLE COST"

CHEPLIN BIOLOGICAL LABORATORIES, INC.

(Division of Bristol-Myers)

Syracuse, New York



There's no rule about the length of a war, and no telling how great the sacrifices needed to win it. All we know is that it *must be won.*

We hope and pray that the *next* generation will be spared—that our lads of fourteen and fifteen are destined for something else but the horrors of war and the fields of battle.

We hope that we, of this generation, may transmit to the next generation a world in which ruthless savagery and killing have ceased . . . a world in which they may live and work in peace.

America must not lose this war—*dare* not lose it! We must win as *quickly* and completely as possible. If we win in time, hundreds of thousands of lives will be saved, and the youths of today will build the greater America of tomorrow.

It takes *money* to provide our fighting men with planes, tanks, guns and ships—tens of billions of dollars. It takes *War Bond* money—from you, and you, and you—regularly—every payday—10% of your income, at least—more, if you can.

Your Government will give you back $4 in 10 years for every $3 you invest now—$25 for each $18.75 Bond you buy. And your investment is backed and guaranteed by all the strength of the world's most powerful nation. The better we arm our *men,* the more lives of our *boys* will be spared, and the sooner will their future be assured.

Knowing this to be true—knowing that War Bonds will help save our country—the lives of our fighting men—yes, even the lives of those who are mere boys now . . .

Can you possibly *not* put every dollar you can scrape together into War Bonds?

FACTS ABOUT WAR BONDS

1. War Bonds cost $18.75 for which you receive $25 in 10 years—or $4 for every $3.
2. War Bonds are the world's *safest* investment — guaranteed by the United States Government.
3. War Bonds can be made out in 1 name or 2, as co-owners.
4. War Bonds *cannot* go down in value. If they are lost, the Government will issue new ones.
5. War Bonds can be cashed in, in case of necessity, after 60 days.
6. War Bonds begin to pay interest after 1½ years.

Keep on Buying War Bonds

PUBLISHED IN COOPERATION WITH THE DRUG, COSMETIC AND ALLIED INDUSTRIES BY

LEDERLE LABORATORIES, INC., NEW YORK, N.Y. — A UNIT OF AMERICAN CYANAMID COMPANY

Rapid and pronounced reduction of stomach acidity

Creamalin promptly reduces stomach acidity. Moreover, the antacid effect is sustained.

With Creamalin there is no compensatory reaction by the gastric mucosa and no oversecretion of hydrochloric acid. Furthermore, there is no risk of producing alkalosis.

When employed with an ulcer regimen, Creamalin often induces unusually rapid healing of peptic ulcer.

Supplied in 8 oz., 12 oz. and 1 pint bottles



ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

CREAMALIN

Reg. U. S. Pat. Off.

ALUMINUM HYDROXIDE GEL

Non-Alkaline Antacid Therapy

WINTHROP CHEMICAL COMPANY, INC.

Pharmaceuticals of merit for the physician

NEW YORK, N. Y. WINDSOR, ONT.



No food (except breast milk) is more highly regarded than Similac for feeding the very young, small twins, prematures, or infants who have suffered a digestive upset. Similac is satisfactory in these special cases simply because it *resembles breast milk so closely,* and normal babies thrive on it for the same reason. This similarity to breast milk is definitely desirable — *from birth until weaning.*

A powdered modified milk product especially prepared for infant feeding, made from tuberculin tested cow's milk (casein modified) from which part of the butterfat is removed and to which has been added lactose, olive oil, coconut oil, corn oil, and cod liver oil concentrate.

ARMY E NAVY
BUY WAR BONDS!

ACCEPTED AMERICAN MEDICAL ASSN Council on Foods

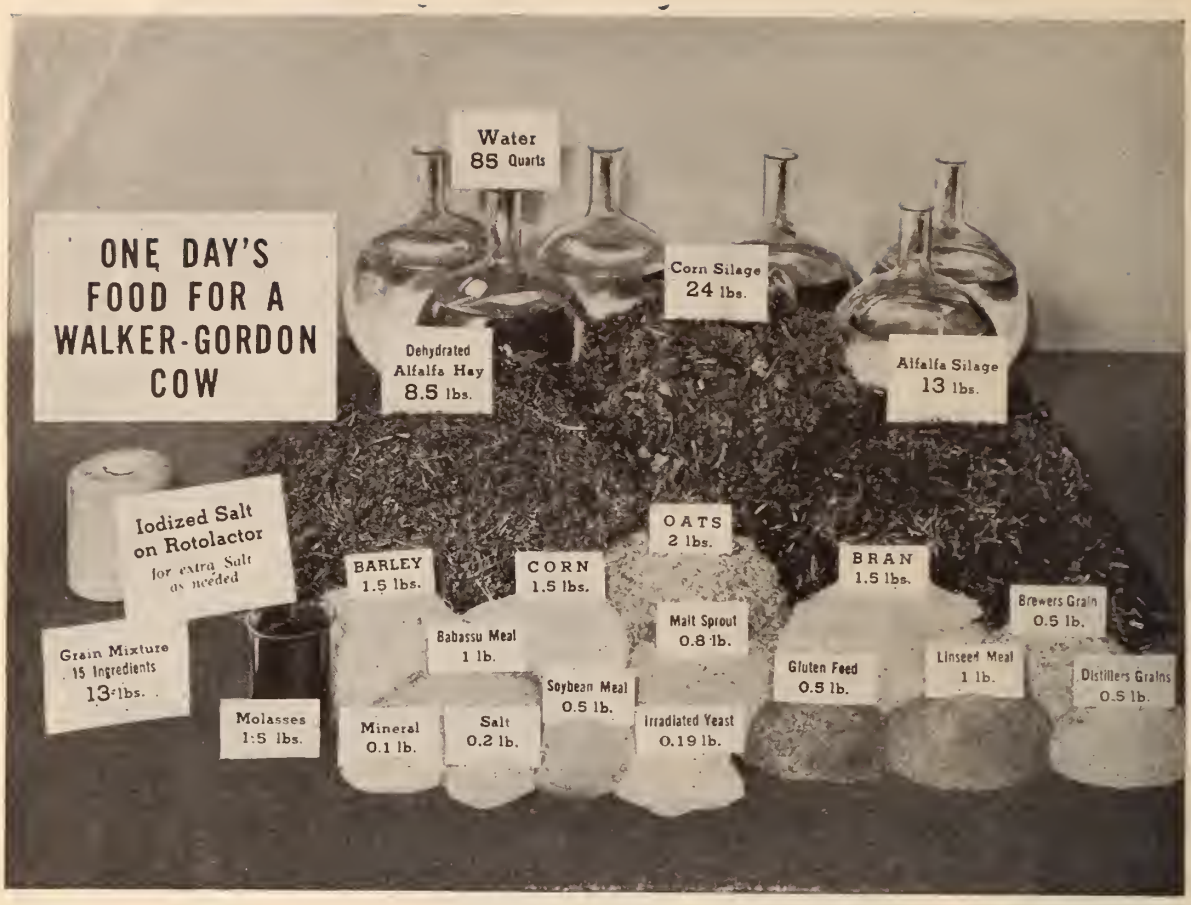
One level tablespoon of Similac powder added to *two* ounces of water makes *two* fluid ounces of Similac. This is the normal mixture and the caloric value is approximately 20 calories per fluid ounce.

SIMILAC } SIMILAR TO BREAST MILK

M&R DIETETIC LABORATORIES, INC. • COLUMBUS, OHIO

"don't smoke"...

is advice hard for patients to swallow. May we suggest, instead, *SMOKE "PHILIP MORRIS"?*
Tests showed 3 out of every 4 cases of smokers' cough cleared on changing to PHILIP MORRIS. Why not observe the results for yourself?



How many cows get a scientific ration like this?

THIS SCIENTIFIC daily ration was developed after years of study by the Walker-Gordon Laboratories.

It's remarkably rich in vitamins and health-giving minerals . . . And that's *one* big reason why Walker-Gordon cows produce a milk far superior to the type you get from cows that are fed in the ordinary, unscientific way.

Take Vitamin A, for example. The alfalfa fed a Walker-Gordon cow is not ordinary alfalfa but a special dehydrated kind containing 700% more Vitamin A. As a result, her milk contains more Vitamin A than many ordinary milks.

And though the quantity of some other vitamins varies in ordinary milk (according to the season and what the cows find to eat), *the vitamin content remains uniformly high in Walker-Gordon Certified . . . regardless of the time of year!*

Then, too, Walker-Gordon Certified is delivered fresher than ordinary milk. This, plus the cows' wonderfully balanced diet, makes its Vitamin C content higher . . . and gives it a much finer, richer taste.

So it's easy to see why more and more physicians recommend Walker-Gordon Certified to their patients. They believe it's well worth a few pennies extra to get this marvelously pure milk with all its added nutritional values.

WALKER-GORDON CERTIFIED

The World's Finest Milk

THE PHYSICIAN ALONE



Early sign of Vitamin A Deficiency: slight thickening of conjunctiva at equator; slight increase of vascularity; swelling of caruncle and plica semilunaris.

IS QUALIFIED



Early Indication of B Complex Deficiency Shown in Marginal "Fluting" of Tongue with Redness or Soreness of Tip.

TO INTERPRET



Early Manifestation of Ariboflavinosis is Found in Pallor and Maceration of Lips at Angles of Mouth.

AND PRESCRIBE

Early recognition of the signs of deficiency states and appropriate therapy, prevent the development of more serious conditions that frequently require prolonged medication.

The physician, and he alone, is qualified to diagnose accurately and to prescribe for early as well as advanced vitamin inadequacies.

For this reason White's have consistently adhered to a policy of ethical promotion, in which no form of consumer advertising is ever employed. White Laboratories, Inc., Pharmaceutical Manufacturers, Newark 7, N. J.

White's PRESCRIPTION *vitamins*

GOOD VISION & EFFICIENT PRODUCTION

go hand-in-hand!!!

We are presenting to the public the necessity of good vision through our radio program, "The Breakfast Reporter", station WAAT, 7:30 - 7:45 A. M. This program recommends the Ophthalmologist and the Guildcraft Optician.

Do *YOUR* part—refer your colleague, the Eye Physician, for eye examination. He will recommend a member of the —

Guild of Prescription Opticians of New Jersey, Inc.

ASBURY PARK
Anspach Bros.
552 Cookman Ave.

ATLANTIC CITY
Atlantic Optical Co.
2146 Atlantic Ave.
Foerster Optical Co.
1708 Pacific Ave.
Freund Bros.
1006 Pacific Ave.

CAMDEN
E. F. Birbeck Co.
Fifth & Cooper Sts.
Harry N. Layer
106 N. 5th St.
J. E. Limeburner Co.
535 Cooper St.
Pelouze & Campbell
116 N. Broadway

EAST ORANGE
Anspach Bros.
533 Main St.
Harold C. Deuchler
541 Main St.

ELIZABETH
Brunner's
277 N. Broad St.

ENGLEWOOD
Fred G. Hoffritz
30 Park Pl.

HACKENSACK
Hoffritz & Petzold
315 Main St.

JERSEY CITY
William H. Clark
26 Journal Sq.

MONTCLAIR
Stanley M. Crowell Co.
26 S. Park St.
Ralph E. Marshall
5 Church St., Hinck Bldg.

MORRISTOWN
John L. Brown
57 South St.

NEWARK
Anspach Bros
1212 Raymond Blvd.
James J Keegan
33 Central Ave.
J. C. Reiss
10 Hill St.
Charles Steigler
11 Central Ave.
Edward Anspach
20 Central Ave.

PATERSON
John E. Collins
241 Market St.

PLAINFIELD
Gall & Lembke
633 Park Ave.
Louis E. Saft
628 Park Ave.

RIDGEWOOD
Ray Grignon, Optician
17 N. Broad St.

SUMMIT
Anspach Bros.
382 Springfield Ave.
Room 212, Bassett Bldg
Harold C. Deuchler
344 Springfield Ave.

UNION CITY
Arthur Villavecchia
1017 Summit Ave.

WESTFIELD
Brunner's
206 Broad St.

"SYMBOL OF QUALITY
IN THE FIELD OF
NUTRITION"



INFANT NUTRITION

• BIOCHEMICALS FOR
DEFICIENCY DISEASES

S. M. A. CORPORATION • 8100 McCORMICK BLVD • CHICAGO, ILL.

Integrity



The RED LILLY stands for quality products, progress through research, and ethical dealing with the medical profession. These precepts are not an idle pose but are the basis on which the Lilly Laboratories have operated for over sixty-five years.

Lilly

ELI LILLY AND COMPANY

INDIANAPOLIS 6 INDIANA, U.S.A.



THE JOURNAL
OF
THE MEDICAL SOCIETY OF NEW JERSEY

Published Monthly Since September, 1904

Whole Number of Issues, 469

Under the
Direction of the
Committee on Publication



Henry C. Barkhorn, M.D., Chairman

Henry A. Davidson, M.D., Editor
In Active Service A. U. S.

Place of Publication, Printing and Mailing—12 South Day Street, Orange, N. J.
Editorial and Executive Offices of the Society—222 West State Street, Trenton 8, N. J.; Tel. 5776

Each member of the State Society is entitled to receive a copy of The Journal every month.

Vol. 40, No. 9 September, 1943 Single Copies, 30 Cents
Subscriptions, $3.00 per Year

THE ECONOMIC OUTLOOK OF THE POSTWAR PHYSICIAN

Looking ahead to the days of peace, it is pleasant to think of returning to a stable world in which normal activities can be taken up where they were left off. But can this dream come true? Dare we hope that a world torn apart by years of mass destruction and warring ideologies soon can be restored to its former pattern? It seems more reasonable to expect that new adjustments will have to be made to postwar conditions that will bear little resemblance to those we knew before Pearl Harbor. There will undoubtedly be a long period of reconstruction, with returning laborers, farmers, technicians, and business and professional men all expecting a place in civil life commensurate with the risks and hardships they have undergone.

Now, while our colleagues are struggling in the heat of battle, it remains for us at home to think in constructive terms about the kind of world they are going to have when peace comes. What the nature of future conditions will be is largely unpredictable. But the medical profession is faced with the obligation to help make those conditions equitable, to smooth the way for the demobilized practitioner, the medical research worker, the young graduate physician, and for all who are qualified to contribute their medical skills to the common welfare.

Following World War I, as many of us remember, the economic dislocation assumed tragic proportions. After a period of false prosperity, veterans could not find work, breadlines were a commonplace, homes were broken up, money for medical care was lacking, and many physicians sat gloomily in their offices wondering how they were going to earn their overhead, to say nothing of a living. And that postwar world never returned to its prewar status.

Thinking men, both professional and lay, are bound to consider plans for averting such disasters. The present Administration is taking the lead in formu-

lating programs to fill the need of the whole population for medical care and at the same time to provide proper compensation for the medical practitioner. Whatever the merits or demerits of these programs may be, and whatever changes of administration the coming election may bring, it is safe to predict that we shall never return to the old haphazard medical economy.

Thus far, the proponents of various schemes for "subsidizing" medicine have thought chiefly in terms of benefit to the public. But adequate remuneration for the physician is a matter of serious importance. Insufficient income often has consequences that bring discredit upon our profession.

The physician is not an economist. Medicine is a science and an art, and to these his life has been dedicated. His social outlook, essentially, is humanitarian. But the time has come when he can no longer ignore his responsibility for bringing about a better distribution of medical service with adequate compensation for himself and his colleagues.

It is not our purpose at this time to suggest a plan by which these ends can be accomplished, but rather to awaken the physician to a consciousness of the part he must play in the reconstruction of the postwar world. Organized medicine, no less than organized labor, has the intelligence, the initiative, and the power to make its voice heard in formulating a practical working program affecting its activities. Such a program should have the following objectives:

1. The extension of therapeutic and preventive care to the whole community.
2. The full employment of all qualified physicians.
3. The maintenance of high ethical and professional standards.
4. Sufficient remuneration for the physician to enable him to obtain modern equipment, to provide opportunities for study and research, and to free him from undue financial anxiety.
5. Free choice of physician.

These are the minimum demands that should be made of any scheme for the regulation of medical services. It is only by taking an active part in evolving such schemes that we can avoid having conditions imposed upon us that tend to standardize our earnings and to limit our initiative.

J. M. Carlisle, M.D.

NARCOTIC ACT REGISTRATION

Renewals of registrations under the Harrison Narcotic Act were due on July 1st. A renewal form (Form 678) should have been received at the office of each physician who was registered last year.

Physicians on duty with the armed forces are not required to renew their permit until they return to private practice.

Upon entry into military service physicians should dispose of narcotics on hand by transferring them to another registered physician on a narcotic form, or by turning their narcotics in to the Narcotics Bureau.

Physicians on active duty should return their application for renewal of license (Form 678) to the Bureau, writing across the face of the form "on active duty with the armed forces".

PROCUREMENT AND ASSIGNMENT SERVICE

Two representatives of the Washington office visited the New Jersey office on August 16 to assist in preparing our records for inspection by military authorities who are expected shortly to survey this State in their search for additional medical officers.

We derived very little comfort during their visit except "from the news of the suggested post-war plan of the Central Board to establish communities in which ex-State Chairmen and their assistants might be properly protected and live in peace". If the suggested post-war plan is realized, these physicians will render medical care in adjacent communities reserved as havens for members of local draft boards and ration boards.

As the necessity for offensive military actions, on multiple fronts in many parts of the world, becomes more evident, the demand for additional medical officers becomes more urgent. It seems quite obvious that all quotas announced in the past will be disregarded and that it is safe to assume that the armed forces will revert to the original contention that they will need all physicians under 45 years of age who can pass the physical examination, except for those relatively few who are absolutely essential to maintain the health of our civil population.

The above assumption seems justified by the following facts. Examining boards are recalling for reëxamination many physicians who have been previously rejected because of physical defects. Recent instructions require that State Chairmen refer to State and National Headquarters of Selective Service for reclassification the names of all available physicians under 45 who do not apply for commissions. It is fair to presume that these men face induction under present or future provisions of the Selective Service Law.

We can boast that very few New Jersey physicians are in this position. Each physician whose name has been forwarded to Selective Service has been so notified. It has been explained to each man that if he is selected by his local board he becomes a Selective Service problem and that Procurement and Assignment Service cannot consistently or justifiably protect his interests before the local board or induction board. No coercion or compulsion has been intended or attempted. We have simply advised these physicians of the position in which they may find themselves in the near future and suggested that they appear voluntarily for an interview before the Army or Navy Physicians Board before they are subjected to the embarrassment of selection by their local boards. We hope they will respond.

As of August 1 the names of about 400 New Jersey physicians were in the hands of Army and Navy Boards as available for military service. This is the last major group which can be considered available under the present standards applied by our County Committees. The most important source now remaining is from our Internes and Residents. At the request of the Army and Navy we are conducting a survey to determine the present number and status of our Internes and Resident Physicians and the potential number of officers which will be available from this source during the next year.

AVAILABLE PHYSICIANS AND THE SELECTIVE SERVICE ACT

Upon instructions received from Washington authorities, New Jersey Procurement and Assignment Service reluctantly notified Selective Service System of available New Jersey Physicians who have not responded to the invitation extended to them by the armed forces to apply for a commission. We appreciate the economic problems of many of these physicians, the sense of obligation they feel toward their communities and patients, and the importance of the commitments they are trying to fulfill. We appreciate the economic sacrifices many of these physicians must make if they enter military service. At the same time Procurement and Assignment Service is committed to carrying out the policies and obligations of the medical profession applicable to the procurement of medical officers, and to instructions received from higher authorities.

Several New Jersey physicians have been classified 1A by local boards. Two alien physicians have been inducted, and later granted citizenship and invited to apply for a commission. One physician, made available by Procurement and Assignment, who previously refused to apply for a commission, has been in-

ducted. All other physicians classified as 1A have been represented by Procurement and Assignment and their induction prevented by appeal to local boards or military authorities. Procurement and Assignment Service, however, is not justified in attempting to obstruct the normal operation of a federal law, as would be the case if we attempted to intercede for a physician who has refused to apply voluntarily for a commission.

The following letter has been sent to all New Jersey physicians whose names were forwarded to Selective Service System:

"Procurement and Assignment Service has classified you as available for military service. This classification was based upon the recommendation of local county advisors to Procurement and Assignment Service.

"Your name, with the names of many other physicians, was submitted to the Office of Procurement Service of the Army and Navy, which in time requested that you voluntarily apply for a commission. We have been advised by these authorities that you have not accepted their invitation.

"Acting upon instructions received from Washington we have forwarded your name to National and State Selective Service Headquarters as a physician who does not wish to apply for commissioned rank.

"You are being advised of the above procedures purely for your own information. No attempt at coercion or compulsion is intended. To date your entry into the military service as a commissioned officer must be on a voluntary basis, and at your own discretion, but we wish to inform you further as follows:

"We have been informed that physicians whose names are so reported will be subject to reclassification under present or future provisions of the Selective Service Law.

"We believe it will be necessary for all physicians, who were under 45 years of age when classified and who are physically fit, to enter military service if the demands of the armed forces are to be met. Indications are that if this is not accomplished on a voluntary basis the government may take steps to obtain the services of these physicians by compulsion. We believe the only exceptions to this will be a very small number of such physicians who are considered essential for very specific reasons.

"We suggest, therefore, that you give careful reconsideration to this matter before deciding definitely that you do not wish to volunteer."

MEDICAL-SURGICAL PLAN OF NEW JERSEY

Schedule of Benefits

Physicians frequently call the Plan office for information on our Schedule of Benefits, and suggest that the subject be clarified in an informative article in the *Journal*.

Medical-Surgical Plan has two schedules, each having the same basic values.

1. Unit Value Schedule.
2. Schedule of Benefits.

In considering these Schedules it should be borne in mind (1) that participating physicians agree to accept as full payment the amounts paid by the Plan for services rendered patients admitted for semi-private hospital accommodations, (2) that participating physicians agree to accept as a credit against their fee the amount payable by the Plan for services rendered patients admitted for private room accommodations; the remainder of the fee being payable by the patient.

1. UNIT VALUE SCHEDULE

This Schedule is expressed in units, the par value of each unit being $1.00. This Schedule was evolved after many months of study. Its final form was determined by its application to a study of 100,000 contracts of Hospital Service Plan of New Jersey in which we found that one person in 10.5 of the total persons insured was admitted to a hospital in one year. Concerning this group of admissions we knew the diagnoses, operative procedures and lengths of stay in hospital. To each case was applied a cost, either as a medical case on a hospital call basis, or as a surgical case on an operative fee basis; plus a daily allowance for long-stay cases and special allowances for anesthesias and consultations.

With the basic figures so obtained, plus allowances for administrative costs and unpredictable contingencies, we were able to estimate our subscription rates per person and per family.

At the outset, not knowing how correct our predetermined estimates might be, we reduced the par value of the unit to $0.80, thus reducing payments for each type of service by 20

per cent, but maintaining the relative value between services. After three months of experience we felt more assured that our predetermined estimates were reasonably correct and paid each physician the 20 per cent we had withheld. Since that time we have made all payments in accordance with 100 per cent of our schedule.

As an example, our most common surgical claim is for appendectomy, for which, at par value of the unit, we pay $100.00; plus $10.00 for a surgical assistant and $10.00 for anesthesia, providing these services are rendered by a private physician not in the employ of the hospital. For medical cases at par, we are paying $5.00 for the first visit and $3.00 for subsequent daily visits. Other eligible services are valued at a number of units consistent with the above examples.

2. SCHEDULE OF BENEFITS

This was a later development, and is applicable only to payment for services rendered by participating physicians to patients admitted for private hospital accommodations.

The Department of Banking and Insurance required that we submit a Schedule listing the number of dollars we would guarantee in the form of a credit toward payment of physicians' fees, for services rendered private room cases. We submitted a Schedule identical with our unit schedule, but expressed in dollars rather than units. Our participating physicians agree to credit private room patients, with these amounts, even though they may actually receive from the Plan amounts less than those stated in the Schedule. To date we have paid 100 per cent according to this schedule and participating physicians have assumed no losses.

We suggest that all interested physicians read the report of our first year's experience on page 300 of the August *Journal*.

WITH NEW JERSEY MEDICAL AUTHORS

It is requested that any New Jersey physician who publishes an article outside the state, notify the Editorial Office in Trenton, giving the title of the paper and the name of the periodical, as well as the month, date, volume and page number. It would also be helpful to this office if members would notify us of articles published by their colleagues.

ALEXANDER, WALTER G. (Orange)
Planned parenthood as a health measure. J. Nat. M. A. 35: 141-142, July 1943.

BERKOW, SAMUEL G., Lieut. Comdr. (M.C.) U.S.N.R. (Perth Amboy)
Program for the emergency treatment of extensive burns. U. S. Nav. M. Bull. 41: 946-952, July 1943.

BERNSTEIN, ARTHUR—see Parsonnet, Aaron E.

CETRULO, GERALD O., First Lieut.—see Crecca, William D.

COHN, GEORGE M.—see Finkler, Rita S.

CRECCA, WILLIAM D. and GERALD I. CETRULO, First Lieut. (M.C.) (Newark)
Improved technic for blind nailing of the neck of the femur; the Crecca-Cetrulo guide. Am. J. Surg. 61: 93-98, July 1943.

FINKLER, RITA S., and COHN, GEORGE M. (Newark)
Hormonal effects on growth in children. Arch. Pediat. 60: 362-380, July 1943.

FLICKER, DAVID J. (Kearny)
Pubertas praecox in a female infant caused by ventricular cyst. J. Nerv. & Ment. Dis. 98: 42-47, July 1943.

HALPRIN, HARRY, Lieut. Comdr. (M.C.) U.S.N.R. (Caldwell)
Dissecting aneurysm of the entire aorta with partial bilateral renal occlusion. U. S. Nav. M. Bull. 41: 1098-1102, July 1943.

MARTIN, STEVENS J., Maj. (M.C.) (Fort Dix)
Ether anesthesia at army medical installations. Anes. & Anal. 22: 216-219, July-August 1943.

PARSONNET, AARON E. and ARTHUR BERNSTEIN (Newark)
Routine use of cedilanid in clinical practice. Am. Heart J. 26: 39-41, July 1943.

SATULSKY, EMANUEL M. (Elizabeth)
Dermatitis venenata caused by the Manzanillo tree: further observations and report of sixty cases. Arch. Derm. and Syph. 47: 797-798, June 1943.

SCHMELKES, FRANZ (Ph.D.) (Belleville)
Chemical considerations governing the local chemotherapy of wound infections. Surg., Gynec. & Obst. 77: 69-73, July 1943.

SICKEL, E. M. (Lakewood)—with B. A. Gouley, Philadelphia
Aortic regurgitation caused by dilatation of the aortic orifice and associated with a characteristic valvular lesion. Am. Heart J. 26: 24-38, July 1943.

STOKES, J. L., and WOODWARD, C. R. JR. (Merck & Co., Rahway)
Formations of tyrothricin in submerged cultures of bacillus brevis. J. Bact. 46: 83-88, July 1943.

TARANTO, MICHAEL, Lieut. (M.C.) U.S.N.R. (Linden)
One hundred consecutive cases of cerebrospinal fever at Camp Endicott. U. S. Navy M. Bull. 41: 961-965, July 1943.

WOODWARD, C. R., JR.—see Stokes, J. L.

ORIGINAL ARTICLES

CRYOTHERAPY FOR COMMON SKIN DISEASES *

By C. C. Carpenter, M.D., Summit, N. J.

Therapy with carbon dioxide snow is safe, efficient, and simple in correcting many skin disorders. Since its introduction in 1905 by Pusey,[1] it has never achieved the popularity it deserves. In part, this was due to the introduction of newer modes of therapy, but principally to the fact that it was difficult to obtain, and the apparatus necessary to make it in the office was costly and space consuming.

APPARATUS

Adherents to this mode of therapy can be divided into two groups: those who procure compressed carbon dioxide snow blocks from the corner drugstore and those who, through necessity or by preference, manufacture their own.

For those who utilize the drugstore supply, several methods of forming the compressed bricks into the proper sized crayons have been described.

The most commonly used method is carving out the crayons with a knife, but the tendency of the material to chip makes this a tedious procedure and it is almost impossible to make a crayon of uniform size.

Bloom [2] uses copper tubes of various sizes to melt the ice and make a uniform crayon. Schmitt [3] depends on a wooden block, with variously sized holes in which to compress the carbon dioxide snow chips.

Those who make their own snow can employ the old method of using a tank of carbon dioxide gas held in a stand or tilted over a chair at a 30-40° angle. The snow is then collected around the dependent escape valve by a cone of blotting paper, chamois bag, or cyrocautery.[4] This latter implement has a metal expansion chamber and tip. Refrigeration is transmitted through this tip to the lesion to be treated. The amount of pressure is controlled by an incorporated spring device.

The objections to this method of manufacture are the cumbersome equipment, the waste of snow when only a single treatment is necessary, and the consequent increase in expense involved.

More recently, small, portable outfits have been described which can be carried in a medical bag for home treatments. These make use of a small expansion chamber, in which snow is formed by the escape of carbon dioxide gas from a small cartridge. The amount necessary to treat several small lesions can be obtained from one cartridge, but if more snow is needed the chamber will hold the snow produced by two or three cartridges.[5, 6]

A recent modification is the inclusion, with the expansion chamber, of a set of plastic crayons of various sizes, with central pestle, to form the snow into a compact mass. They insure no change in size of the active tip with even the longest treatment, protect the operator's fingers, and do away with the danger of small chips coming off and injuring nearby tissues.[6]

MODE OF ACTION

As the temperature of carbon dioxide snow is —70° C., it may readily be appreciated that most of its action depends on quick freezing of the part. The factors of time and the amount of pressure used, then, becomes of paramount importance. The first action in this treatment is one of cell injury, with the abnormal cells being destroyed more rapidly, and,

*Read at a meeting of the Summit Medical Group, Summit, N. J., on December 6, 1942.

The carbon dioxide snow apparatus used in this study was supplied by the Specialties Manufacturing Company, 35 Farrand Street, Bloomfield, N. J.

1. Pusey, Wm. Allen: Use of Carbon Dioxide Snow in the Treatment of Nevi and Other Lesions of the Skin. J. A. M. A. 49:1354, Oct., 1907.
2. Bloom, D.: Simplified Method of Preparing Pencils of Carbon Dioxide Snow. Arch. Dermat. & Syph. 32:105, 1935.
3. Schmitt, C. L.: A Simple Device for Forming Solid Carbon Dioxide Snow. Arch. Dermat. & Syph. 39:877, 1939.
4. McKee, G. M., and Cipallaro, A. C.: Physical Therapy in Dermatology. Chapter 18, page 20, Volume 1. Principles and Practices of Physical Therapy. Prior and Co., 1935.
5. Report of Council on Physio-Therapy—Pocket Carbon Dioxide Snow Outfit Acceptable. J. A. M. A. 104:833, 1935.
6. Carpenter, C. C.: A Safe Method of Applying Solidified Carbon Dioxide. J. A. M. A. 118:296, 1942.

as the time and pressure increase, there is a thrombosis of the blood vessel walls and an inflammatory exudation of lymph and phagocytes. The sensation of pain, which feels more like a burn, comes on within a few seconds after starting application and lasts from a few minutes to a few hours, depending on the severity of the treatment and the location treated. After a few hours a vesicle or bulla forms and usually ruptures in two or three days, leaving a serous crust which is easily removed in ten or fourteen days. For this reason, treatments should not be repeated more often than every two to four weeks.

The scarring which remains after a deep treatment, as a rule, is of a smooth, pliable, cosmetically good type and rarely becomes keloidal. For this reason, carbon dioxide snow therapy is more safely used around the eye than other destructive methods, as ectropion does not result.

TECHNIQUE OF APPLICATION

Because of the importance of the time element, a watch with a visible second hand should always be used. The amount of pressure needed can quickly be learned by experience and is roughly classified as heavy, medium, and light. Before applying the snow, it is well to remove all old crusts and scaling, and to remove the sebaceous material with a little ether, so that there may be a more uniform penetration of the cold. It is better to select a crayon or applicator which is smaller than the lesion to be treated, as freezing occurs beyond the selected circumference. Also, it is better to pick up a small lesion between the fingers with severe treatments, as this protects the underlying tissues. With unprotected crayons, a chamois shield, with a hole in the center of the desired size and shape, should be used. Great care should be taken in working near the eyes or mouth with naked sticks, as small particles frequently fragment from the sides and may produce severe injury, especially if inhaled.[7]

USES

Acne—For many years the indurated form of acne has been treated either by the action of solid carbon dioxide or carbon dioxide in the form of a slush mixed with acetone. Recently, Dobes and Keil[8,9] found that the addition of a small amount of flowers of sulphur to this mixture was more efficacious. Applications of the slush mixture may be made once or twice weekly, but should not be used on Negroes because of the danger of depigmentation or, in radiation cases, for at least one month following x-ray therapy. I have found solid carbon dioxide most useful in improving the scarring which follows some of the deep cystic acne lesions.

Angiomas—The spider nevus or nevus auraneous, which is a small collection of blood vessels, usually situated on the face of an adult and frequently seen during and following pregnancy, will disappear with one treatment with carbon dioxide snow for ten seconds, with moderate pressure. In the angiomas of infancy, a port wine mark very rarely shows any response to the carbon dioxide snow but, if any improvement occurs, it will do so within the first three treatments of from ten to thirty seconds' duration, using light pressure. The simplex type of slightly raised, bright red strawberry mark responds very well to applications of five to ten seconds, with moderate pressure. In the cavernous type, of less than two centimeters, good results may be obtained with the use of carbon dioxide snow for five to ten seconds, with heavy pressure. Larger cavernous types are best treated by radium therapy. If sloughing should occur from carbon dioxide snow therapy, no trouble has been encountered from secondary hemorrhage or embolism. In these angiomas it is not necessary to freeze the entire area involved. Caution: Care should be taken in the use of carbon dioxide snow following any radium therapy, as the tissue is much more susceptible to freezing and the time interval and pressure should be decidedly lightened so as not to produce a slough.

Corns and Callosities—Corns and callosities

7. Sam, M. L., and Neffson, H. A.: A New Kanger-Aspiration of Carbon Dioxide Snow. J. A. M. A. 108:970, 1937.
8. Karp, F. L.; Nieman, H. A., and Lerner, C.: Arch. Dermat. & Syph. 39:995, 1939.
9. Dobes, W. L., and Keil, H.: Treatment of Acne Vulgaris by Cryotherapy (Slush Method). Arch. Dermat. & Syph. 42:574, 1940.

can be helped very much by the application of carbon dioxide snow for sixty seconds, with heavy pressure. I have found it helpful to peel away much of the callus first, by applying a 20-40 per cent salicylic acid plaster for forty-eight hours. Approximately one week later, a lighter treatment with a carbon dioxide stick can be given to the base. On the plantar surfaces of the feet deep blisters, with thick walls, may occur. These can be punctured to relieve pain.

Eczema—There is a verrucous form of eczema which is not infrequently seen on the lower third of the leg, associated as a rule with some venous stasis and much itching. Application of carbon dioxide snow for five to twenty seconds, with medium pressure, helps much to thin down these areas and relieve the desire to scratch.

Epitheliomas—When carbon dioxide snow was first introduced, many smaller epitheliomas were treated by this method. However, there have been no reports on its use for this condition during the past ten years in the Quarterly Accumulative Index, except for one reference to Paget's disease of the nipple. I feel that other methods undoubtedly are superior in treating well established skin cancers, but carbon dioxide snow therapy is excellent for the precancerous lesions.

Keloids—Keloidal scarring is found frequently following acne and can be greatly improved cosmetically by the use of solid carbon dioxide, using heavy pressure for fifteen to sixty seconds, depending on the thickness of the scar. It may also be cautiously used in small keloids in conjunction with x-ray or radium therapy.

Lichen Planus—An hypertrophic form of lichen planus is usually found on the middle third of the leg, with a silvery, scaley center and a violaceous border. This can be helped by repeated freezings for fifteen seconds, with the use of moderate pressure.

Lupus Erythematosus—The discoid lesions of this condition, seen on the face, will disappear with applications of carbon dioxide snow of twenty to forty seconds, with medium pressure. The use of carbon dioxide snow in this condition has been a great boon in causing these unsightly markings to disappear. Of course, it should be pointed out to the patient that this skin condition itself produces scars and after the condition has disappeared following treatments, a smooth, pliable scar will be found at the sites which have been treated.

Molluscum Contagiosum — These little growths will respond to many forms of destructive therapy. If only a few are present, about forty seconds' application, with heavy pressure, using a very small crayon or applicator, is sufficient to make them disappear.

Nevi—Carbon dioxide snow when first introduced was used extensively to destroy pigmented nevi and even today many prefer this method to electrolysis, fulguration or radiation. It is my belief that care in the selection of the nevi to be treated is of great importance. Those known to be readily stimulated to activity should be treated by more radical means of destruction. The hairy, papillary, verruciform, or "mouse-skin" types are safely and readily amenable to this treatment.[10] The time and pressure used during treatment will vary with the thickness and fibrous consistency of the mole to be treated. It is well to start with not more than five to ten seconds, with light pressure. The majority of individuals would rather keep the "mole" than have a disfiguring scar and it is better to treat the nevus several times rather than attempt complete destruction of the growth at one time.

Psoriasis—Carbon dioxide snow may be used in chronic, small patches, as a means of stimulating them in hope of resolution.

Rosacea—Much of the redness of the face may be reduced by the judicious use, with light pressure, of carbon dioxide snow for not more than three to five seconds in the areas involved. When the areas on the cheeks are quite large, I have rolled the crayon sideways over the involved portions.

Senile Keratoses—These respond well to applications from thirty to forty-five seconds with medium pressure.

Seborrheic Keratoses — Where there is a thickened, brownish verrucuous layer over-

10. Traub, E. F., and Keil, H.: The "Common Mole". Arch. Dermat. & Syph. 41:214, 1940.

lying the base, I prefer to remove this by curettement and then treat the base with an application for twenty seconds with heavy pressure.

TB Cutis—The nodules of TB. Cutis, whether they are the tuberculide form or due to direct infection of the skin by the tubercle bacillus, respond very favorably to treatments varying from five to sixty seconds, depending on the thickness of the lesion.

Verrucae—Chief success is obtained in the treatment of the common, flat, and plantar wart by the use of this method. For the common wart, applications of thirty to sixty seconds, with heavy pressure, are usually required. Plantar warts should first be prepared by paring down the wart with a knife or by the use of a salicylic acid plaster, to be followed by forty-five to ninety seconds of carbon dioxide snow, under heavy pressure. Small, flat verrucae will usually disappear in one or two treatments, using carbon dioxide snow from two to five seconds, under medium pressure.

Xanthomas—Xanthomas occurring about the eye will respond well to applications of carbon dioxide snow for five to twenty seconds, with light pressure. Too much improvement should not be striven for at one treatment, but rather frequently repeated applications should be made.

Summit Medical Group, Summit, N. J.
and
181 South Street, Morristown, N. J.

CARCINOMA OF THE STOMACH

Why This High Mortality?

The deaths from carcinoma of the stomach per year in the United States are 38,000. This is a startling figure and causes us to stop and ask questions as to why this should be so.

From a surgeon's point of view the story is an old one. The patient usually comes too late and about 50 per cent of the cases are inoperable when explored. Of the remaining 50 per cent only one-half can be resected. The other half must have palliative operations for relief of obstruction or the like. Thus only 25 per cent of the cases that finally get into the surgeons' hands have any hope at all of getting a cure. We must ask ourselves, why is this true?

First of all, the symptoms are so vague at times, even with an advanced carcinoma of the stomach. There is no true symptom complex on which to make the diagnosis or cause a suspicion of it. We all must, therefore, take notice of the slightest gastric symptoms and study them thoroughly before merely giving a patient powders, diet, or pills. Any symptoms such as indigestion, under which heading should be listed such findings as distress in relation to meals, belching, loss of desire for meat, sour eructations, and so forth, really demand investigation.

What investigation should be done? There are three things of importance in this respect—a gastric x-ray examination, gastroscopy, and a fractional test meal, these, of course, besides a carefully taken history. X-ray examination or gastroscopy by itself is not sufficient. Many cases have been missed by one and picked up by the other.

The end results of these studies may prove everything to be normal. If the symptoms do not then clear up in one month of treatment the tests should be repeated.

If the results of tests should show a gastric ulcer, medical treatment should be instituted and check studies made in six weeks. If no improvement in the symptoms or studies is found, then the case should be operated. It is dangerous to treat this type of case longer medically since one might be dealing with a carcinoma at that time.

It is the opinion of many surgeons that the figure of 38,000 deaths a year from carcinoma of the stomach could be cut way down if two things could be improved: First, a thorough investigation of any gastric symptoms; secondly, operation should be performed in any gastric lesion which after six weeks of medical treatment has failed to respond.

Let us all do our part in reducing the terrible mortality from carcinoma of the stomach.—Olison C. Engel, Philadelphia Medicine, Vol. 38, No. 45, p. 1301.

PRIMARY ATYPICAL PNEUMONIA*

A Clinical Description of the Disease Based Upon Two Hundred and Fifty Cases

Lieutenant Colonel M. Kasich
Medical Corps, Army of the United States, Chief of Medical Service
and
Lieutenant I. S. Cohen
Medical Corps, Army of the United States Assistant, Medical Service
Station Hospital, Fort Dix, N. J.

Reimann has said that the disease known as primary atypical pneumonia, cause unknown,[1] is as old as man. The reason why so little was heard of it before 1935, when Bowen[2] published the first description of the disease, is because we were not conscious of it, and because the roentgen ray was not used so extensively as it is today.[3] Nevertheless, since Bowen's work, there has grown up a voluminous literature[4] on the subject, and the disease is now considered a common one. There is still lacking, however, a clear cut clinical description of the disease. This paper, which is based upon two hundred and fifty cases studied at the Station Hospital, Fort Dix, N. J., will be a summary of what we have observed. The question of etiology will be subordinated, for our laboratory, like that in most hospitals, is not equipped for virus studies.

Etiology: Although this disease is commonly known as virus pneumonia, the name is not entirely correct, for only in a small percentage of cases has a specific virus been isolated. In the overwhelming majority of cases of atypical pneumonia, the cause is unknown. Whether we are dealing with a new virus, or whether these cases are caused by the viruses of psittacosis,[5] ornithosis,[6] aleurosis,[7] influenza A and B,[8] or the rickettsiae of Q fever[9] we do not know. Atypical pneumonias are said to have been caused by the above named agents. In addition atypical bronchopneumonias have been described in which the etiologic agents were blastomyces dematitides[10] (Gilchrist's disease) and oidium coccidiodes immitis.[11] In toxoplasmosis[12] there has been noted a pulmonary lesion which bears a striking resemblance to primary atypical pneumonia. Clinically the two diseases are often indistinguishable. A rare eosinophilic infiltration of the lungs known as Loeffler's syndrome[13] may also be mentioned in this connection. Though many of these pneumonias had some similarity to primary atypical pneumonia, they were, generally speaking, more severe, and did not have the same benign course that has most often characterized the disease we are discussing.

Material: Five hundred and fourteen cases of pneumonia were observed during the period of this study, and of these two hundred and fifty (or 48 percent) fell into the category of primary atypical pneumonia (See Table 1). It is interesting to note that prior to August 1942, there were few cases in contrast to the pneumonias of pneumococcal origin, and fol-

TABLE I

Classification of Pneumonias Included in This Study

Primary Atypical Pneumonias	250
Bronchopneumonias	226
Lobar Pneumonia	38
TOTAL	514

*This report has been released for publication by the War Department Manuscript Board, which assumes no responsibility, other than censorship, for the contents, of this article.

1. Reimann, H. A. Lecture delivered at Tilton General Hospital, March 10, 1943.
2. Bowen, A. Am. J. Roentgenol., 34: 168, 1935.
3. Reimann, H. A. Op. cit.
4. Thompson, J. L. (unpublished data); Reimann, H. A. (a) J.A.M.A., 111, 2377, 1938. (b) Arch. Int. Med., 64: 362, 1939; Reimann, H. A., and Havens, W. P. Arch. Int. Med. 63: 138, 1940; Longcope, W. T., Bull. Johns Hopkins Hosp. 67: 268, 1940; Kneeland, Y. Jr., and Smetana, H. F., Bull. Johns Hopkins Hosp. 67: 229, 1940; Dingle, J. H., and Finland, M. (a) New England J. Med. 227: 378, 1942; (b) New England J. Med. 227: 342, 1942; Favour, C. B., Am. J. Med. Sci. 205: 187, Feb. 1943; Moore, G. B., and Tannenbaum, A. J., and Smaha, T. G. War Medicine, 2: 615, 1942.
5. Favour, C. B. Am. J. Med. Sci. 205: 187, Feb. 1943.
6. Favour, C. B. Ibid.
7. Favour, C. B. Ibid.
8. Dingle, J. H., and Finland, M. op. cit.
9. Burnet, F. M., and Freeman, N. Med. J. Australia, 3: 299, 1937; Davis E. G., and Cox, H. R. Public Health Reports 53: 2259, 1938.
10. Stitt's Diagnosis, Prevention and Treatment of Tropical Diseases—By Richard P. Strong. 6th edition, Vol. 11, Page 1130. Blakiston Co., Phila., Pa.
11. Dixon, E. C., and Gifford, M. A. Arch. Int. Med. 62: 853 1938.
12. Pinkerton, H., and Henderson, R. G., J.A.M.A. 116: 807, 194.
13. Hansonn, N. Acta Radiologica, 18: 207, 1937.

lowing the late summer period, there began a reversal of the ratio. This was not merely an apparent increase but an actual one, since the same diagnostic criteria had been applied throughout the entire period of observation. The diagnosis of primary atypical pneumonia was made only when all of the following criteria[14] were present: (1) a pneumonitis demonstrable by x-ray; (2) the absence of the Neufeld reaction; (3) Leukopenia, either actual or relative; (4) failure of response to sulfa drugs. Certain other characteristics were noted and applied in the diagnosis, namely bradycardia, disparity of physical signs and clinical symptoms in relation to roentgen appearance, and the benign course of the disease in the vast majority of the cases.

CLINICAL PICTURE

The period of incubation of this disease is unknown.[15] Typically, the disease was ushered in by mild, nonproductive cough which preceded admission to the hospital by five to seven days. Frank chills were not encountered but vague chilly feelings were often described. Malaise and anorexia were present frequently in moderate degree. Most patients complained of intense headache and this was often the most distressing early symptom. The pain was usually post-orbital, throbbing in nature and in one case associated with profound photophobia. Profuse sweating, pains in the joints, nausea, vomiting, diarrhea or constipation were also frequent complaints (See Table 2).

Cough and headache were the most prominent initial symptoms and continued throughout the course of the disease. As described before, the cough which was dry, became gradually productive of a white or yellowish, mucopurulent sputum which was occasionally blood tinged, but never frankly bloody or rusty. At no time was there any sharp, stabbing pleuritic-like pain associated with the cough as is so frequently seen in the lobar type pneumonias. In those cases in which pectoral pain was present the patients commonly complained of a burning retrosternal sensation.

Most patients entered the hospital on the first or second day of fever, the cough preceding the fever by four to six days. On admission the temperatures varied from normal to 105 F, and the fever at this time had no prognostic significance, since many patients whose temperatures were nearly normal became seriously ill while many of those with high pyrexias dropped to normal in two to five days. The characteristic fever chart in most cases was one of morning remission and afternoon elevation. The curve varied from day to day and the plateau type of pyrexia associated with pneumococcus infections was not seen. The usual duration of fever was from seven to fifteen days, but in a few cases it was as short as three days. In several instances the pyrexia lasted from twenty-four to twenty-eight days. Defervesence was by lysis in the great majority of cases.

TABLE 2

RELATIVE FREQUENCY OF INITIAL SYMPTOMS IN PRIMARY ATYPICAL PNEUMONIA, ETIOLOGY UNKNOWN

Symptom	Cases	
	Number	Percent
Cough	211	85.7
Headache	140	56.9
Chilliness	94	38.0
Sweating	90	38.0
Sore throat	41	16.0
Malaise	33	13.0
Anorexia	33	13.0
Chest Pain	19	7.0
Joint pains	4	1.0
Nausea	2	1.0
Dyspnea	2	1.0

With few exceptions there was a relative bradycardia. This was considered an important diagnostic point. Occasionally because of secondary infection rise in pulse occurred during the course of the disease. Dyspnea was infrequent and was severe in only two cases. Cyanosis on the other hand was often noted during the first few days of the illness.

On admission, physical examination revealed few significant abnormal signs. Injected conjunctivae, a reddened pharynx, and moderate nasal congestion were often seen. Herpes, so frequently met with in pneumococcal pneumonias was present in only one case. The spleen was felt in two cases.

14. The Army Medical Bulletin, Office of the Surgeon General, April 1942, Number 61.
15. The Army Medical Bulletin; Ibid.

The chest findings were variable. An occasional impaired percussion note over a localized area was present and in a few instances this was associated with changes in breath sounds. Bronchovesicular was found in twelve cases and occurred in those patients who were but slightly ill.

Moist râles were heard in two to three days after admission, in most instances becoming more marked on the fifth to sixth day or about the twelfth day of the disease. Chest findings reached maximal proportions at approximately the eleventh to the thirteenth day. The signs then diminished, and consisted usually of fleeting râles and slight changes in breath sounds. These changes persisted even after the roentgen ray showed complete resolution. In three cases râles were still heard forty days after onset of the disease.

Hospitalization averaged twenty-four days with the shortest period fourteen days and the longest fifty-six. Relapses occurred in three cases, the temperature rising abruptly on fourteenth to seventeenth day. These patients were ill from five to seven days following the secondary rise.

Complications were rarely seen. One case of thrombophlebitis, two cases of pleural effusion and one case of laryngitis with prolonged aphonia were encountered. Six cases had minor electrocardiographic changes which were interpreted as being caused by the toxemia which was sometimes present. Roentgen examination. There is nothing characteristic in the roentgen appearance of primary atypical pneumonia. The changes are essentially those seen in ordinary bacterial bronchopneumonias, and consist of patchy infiltrations usually involving parts of a lobe. In the majority of cases the first lesion was in one of the lower lobes (See Table 3). The hilum was primarily affected in only fifteen cases. The lesions were patchy, moth eaten, and even when a lobe was more or less completely involved the pulmonic markings could be faintly seen through the infiltration. This is just what one would expect from the pathological anatomy of the disease. In the few cases which came to necropsy the fundamental change was an interstitial pneumonitis with little or no occlusion of the alveoli.[16]

TABLE 3

Location of Pulmonary Lesion in Primary Atypical Pneumonia, Etiology Unknown

Location of Pulmonary Lesion	Number	Percent
Right lung, upper lobe	23	9.2
Right lung, middle lobe	17	6.8
Right lung, lower lobe	86	34.4
Right lung, hilus alone	3	1.2
Left lung, upper lobe	11	4.4
Left lung, lower lobe	77	30.8
Left lung, hilus alone	12	4.8
Involvement of both lungs	21	8.4
TOTAL	250	100.0

In twenty-five patients the roentgen appearance closely simulated tuberculosis. In these there was a mottled shadow extending upward and outward from the hilum to the apex. However, honeycombing or cavitation was not seen, and the clinical history, laboratory data, and subsequently roentgen examination confirmed the fact that we were not dealing with tuberculosis. In 160 cases (60 percent) the lungs were entirely clear after fifteen days, while in eighty-four cases (37.6 percent) the lesion persisted up to six weeks. In six cases (2.4 percent) the infiltrations remained for eighty-three days (See Table 4).

Alterations in the electrocardiogram were found in six cases out of one hundred patients examined. The changes consisted of the following: The T wave in lead 1 was flattened in one case, while in four cases the T wave in lead 2 was either flat or inverted. In three instances the T wave in lead 4 was inverted, while the P wave in lead 4 was diphasic once and flat once. These changes are in no way characteristic and were interpreted as manifestations of the toxemia, occasionally present in cases of primary atypical pneumonia.

LABORATORY DATA

The leucocyte count in 205 cases (81 percent) was less than 10,000 per cubic millimeter. As a rule the counts remained remarkably constant throughout the illness. In some cases in which the number of leucocytes in-

16. Kneeland, Y. Jr., and Smetna, H. F. Bull. Johns Hopkins Hosp. 67: 229, 1940.

creased during the course of the disease, the increase was attributed to secondary infection of the respiratory tract. Very low totals were few. In 2 cases (0.8 percent) the count was between 3000 and 4000 per cubic millimeter, while in seven instances (2.8 percent) it was between 4000 and 5000 per cubic millimeter. The differential counts were normal in the great majority of cases (See Table 5).

Urinary abnormalities were seldom seen. Occasionally albumen, or a few white blood cells were encountered, but in general the examination of the urine showed no significant changes.

The sputum in every case were typed for pneumococci by the Neufeld method. In no case in our series was a possible Quellung reaction obtained. Acid fast examinations were done routinely.

TABLE 4

DURATION OF PNEUMONIC INFILTRATION IN DAYS AS DEMONSTRABLE BY ROENTGEN EXAMINATION IN PRIMARY ATYPICAL PNEUMONIA, ETIOLOGY UNKNOWN

Number of Days	Number of Cases	Percent
4	4	1.6
5	6	2.4
6	15	6.0
7	15	6.0
8	16	6.4
9	23	9.2
10	25	10.0
11	13	5.2
12	16	6.4
13	7	2.8
14	10	4.0
15	10	4.0
16	9	3.6
17	5	2.0
18	7	2.8
19	7	2.8
20	10	4.0
21	8	3.2
22	6	2.4
23	6	2.4
25	4	1.6
26	4	1.6
29	4	1.6
30	6	2.4
33	5	2.0
36–40	3	1.2
46–83	6	2.4
TOTAL	250	100.0

DIFFERENTIAL DIAGNOSIS

It is imperative to establish the diagnosis in all cases of atypical pneumonia as early as possible in order that therapy which may prove harmful will not be instituted. Reliance on the curative properties of the sulfonamides has made their administration routine in all cases of pneumonia. They are not indicated in many instances and their use may cause symptoms far more severe than the disease they are intended to cure. If a diagnosis can be promptly established the possibility of drug intoxication will be obviated. A distinction between the atypical and pneumococcal pneumonias is therefore essential.

Differentiation between atypical and pneumococcal pneumonia is fairly easy. Patients with pneumococcal diseases are acutely ill; in most instances the patient with atypical pneumonia is relatively well. The lobar type of pneumonia is initiated with frank chill, high temperature, cough and rusty sputum. The patient with atypical pneumonia may have chilly sensations, his temperature may be variable, the cough may not be productive in its early stages, and the sputum is never rusty though it may be blood tinged. The high sustained temperature, prostration, pleuritic pain, and prompt response to sulfonamide which characterize the pneumococcal pneumonias make differentiation fairly simple. An important point to remember is that patients with lobar pneumonia are sick, while patients

TABLE 5

INITIAL LEUCOCYTE COUNTS IN PRIMARY ATYPICAL PNEUMONIA, ETIOLOGY UNKNOWN

Leucocyte Count	Number of Cases	Percent
3,000-4,000	2	0.8
4,000-5,000	7	2.8
5,000-6,000	15	6.0
6,000-7,000	65	26.0
7,000-8,000	44	17.6
8,000-9,000	39	15.6
9,000-10,000	33	13.2
10,000-11,000	15	6.0
11,000-12,000	6	2.4
12,000-16,000	19	7.6
16,000-20,000	5	2.0
TOTAL	250	100.0

with primary atypical pneumonia most often are not (See Table 6).

Ruling out infections caused by the viruses of psittacosis, ornithosis, alaurosis, or the rickettsia of Q fever presents a more difficult problem and can only be done in laboratories equipped for virus studies. These conditions are fortunately rare, and on this point alone can be excluded with a fair degree of certainty. Where an infection with the oidium coccidioides immites is suspected, use can be made of the skin reaction to coccidiodin,[17] which is said

TABLE 6

Differential Diagnosis Between Primary Atypical Pneumonia, Etiology Unknown; Lobar Pneumonia, and Bronchopneumonia

Symptoms	Lobar Pneumonia	Primary Atypical Pneumonia	Bronchopneumonia (Bacterial)
Onset	abrupt	insidious	insidious
Chief complaint	chill, cough	cough, malaise headache	cough, chill
Cough	productive	dry hacking	productive
Herpes	frequent	absent	relatively frequent
Pain	frequent pleuritic	absent	infrequent
Fever	high, onset sustained plateau type defervesces crisis or lysis	variable maybe absent onset remittent swinging on hectic defervesces by lysis	variable at onset, remittent, swinging, or hectic defervesces by lysis
Physical findings	consolidation bronchial breathing	insignificant frequently none	frequently signs of patchy consolidation
Pulse	rapid, full	relative bradycardia	rapid, full
Respiration	rapid	normal	rapid
Treatment	Sulfonamides	symptomatic, no response to sulfa drugs	sulfonamides
White blood count	polymorphonuclear leucocytosis	relative leucopenia, no shift	polymorphonuclear leucocytosis
Typing of sputum	positive Neufeld	Negative Neufeld	Pneumococci or other organisms found
Complications	frequent, 18 percent in our series	extremely rare	frequent, 12 percent in our series

17. Dixon, E. C., and Gifford, M. A. op. cit.

to be specific in a large percentage of cases. In the pulmonary form of Gilchrist's disease (blastomycocis) the sputum is apt to be blood-stained and may contain the fungus. There are practically always associated skin lesions. In the extremely rare cases in which infection with toxoplasma is suspected an inoculation of laboratory animals with patient's blood and the subsequent recovery of the toxoplasma from the animals' blood establishes the diagnosis. There remains to be mentioned Loeffler's syndrome. In this condition there are transitory, wandering infiltrations of the lung always associated with a high eosinophilia. The patient is never acutely ill and the finding is most often incidental.

PROGNOSIS

The prognosis in atypical pneumonia is excellent. In our series of two hundred and fifty cases there were no deaths, and only three complications, none of which proved serious.

TREATMENT

The patient is kept in bed for one week after the temperature has returned to normal. This is often difficult, for the patient frequently feels no more sick than if he had a bad cold. The distressing headache is easily controlled by aspirin, though on account of its diaphoretic action its use has to be curtailed. For the dry, hacking cough one of the salts of codeine, grains ¼ (0.0156 Gm.) every four hours, or codeine in elixir terpene hydrate, is usually sufficient. In cases with cyanosis oxygen was used. This is seldom necessary, however. More important than what to do, is what not to do. The sulfa drugs are of no value whatsoever, and their indiscriminate employment results in symptoms more troublesome than the disease itself. In some cases the sulfa drugs prove useful as a means of differentiating primary atypical pneumonia from pneumococcal infections. Where a doubt exists as to diagnosis the sulfa drugs should be given for seventy-two hours, but if they fail to influence the disease, as is always the case in primary atypical pneumonia, their use should be stopped immediately.

DISCUSSION

A true estimation of the incidence of primary atypical pneumonia is difficult. Contrary to the opinion of several well known observers,[18] the diagnosis can only be suspected clinically, and can not be definitely made without roentgenographic evidence. Undoubtedly a good percentage of milder cases were admitted to the various respiratory wards. These cases diagnosed as acute bronchitides, acute pharyngitides, and other mild respiratory infections might have fallen into the category of atypical pneumonias had roentgen examinations been performed indiscriminately in all cases of respiratory disease.

It has been suggested that the passage of this disease through many patients may so increase its virulence, that what is now a relatively benign affection may assume the proportions of a pandemic, with a high mortality. Enough evidence has been accumulated to show that the disease is contagious, is increasing in incidence, and that it may at times assume a serious character. Its prompt recognition and differentiation from other forms of pneumonia is therefore necessary for the intelligent control and management of a potentially dangerous process.

SUMMARY

The incubation period of primary atypical pneumonia is unknown. The onset is insidious and follows a variable prodromal period during which the patient complains of headache, chilliness, fever, and a dry hacking cough. The physical signs are minimal, and the pulmonic lesion is always more extensive than the clinical picture indicates. Leukopenia and bradycardia are almost always constant. The combination of pyrexia, cough, leukopenia, and bradycardia, with a diminished percussion note and crepitant râles, in conjunction with the well-being of the patient, are suggestive, but it must be stressed that the diagnosis can only be made with roentgenographic evidence of consolidation. The clinical picture is frequently so much like that of a common cold, that the findings of a pneumonia by the roent-

18. Longcope, W. T. op. cit. Goodrich, B. E., and Bradford, H. A. Am. J. Med. Sci. 204: 163, Aug. 1942.

gen ray is often a surprise. Another characteristic of the disease is the failure of response to sulfonamides, which distinguishes it from other types of pneumonia. In conclusion it must be stressed that the incidence of this disease is underestimated, and that if all patients with apparently innocuous respiratory infections were examined by the roentgen ray, many more cases of primary atypical pneumonia, etiology unknown, would be discovered.

GONOCOCCUS CULTURE STATIONS IN NEW JERSEY

In the February 1943 issue of *The Journal* of The Medical Society of New Jersey there appeared an article entitled "Gonococcus Culture Facilities Offered to New Jersey Physicians". Below is a revised list of the culture stations which are coöperating with the State Health Department in providing this service.

Specimen tubes may be obtained at any of the following stations and must be delivered to the incubator at the station *within three hours* after the slant has been streaked. *It is emphasized that to obtain satisfactory results physicians must observe carefully the instructions which accompany each specimen tube.*

Asbury Park—Bureau of Health
Atlantic City—Atlantic City Hospital
Bayonne—Bayonne Hospital
Belleville—Department of Health
Bloomfield—Health Department, Town Hall
Bridgeton—Bridgeton Hospital
Camden—Cooper Hospital
Camden—Belleview Hospital
Camden—West Jersey Homeopathic Hospital
Cranford—Hampton Laboratory, 321 Casino Ave.
Dover—District Health Office, 16 W. Blackwell St.
East Orange—Health Department
East Orange—East Orange General Hospital
Elizabeth—Alexian Brothers Hospital
Elizabeth—Health Department
Englewood—Englewood Hospital
Hackensack—Health Department, 346 State St.
Irvington—Health Department
Lakewood—Health Department, Municipal Bldg.
Lakewood—Paul Kimball Hospital
Linden—Health Department, City Hall
Long Branch—Monmouth Memorial Hospital
Long Branch—Board of Health
Mays Landing—District Regional Health Office
Millville—Millville Hospital
Montclair—Health Department, 65 Chestnut St.
Morristown—All Souls' Hospital
Morristown—Morristown Memorial Hospital
Mount Holly—Burlington County Hospital
Newark—St. Barnabas Hospital
Newark—St. James Hospital
Newark—St. Michael's Hospital
Newark—Presbyterian Hospital
Newark—American Legion Hospital
Newark—Beth Israel Hospital
Newark—Columbus Hospital
Newark—Newark Memorial Hospital
Neptune—Fitkin Memorial Hospital
Neptune—Neptune Twp. Board of Health
New Brunswick—St. Peter's Hospital
New Monmouth—Middletown Health Center
Newton—Newton Memorial Hospital
Nutley—Department of Health, Municipal Bldg.
Orange—Orange Memorial Hospital
Orange—Health Department
Passaic—Passaic General Hospital
Passaic—Beth Israel Hospital
Passaic—St. Mary's Hospital
Passaic—Physicians' Laboratory Service, 199 Monroe St.
Phillipsburg—Warren Hospital
Pinewald—Royal Pines Hospital
Princeton—Princeton Hospital
Princeton—Health Department
Rahway—Rahway Hospital
Red Bank—Riverview Hospital
Red Bank—Monmouth County Nurses Ass'n
Riverside—Zurbrugg Hospital
Somers Point—Shore Memorial Hospital
Somerville—Somerset Hospital
Summit—Health Department, 71 Summit St.
Trenton—St. Francis Hospital
Trenton—City Board of Health
Trenton—Mercer Hospital
Trenton—McKinley Hospital
Vineland—Newcomb Hospital
Weehawken—North Hudson Hospital
Westfield—Dr. Jessie Read (Pvt. Lab.)
Westfield—Board of Health

Note: If your community is not included in the above list and gonococcus culture facilities are not otherwise readily available, we suggest that you discuss the matter with your local health officer or communicate with the State Health Department.

A culture station must have a refrigerator and incubator which are accessible at all times.

ANEMIA OF PREGNANCY

MATERNAL WELFARE ARTICLE NUMBER EIGHTY-THREE

Theodore K. Graham, M.D., Paterson, N. J.
Attending Obstetrician, St. Joseph's Hospital

The frequency of low grade anemia in the general population is often overlooked unless routine hemoglobin estimations and blood counts are taken. This is especially true when the patient is a woman.

If we consider the textbook normal of hemoglobin 90 per cent and red cell count of 4,500,000 for the female, almost all patients will be found to be subnormal at some time during the year. A more practical normal level for our feminine population would be hemoglobin 70-75 per cent and red cell count of 3,800,000 to 4,200,000. This average low normal level does not leave a very wide margin for fall in blood elements before the patient becomes clinically anemic.

Associated with each pregnancy there is present a varying degree of anemia. Fortunately in most cases this is only the simple anemia of pregnancy which shows few or no clinical symptoms. The cause is physiological rather than pathological and the progress is very slowly progressive so that the patient's only subjective symptoms are tiredness and lassitude, which are very easily attributed to her pregnant state. Objectively, the physician has very little material to observe unless he can persuade his patient to omit make-up and nail polish when making her routine visits to his office. How often has the doctor been startled when first seeing his pregnant case "sans rouge"? His reaction will usually be the immediate writing of a prescription for "Iron".

The underlying factors of this type of anemia are basically metabolic. The diet is frequently kept low in protein to avoid toxemia. The digestion of the foods eaten is abnormal due to the low gastric hydrochlorides present in pregnancy and there is also a deficiency of red bone marrow, all of which contribute to the trend toward anemia. Treatment in these cases of simple anemia need be only an adequate diet consisting of protein, 1 gram per kilo, including red meats, and enough fruit, vegetables and butter to insure adequate vitamin intake. Sunshine and moderate outdoor exercise such as walking are of great importance and should be specifically ordered. Too often the expectant mother feels that she gets all the exercise she needs while carrying out her household duties. A young child or a dog that must be exercised in the open air is a good therapeutic agent.

It is often easier to get a patient to take a pill or tablet than to eat a well-balanced diet. Vitamins have been popularized thoroughly and all patients take readily to their routine use during pregnancy. It is therefore advisable to give vitamins in some form, notably A, B and D which may well be combined with calcium. Too many patients stint on their minimum ration of a quart of milk a day either because of a distaste for milk or an innate fear that milk is fattening. Calcium in some easily absorbable form should be supplemented to the diet to insure adequate intake. In the same way iron in tablet form is well accepted and causes no gastric distress in most cases. Doses of 15 to 30 grains a day of ferrous sulphate are usually adequate. In some cases it is necessary or advisable to give the more complex preparation containing liver and ventriculum in addition to iron to obtain more rapid control of the anemia.

Most physicians admit that a low grade anemia is present in a large proportion of our feminine population and are aware of the fact that pregnancy aggravates anemia. However, from their experience in caring for maternity practices they have noted that most of these patients go through labor without any difficulty and that they seem to make an uneventful postpartum recovery. Nature is a wonderful healer, and fortunately the process of reproduction is physiologically normal in a very high percentage of cases. On the other hand, we physicians have a function in aiding

nature in "Keeping the normal pregnancy normal" as well as correcting the abnormal when it appears. Preventive medicine is the modern medicine in obstetrics as well as elsewhere in the healing art. One has only to look at the gratifying reduction of maternity mortality for the last twelve years when the rate fell from 60 to 19 per 10,000 live births in New Jersey. This was accomplished largely through universal application of the simple preventive measures advocated by the late Dr. Arthur W. Bingham and his co-workers during that period of time. But there is still plenty of opportunity for improvement in our obstetrical preventive care and if we are further to reduce our maternal mortality rates we must leave nothing unconsidered.

Anemia is not one of the classified causes of maternal mortality but often it is a forerunner of the three most frequent causative factors, toxemia, puerperal hemorrhage, and puerperal sepsis. These three complications constituted 54.8 per cent of the 1942 deaths and they are all more or less preventable. The cause of toxemia is still largely unknown and its treatment is therefore still empirical. We are confined to supportive and other general measures in combating this complication of pregnancy. If the patient with a simple anemia of pregnancy becomes toxic, as with pernicious vomiting, her anemia is aggravated and may reach the severe state. A vicious cycle is set up where the anemia aggravates the toxemia and vice versa.

Puerperal hemorrhage has its definite causative factors, uterine inertia, retained placenta, lacerations, etc., which may or may not have the underlying factor of general debility with an anemic background. In any case it is agreed that the effects of acute hemorrhage superimposed on a chronic anemia, no matter how low grade it may be, will produce a serious condition. How frequently have we all seen a patient develop hemorrhagic shock from a blood loss which is relatively slight while another patient will lose a much larger amount of blood without any symptoms of hemorrhage whatever. Fortunately only a small number of these patients die. The hemorrhage is controlled by expert obstetrical measures. The lost fluid can be readily replaced by infusions of saline, glucose, plasma or blood in our modern well-equipped hospitals and an uneventful recovery is made, but could not many of these hemorrhages be prevented or ameliorated by prophylactic control of anemia during the antepartum care? The deduction seems logical. It is interesting to note that 37 per cent of our 1942 maternal deaths were due to hemorrhage and 78 per cent of these hemorrhagic deaths followed delivery from below—52 per cent normal and 26 per cent forceps or breech delivery. The case was presumably progressing normally, a postpartum hemorrhage occurred and despite all our modern methods of control the patient succumbed to the hemorrhage. How many more such hemorrhages must have occurred where the life of the patient was saved! Truly postpartum hemorrhage is today the greatest fear of the obstetrician. Anything that can be done to forestall this complication is well worth the effort.

Puerperal sepsis is fortunately less frequent today than it was a generation ago but still caused one-sixth of the 1942 maternal deaths. With modern asepsis and antisepsis the probability of the introduction of infection by doctors and nurses has decreased and much of our sepsis is due to foci of infection present before the delivery. In either case the patient's ability to combat the infection is in direct proportion to her general health. Anemia, whether acute or chronic, increases the patient's susceptibility to infection and sepsis. Today the most effective agents for the treatment of sepsis are the sulfa drugs. Many septic patients owe their lives to this therapy which has, however, the one great disadvantage that it produces anemia. If the red cell count is low before this treatment is started, the physician must be doubly careful with his administration of the sulfa drugs.

Before this chemotherapy was available our treatment was entirely supportive and the most effective measure was transfusions, usually in repeated small amounts, partly to build up the patient's resistance by overcoming anemia and partly in an endeavor to produce antibodies to combat the infection. Even with as effective a drug therapy as we have today the quality of

the patient's blood seems to be a large factor in her recovery.

If the physicians of New Jersey are to reduce still further the maternal mortality and morbidity of the mothers in their care they will have to make this improvement by special attention to prenatal care. The early detection and control of low grade anemia is a relatively simple prophylactic measure and warrants greater consideration than it is usually given.

279 Park Avenue

A LESSON FROM A DEATH CERTIFICATE

NUMBER FIFTY-FOUR

Patient, age 34 years. Grav. ii, para i. Gestation 9 months. This was an elective cesarean because of previous cesarean following which the baby had died in 24 hours.

Patient had difficulty taking anesthetic before operation was started. Respiration returned and patient apparently in good condition. Patient left operating room following cesarean in good condition. Twenty minutes later complained of pain in chest, respiration grew labored and ceased in 20 minutes in spite of treatment.

There is an element of danger even in elective cesarean. A competent anesthetist should watch his patient carefully to prevent accidents.

W. B. MOUNT, M.D.

LUDWIG'S ANGINA

Williams and Guralnick[1] advocate in the treatment of Ludwig's angina early radical surgical intervention, use of sulfonamide compounds, zinc peroxide dressings in the presence of anaerobes and preliminary exposure of the trachea in every case prior to operation, or tracheotomy in the presence of respiratory embarrassment. Intravenous pentothal sodium is recommended as the most satisfactory anesthetic. The mortality in a recent group of 20 cases treated by this method at the Boston City Hospital amounted to only 10 per cent, whereas the mortality in Williams' and Guralnick's previous series of 31 cases was 54 per cent. In both groups a dental lesion constituted the predominant etiologic factor—the initiating lesion in 18 (90 per cent) of the latter series. Dental extractions immediately preceded the onset of symptoms in 12. The act of extraction is not so important from the standpoint of etiology as is the preëxisting septic tooth or mouth from which the subsequent spread of infection arises. Bacteriologic studies in these 20 cases revealed the presence of streptococci in all and the presence of Vincent's organisms in 50 per cent. Examination was not made for the presence of the microaerophilic streptococcus described by Meleney. Because of the presence of streptococci in all cases, the authors felt that sulfonamides were indicated throughout the disease. However, in their experience chemotherapy alone could not be relied on in these synergistic infections and was regarded by them as secondary to the early radical incision of the area. The sulfonamides were used both generally and locally. In some cases they placed 5 to 8 Gm. of sulfanilamide crystals in the depth of the wound and loosely packed it with iodoform gauze. Meleney's method of treating foul mouth and neck infections with zinc peroxide was found to be most effective in the presence of Vincent's organisms. In such cases dressings saturated with zinc peroxide frequently yielded a clean, odorless wound in a very short time. The prophylactic use of zinc peroxide powder for several days prior to extraction would undoubtedly reduce the number of cases of this formidable infection.—J. A. M. A., Vol. 122, No. 10, p. 679, Current Comment.

1. Statistical Bulletin of the Metropolitan Life Insurance Company, 24: 1 (April) 1943.

STATE ACTIVITIES

PRELIMINARY REPORT ON POST-WAR PLANNING, ARTICLE I

SUBCOMMITTEE ON MEDICAL PRACTICE

The Medical Practice Committee has started work on its Post War Planning study and this is a preliminary report to indicate the direction and trend of our considerations.

Our first two meetings have been concerned with: First, organizing the work of the committee and assigning various portions of the program to the appropriate advisory committees for study and report; second, with a consideration of the new Wagner Amendments to the Social Security Act. The responsibility for the detailed study of this Act has been entrusted to a special committee, appointed by the Board of Trustees, which will coördinate and direct all the activities relating to this important problem.

A preliminary report on a new approach to the problem of Industrial Medicine, as made by Dr. Carlisle, Chairman of the Advisory Committee on Industrial Health and Hygiene, was published on page 319 of the August *Journal* and should be carefully read.

A preliminary report on a new approach to the problem of caring for the medically indigent was presented by Dr. Blackburne and his committee on "The Medical Care of the Indigent and Low Wage Group". The report proposes to authorize the Medical Service Administration of New Jersey to enter into a contract with the City of Newark, to furnish medical care to the indigents. Further study is being undertaken and will be reported as progress is made.

In order to comprehend the present-day proposals involving compulsory health insurance, it is advisable for everyone to know a little about the origin and development of these plans. The following information is submitted as a background for the study of the development of Compulsory Health Insurance Plans in our own country.

The history takes us back many years to the introduction of compulsory insurance plans in Germany in 1884, when they first became operative. This bill only included industrial wage earners at first, but all workers were included in 1892.

Since that time many other countries have adopted compulsory health insurance programs. Austria in 1888 established a system of compulsory health insurance for industrial and commercial workers. Salaried employees were included in 1926. Agricultural and forestry workers were added in 1928.

Brazil introduced a social insurance scheme in 1931. This was limited in scope, applying only to the staffs of Public Utilities and wage earning or salaried employees of mines. In 1941 a committee was appointed by the government to consider legislation for the universal introduction of compulsory health insurance.

Bulgaria adopted compulsory insurance against the risks of accidents, occupational diseases, sickness, maternity, infirmity and old age in March, 1924.

Chile established a compulsory system of health insurance which became operative in 1925.

Costa Rica in 1941 adopted an insurance scheme which provides for health insurance of certain classes in certain parts of the country.

Czechoslovakia in 1924 adopted a compulsory health insurance plan which covers certain classes of employment.

Denmark adopted a voluntary subsidized health insurance scheme in 1892. In 1921 a compulsory plan for all "unpropertied" persons was adopted. In 1933 legislation was passed which ensured that every Danish citizen of appropriate years should become at least potentially insured against sickness.

Ecuador in 1942 passed a new law reforming the social insurance scheme it had for some years. Under the new law, provisions were made covering sickness, infirmity, maternity, old age, death, industrial accidents and occupational diseases. Insurance is compulsory for private employees, wage earners and public employees.

Eire instituted a compulsory health insurance system in 1911, the same act adopted for Great Britain, namely, the National Insurance Act of 1911.

Esthonia passed a compulsory health insurance act in 1917 and modified it in 1920. Workers in agriculture, the merchant marine, commerce, domestic servants and home workers, as well as state employees, are excepted.

France adopted a compulsory health insurance system in 1930 after many years of experience with voluntary insurance schemes.

The compulsory system was applicable to industry, commerce and agriculture and provided sickness insurance, old age benefits and infirmity insurance.

Great Britain and Northern Ireland adopted the National Insurance Act of 1911 which has been modified in many ways but is still in operation without major changes at the present time. This is a compulsory system of health insurance on a panel basis with remuneration of the physician on a per capita basis. Voluntary Health Insurance plans play an important rôle in Great Britain and are still in operation. The entire system at the present time is in a state of review and the Beveridge Plan is proposed to supplant the present one.

Greece adopted a compulsory Health Insurance Plan in 1922, which covers wage earners in general excepting home workers and temporary or casual workers.

Hungary adopted compulsory health insurance in 1891, but the present system was put in force in 1907 with certain amendments and consolidations in 1927.

Italy has eight distinct groups of health insurance schemes, some of which are compulsory and some voluntary.

Japan adopted a system of compulsory health insurance by an act of April 22, 1922. This became operative in 1926. The scope was extended in March, 1934. Health insurance is compulsory for all wage earners in factories and mines. Workers in agriculture, commerce, transport and administration do not come under the law.

Latvia adopted compulsory health insurance in 1922. In 1938 the scheme was extended to cover agricultural workers.

Lithuania adopted compulsory health insurance in 1925 and nearly all employees come under its provisions.

Luxemburg adopted a system of compulsory health insurance in 1901, which was modified in 1925. Insurance is compulsory for all employed workers.

Mexico adopted a Social Insurance bill in 1942 which provides for insurance against sickness, infirmity, old age and premature death. All employed persons come under the provisions of the bill, which contemplates that the scheme will be applied by stages.

The Netherlands adopted compulsory health insurance in 1913. Actually, however, compulsory health insurance did not come into effect until 1929. Voluntary health insurance is also extensive in The Netherlands.

In New Zealand the Social Security Act was passed on September 1, 1938, and became operative on April 1, 1939. The Medical Benefits scheme was inaugurated in 1940 setting up the panel system of treatment as in Great Britain. In 1941 pharmaceutical benefits, x-ray benefits and a scheme of free general medical services were inaugurated. Hospital benefits for out-patients were introduced in the same year.

Norway adopted a compulsory health insurance system in 1909. This covered industrial workers, but in 1915 it was extended to cover those in commerce and agriculture. A new act was passed in 1930 and another in 1935.

Panama adopted a social insurance law in 1941 and benefits began to be paid in 1942. The scheme covers employees of the state, the municipalities and other statutory bodies; manual and non-manual workers employed in undertakings in the districts of Colon and Panama, and to independent workers earning less than 3,000 balboas a year. The scheme provides medical, surgical, pharmaceutical and hospital treatment. For infirmity, old age, and death there are cash benefits.

Peru is gradually adopting compulsory health insurance. The National Social Insurance Fund is putting its health insurance program into force gradually as facilities for the provision of medical care are made available. The Fund came into being in 1936.

Poland instituted compulsory health insurance for the whole country in 1920. Since 1934 health insurance has been regulated by the social insurance act of March 28, 1933.

Portugal established compulsory health insurance in 1919, but the scheme was remodeled in 1933. Voluntary health insurance, likewise, is well developed.

Rumania established compulsory health insurance in 1912. In 1933 the whole system was unified and coördinated for meeting the risks of sickness, accident, maternity, infirmity and death throughout the country.

Switzerland officially recognized voluntary health insurance in 1911, and made compulsory health insurance permissible. There is no uniform insurance scheme, compulsory or voluntary, of national scope in Switzerland.

The Union of Soviet Socialist Republics has the most completely socialized medical system of any country. Czarist Russia adopted compulsory health insurance for industry in 1911, and in 1918 the new government established a new system to cover the entire population.

Venezuela adopted a compulsory social insurance system in 1940. The act covers persons employed in industry and commerce only. The act covers the risks of sickness, maternity, industrial accidents and occupational diseases.

Yugoslavia adopted compulsory health in-

surance in 1922 under the Social Security Act of 1922. All voluntary health insurance schemes were replaced by this act. All who perform physical or mental work for remuneration under contract are covered by the act. Only a small proportion of the population is covered by the act.

The information here presented was compiled from the report of the special committee on Social Security of Canada and presented to the House of Commons, March 16, 1943.

Let us now briefly consider some of these compulsory health insurance schemes.

Great Britain has had experience with compulsory health insurance since the National Insurance Act of 1911 went into effect in 1912.

In 1919 the administration of health insurance was placed in the newly created Ministry of Health. The scheme is administered indirectly by approved mutual benefit societies, the British "Approved Societies" system.

Great Britain's system was the first health insurance measure to allow participation of the whole medical profession and to allow the insured free choice of physician from any of those on the panel. The insurance doctors render service in accordance with a standard form of practice embodied in the T. S. P. (terms of service for practitioners) contract. The Doctors' Contracts are solely with the Insurance Committee, and the approved society has no direct relations with the Doctor and has no control over him.

The scheme is financed by a joint contribution from the employer and the insured person, and by a state subsidy.

The government bears all the cost of central administration and pays one-seventh for men and one-fifth for women of the cost of the cash benefits and of local administration.

A flat per capita contribution is made by the insured person with the employer contributing a similar amount except in the case of women.

At the present time insured persons are covered for cash benefits from school learning age to sixty-five. Medical benefits continue until death. Only the insured person himself is covered. There is a salary limit for eligibility which is now 420 pounds a year, having been raised from the original 160 pounds sterling.

Cash benefits are granted after a three-day waiting period and extend to 26 weeks of continuous incapacity at the rate of 15 s. weekly. Maternity benefits amount to 80 s. ($19.47) if the wife is insured, and 40 s. if only the husband is insured. General medical services only are provided. No specialist services or hospitalization benefits are included. An annual sum of 2 s. 11 d. per capita is allowed as a maximum per year for pharmaceutical benefits.

The physician is paid a capitation fee and the number of his panel is limited.

The Beveridge Plan proposes to supplant the present system. In the complete report on "Social Insurance and Allied Services" by Sir William Beveridge no specific plan is proposed for the health insurance scheme. Principles regarding security of the entire people from sickness and accidents, and provisions for complete medical care including all services of general medicine, specialists, laboratory, x-ray, pharmaceutical, hospitalization, nursing care, etc., are stated as aims of the plan.

In the words of Sir William Beveridge this is to be accomplished by, "Change 5—Separation of medical treatment from the administration of cash benefits and setting up of a comprehensive medical service for every citizen covering all treatment and every form of disability under the supervision of the Health Departments.

"106—This is the first part of Assumption B of the Plan, namely that there will be comprehensive health and rehabilitation services for all citizens who need them. The assumption and some of the principle problems involved in realizing it are discussed in Part VI, paragraphs 426-437."

These sections discuss various principles and suggestions regarding the establishment of a national health service of medical treatment for prevention and cure of disease and disability.

Paragraph 427 is here quoted in part.

"427—The first part of assumption B is that a national health service will ensure that for every citizen there is available whatever medical treatment he requires, in whatever form he requires it, domiciliary or institutional, general, specialist or consultant, and will ensure also the provision of dental, ophthalmic and surgical appliances, nursing and midwifery and rehabilitation after accidents * * *"

In paragraph 428 it is stated "most of the problems of organization of such a service fall outside the scope of the Report. It is not necessary to express an opinion on such questions as free choice of doctor, group or individual practice, or the place of voluntary and public hospitals respectively in a national scheme. It is not necessary to express an opinion on the terms of service and remuneration of doctors of various kinds, of dentists and of nurses, except in so far as these terms may affect the possibility of diminishing and controlling sickness and so may affect the finances of the Social Security Fund."

In other words, the Beveridge report pro-

poses a general basic socialization of medicine without any specific proposals of organization or methods of achieving this aim.

Subsequent developments have been rapid. The Minister of Health introduced a bill for a National Health Service without consulting the representatives of organized medicine in Britain. The outline of the structure of this national health service, reported in the Lancet of March 20, 1943, is as follows:

A compulsory national health insurance system is proposed, within the framework of the social security scheme, under the direction of the Minister of Health and organized under the local Boards of Health in the various communities. The organization set-up provides:

1. The ultimate responsibility will be on the local health authorities of each locality.
2. The voluntary hospitals and other voluntary agencies will be incorporated in the service.
3. The interests of the medical profession will be "safeguarded".
4. Free choice of home doctor will be retained.
5. Private practice may be continued by those desiring private treatment.

Corollaries of the proposals:

1. Practitioners will be paid a salary plus a capitation fee.
2. General private practice will be superseded.
3. Salaries to the profession will be paid by the local health authorities.
4. The local health authorities will set up health centres for group practice or take over existing private centres.
5. The sale of practices will cease.
6. Appointments will be made by some kind of a board or committee.

Hospital and Consultant Practice:

1. Hospital Savings Associations will cease to exist. More than half of the income of voluntary hospitals will cease.
2. Charitable contributions to voluntary hospitals will cease.
3. Consultation service is available free so this type of practice will cease to exist.
4. Most consultants and specialists will become part-time or whole-time salaried servants of their hospitals.

Health Officer:

1. The Medical Health Officer will occupy the key position in the new set-up.

The alternate proposal to vesting the control of the National Health Service in the hands of the local health authorities is to establish a National Corporate body to control the health services in place of the local health authorities.

The British Medical Association in discussing the proposed set-up of a National Health Service under the administration of the Minister of Health reported in the Lancet of April 10, 1943, page 469, the following:

The Government having decided to adopt a large proportion of the Beveridge proposals regarding a national health service, the British Medical Association accepted the invitation of the Minister of Health to enter into a discussion of the scheme without commitment.

The following resolutions to this effect were then passed:

1. That the Government's invitation to enter into discussions without commitment be accepted.
2. That a committee representative of the profession as a whole should enter into discussions with representatives of the Minister of Health.
3. That at the conclusion of the discussions and before negotiations open, and before any proposals are submitted to Parliament, the British Medical Association be permitted to vote on the proposals.

The first report of this committee recorded in the Lancet of May 22, 1943, page 667, follows:

"When the representative committee was authorized to enter into non-committal discussions with the Minister of Health, an assurance was given that periodic reports would be issued. This is the first such report. Two months have elapsed since the appointment of the committee.

"The committee met with the Minister of Health on May 17th, and stated that the proposed program in its opinion would be contrary to the public interest and unacceptable to the great majority of the profession, and, therefore, sought the withdrawal of the proposed National Health Service scheme.

"The Minister of Health replied that the proposals had been advanced as a basis of discussion and might be considered now to be in the discard."

The present status then remains one of discussion of proposals advanced by Sir William Beveridge to establish a National Health Service.

Subcommittee on Medical Practice,
SIGURD W. JOHNSEN, M.D., Chairman
ANDREW C. RUOFF, M.D.
J. MALLORY CARLISLE, M.D.
WILLIAM K. HARRYMAN, M.D.
GEORGE BLACKBURNE, M.D.
WATSON B. MORRIS, M.D.
WILLIAM G. HERRMAN, M.D.
A. CHARLES ZEHNDER, M.D.
CHESTER I. ULMER, M.D.
ROBERT M. GRIER, M.D.
HARRISON B. WILSON, M.D.
HENRY HAYWOOD, M.D.

INDUSTRIAL MEDICINE—DUBIOUS PRACTICES

L. A. Kagen, M.D., Industrial Health Service, N. J. State Department of Health
and
J. M. Carlisle, M.D., Chairman, Committee on Industrial Health and Hygiene,
The Medical Society of New Jersey

During the past year, the use of nurses and non-professional persons in many industries conducting preplacement and routine re-examinations has developed very rapidly. This practice which threatens to lower the standards of industrial medicine has been adopted by the plant medical departments of large and small corporations. In order to understand this recent development, a summary of its evolution is necessary.

In the past decade, more and more plants have adopted the policy of requiring preplacement physical examinations. This type of examination has proved very helpful, among other purposes, in determining in what capacity the applicant may be utilized most efficiently without harm to himself or danger to his fellow employees. With the advent of war its placement value has become more important, in view of the fact that many physically handicapped individuals as well as women and others long unemployed are entering industry.

In order to aid in the streamlining of the examination, many plant physicians have used nurses, aides and others to assist them with histories, visual and auditory acuity tests, serological and other laboratory examinations, and sphygmomanometer readings. Thus, the physican can "process" a large number of applicants in a relatively short period.

Many plant officials, with the approval of their plant physicians, have carried the nurse's and aide's participation in this program one step further. The claim is made that due to the exigencies of the war, qualified physicians are difficult to obtain. Thus the preëmployment "screening" examination has been introduced. The nurse (or nonprofessional clinic assistant) is frequently instructed to make a general inspection of the patient, palpate the breasts and hernial rings, and auscultate the heart and lungs, in addition to the procedures outlined in the above paragraph. If these "examiners" find the applicant physically fit for work, that individual is accepted for employment. On the other hand, if a physical defect is "discovered" during the examination, the applicant is referred to the plant physician for further examination. Therefore, unless some obvious physical defect is present the great majority of workers commence their employment without ever being seen by a physician.

Such a relaxation of standards is not permissible even in these times, and should not be sanctioned. It is obvious that these examinations will permit improper placement of many workers in positions actually harmful to their health. Because these examinations may be performed at much less cost to management than those by physicians, plant officials (to whom the medical departments are responsible) have been prone to continue the procedure. In fact, the examination by non-medical personnel is rapidly spreading in use and is threatening to become a substitute for the much more reliable examination by the physician.

This problem which now is in its budding stage deserves the thoughtful attention of every physician. Plant physicians who are providing good medical care and examinations to workers, can uphold the standards of the medical profession by discouraging such a substitute procedure. Such a precedent might well result in a series of substantial practices, which would extend into the post-war period.

Your Committee on Industrial Health has reviewed this report with considerable alarm. We feel that most members of organized medicine will react similarly, since our conclusion that these practices are dubious ones seems correct and inescapable. Moreover, these practices should be opposed by some authoritative group either within or without the State Medical Society.

N. J. CHEST PHYSICIANS OFFICERS

At the Annual Meeting of the New Jersey Chapter of the American College of Chest Physicians, held in Newark recently, the following officers were elected:

President, Dr. Clyde M. Fish, Pleasantville

Vice-President, Dr. Stephen A. Douglass, Paterson

Secretary-Treasurer, Dr. Irving Willner, Newark

COUNTY MEDICAL SOCIETIES OF NEW JERSEY

Dates of Meetings, September, 1943—July, 1944

County	Sep.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July
Atlantic	10	8	12	10	14	11	10	14	12	..	..
Bergen	14	12	9	14	11	8	14	11	9	13	..
Burlington	9	14	11	9	13	10	9	13	11	..	..
Camden	..	5	2	7	4	1	7	4	2	..	..
Cape May	..	12	9	14	11	8	14	11	9	..	..
Cumberland	..	12	..	14	..	8	..	11	..	13	..
Essex	..	14	11	9	13	10	9	13	11	..	..
Gloucester	16	21	18	16	20	17	16	20	18	..	..
Hudson	..	5	2	7	4	1	7	4	2	..	..
Hunterdon	..	26	..	..	25	..	..	25	..	..	25
Mercer	..	13	10	8	12	9	8	12	10	14	..
Middlesex	..	20	17	15	19	16	15	19	17	21	..
Monmouth	22	27	24	22	26	23	22	26	24	28	..
Morris	..	21	..	16	..	..	16	..	..	15	..
Ocean	..	4	1	6	3	7	6	3	1	5	..
Passaic	21	19	16	21	18	15	21	18	16	..	..
Salem	17	15	19	17	21	18	17	21	19	..	..
Somerset	..	14	..	9	..	10	..	13	..	8	..
Sussex	Meets at call of President										
Union	22	..	10	..	12	..	8	12	10	..	..
Warren	..	19	..	..	18	..	..	18	..	..	18

N. J. RADIOLOGICAL SOCIETY OFFICERS

At the Annual Meeting of the Radiological Society of N. J., held at the Essex House, Newark, May 26, the following officers were elected for 1943-1944:

President, Dr. H. Austin Vogel, Elizabeth

Vice-President, Dr. Joseph H. Wyatt, Newark

Secretary, Dr. Harry J. Perlberg, Jersey City

Treasurer, Dr. William H. Seward, Orange

Councilor, Dr. William O. Wuester, Hillside

ARE YOUR DRUG AND SURGICAL SUPPLIES ADEQUATE?

Up to the present time, shortages of drugs, medicines, surgical and other health supplies have not been critical. This has been due in part to careful planning and in part to wise and conservative use of the materials and supplies at hand.

We must continue to be conservative in our use of medical and health supplies, particularly those which are known to be scarce. However, there is no good reason why the available supplies should not be adequate if they are properly distributed and wisely used.

The War Production Board is making the necessary plans to provide for adequate distribution of essential drugs and health supplies among competing civilian requirements. It is impossible to make the distribution completely adequate or to anticipate possible shortages unless physicians, hospital supply organizations and pharmacists keep the authorities informed of actual or threatened shortages which come to their personal knowledge.

Frequently these apparent shortages are merely evidences of improper distribution which can be speedily remedied.

In order that there may be as little difficulty as possible in keeping the medical and health supply requirements adequate for all concerned, physicians and hospital authorities are urged to advise the Board of Pharmacy of the State of New Jersey of any difficulties which they may encounter in this field. The Board will undertake to contact the proper authorities in each case in an endeavor to remedy the situation.

Please address inquiries to Robert P. Fischelis, Secretary, The Board of Pharmacy of the State of New Jersey, P. O. Box 158, Trenton 1, N. J.

SUPPLEMENTARY LIST OF MEMBERS, NO. 4

The figures in parentheses refer to County Societies as follows: (1) Atlantic, (2) Bergen, (3) Burlington, (4) Camden, (5) Cape May, (6) Cumberland, (7) Essex, (8) Gloucester, (9) Hudson, (10) Hunterdon, (11) Mercer, (12) Middlesex, (13) Monmouth, (14) Morris, (15) Ocean, (16) Passaic, (17) Salem, (18) Somerset, (19) Sussex, (20) Union, (21) Warren.

Ballard, William C., Army (14)
Cherashore, Harry N., 363 Centre st., Nutley (7)
Corson, Allen, Ocean City (5)
Dorr, Henry B., 87 Washington st.,LongBranch(13)
Farley, Raymond F., Clinton (10)
Fischman, H. H., 326 Avon av., Newark (7)
Fruchtbaum, R. P., 238 Franklin av., Newark (7)
Hernandez, Manuel, 1974 Boulevard, Jersey City (9)
Inge, Theodore R., 336 Halsted st., East Orange (7)
Margolin, Samuel J., 1012 80th st., North Bergen (9)
McKeown, Geo. H. C., Essex Mt. San., Verona (7)
Meisel, David B., 818 S. 12th st., Newark (7)
Perelman, Julius S., 94 Shanley av., Newark (7)
Rubino, Nicholas, 67 N. 4th st., Newark (7)
Tushnet, Leonard, 662 18th av., Irvington (7)

AMERICAN PUBLIC HEALTH ASSOCIATION ANNUAL MEETING

The Wartime Conference and the 72nd Annual Business Meeting of the American Public Health Association will be held in New York City, *October 12-14*. The Hotel Pennsylvania will be headquarters. Health workers within easy access of New York City are invited to attend. Representation of distant areas will be provided by individually appointed delegates.

The September issue of the American Journal of Public Health will carry the Conference program. Further information may be obtained from the American Public Health Association, 1790 Broadway, New York 19, N. Y.

TWO PHYSICIANS NEEDED

The Department of Health of the State of New Jersey, whose industrial health activities have expanded rapidly during the present war, has just announced its need for two full-time industrial hygiene physicians for its Industrial Hygiene Service. As one of the leading states in the production of war materials, New Jersey offers unusual opportunities for gaining experience in occupational disease control besides giving the physician a chance to make a valuable contribution to the war effort. The principal duties of the selected physicians will be consultations in regard to the following: control of occupational diseases; industrial toxicological problems; evaluation of adequacy of plant medical services; promotion of measures which will reduce absenteeism from non-occupational causes; and conduct of industrial health education activities. Physicians interested in these positions should write to the Department of Health of the State of New Jersey, Trenton, New Jersey.

BOOKS RECEIVED FOR REVIEW

The Boy Sex Offender and His Later Career. By Lewis J. Doshay, M.D., Ph.D., with a foreword by George W. Henry, M.D. Pp. 206. New York, Grune & Stratton. 1943. $3.50.

Pain Mechanisms; a Physiologic Interpretation of Causalgia and Its Related States. By W. K. Livingston, Lieut. Comdr. M.C., U.S.N.R. Pp. 253. New York, Macmillan Company. 1943. $3.75.

Collected Papers of the Mayo Clinic and the Mayo Foundation. Ed. by Richard M. Hewitt, B.A., M.A., M.D.; A. B. Nevling, M.D.; John R. Miner, B.A., Sc.D.; James R. Eckman, A.B., and M. Katharine Smith, B.A. v. 34. Pp. 999 with 76 illus. Philadelphia, W. B. Saunders Company. 1943. $11.00.

Principles and Practice of Industrial Medicine. Ed. by Fred J. Wampler, M.D. Pp. 579. Baltimore, William Wood of the Williams & Wilkins Company. 1943. $6.00.

Reconstructive Surgery of the Eyelids. By Wendell L. Hughes, M.D., F.A.C.S. Pp. 160. St. Louis, C. V. Mosby Company. $4.00.

BOOK REVIEWS

Principles and Practice of Obstetrics. By Joseph B. DeLee, A.M., M.D., and J. P. Greenhill, B.S., M.D. 8th ed. Philadelphia, W. B. Saunders Company. 1943. $10.00.

A standard reference text, this book again hits the high spot for all obstetrical literature. It not only makes good reading, but is all inclusive for various obstetrical complications and problems, as well as serving as a text book for the student or practitioner. This is the eighth edition of the original published in 1913. Dr. Greenhill has carried on the editing of the book since Dr. DeLee's death. Among the important changes made is a rearrangement of the material in the first third of the book. Another change is the substitution of English terms for Latin ones in the designation of presentation and position. New chapters or sections added deal with obstetrical and gynecological endocrinology, the use of vitamin K in obstetrics, erythroblastosis fetalis, vitamins and minerals, roentgenography in obstetrics, the sulfanilamide drugs, and the Waters extraperitoneal section.

Several chapters have been completely rewritten, notably those on the toxemias of pregnancy, in which is given the new classification prepared by the American Committee on Maternal Health. Contracted pelves, from which the old classifications have been omitted, and the new ones of Caldwell, Moloy, and d'Esopo, and Thomas have been included: pyelitis, including the use of sulfanilamides, the acute infections, analgesia and anesthesia; the use of pituitary extract and ergotrate and the indications for Cesarean section. Many new illustrations have been added. The printing is a heavy, easily read type, and the illustrations excellent. The book should be in the library of every doctor who practices obstetrics.

Alfred Meurlin, M.D.

Hope Deferred. By Jeannette Seletz. Pp. 536. New York, The Macmillan Company. 1943. $2.75.

Novels about physicians have been exceedingly popular these last few years. This story is not so much a novel as a detailed picture of the lives of medical students and interns. If read by the public it should be vastly educational in showing what goes into the making of a doctor and it should awaken in the public a realization of the hardships and pitfalls encountered; thereby creating an understanding and less critical attitude toward those who choose to care for their ills.

Mildred V. Naylor.

March of Medicine. The New York Academy of Medicine Lectures to the Laity, 1942. Pp. 217. New York, Columbia University Press. 1943. $2.50.

Physicians and public health workers, as well as the laity, will find these lectures profitable reading. It is admittedly written for the layman, whose intelligent coöperation is as necessary for the prevention and control of disease as the work of medical scientists. The reasons for having instituted the annual course of lectures are in themselves sound. The fact that the present volume represents the seventh in the series is proof that they have filled a real need. The value of the text is enhanced by charts and figures that serve as illustrations.

The lectures are on tuberculosis, psychological subjects, vitamins and nutrition,—all timely and all perennially interesting. They are presented in an easy conversational style that grips the reader's interest. It would be advantageous for all physicians to recommend these lectures to their patients.

Samuel Barbash, M.D.

OBITUARY

DR. NORMAN W. CURRIE

Dr. Norman W. Currie, dean of Plainfield physicians and surgeons, died on August 1 in Muhlenberg Hospital after two weeks' illness.

Dr. Currie, who was 71 years of age, was born in Middletown, N. Y., and received his early education there. In 1895 he was graduated from the medical department of New York University. In 1898 he moved to Plainfield and became connected with Muhlenberg Hospital. At the time of his death Dr. Currie was senior consulting surgeon.

In World War I, Dr. Currie was commissioned a captain in the Medical Corps. He was a member of the Plainfield Medical Society, the Union County Medical Society, The Medical Society of New Jersey, the American Medical Association, and also was a fellow of the American College of Surgeons.

WOMAN'S AUXILIARY

PRESIDENT'S MESSAGE

MRS. ASHER YAGUDA

A feeling of extreme gratification followed the reading, in the July *Journal*, of the adoption by the Welfare Committee of the Medical Society of the Medical Care Program of Wives and Children of Enlisted Men. This willingness on the part of the members of the Society to increase their already heavy burden of private practice with care of maternity cases for the government and the boys in service is nothing short of inspirational. The acceptance of the equitable fee for this service is patriotic and far-sighted. Following the splendid work of Procurement and Assignment in this state, this new gesture by organized medicine stimulates the efforts of the members of the Woman's Auxiliary. We are proud to serve.

OBITUARY

MRS. L. SAMUEL SICA

Mrs. Mary E. Sica, wife of Dr. L. Samuel Sica, died in St. Francis Hospital, Trenton, on July 17 following a brief illness.

Mrs. Sica, a graduate of the University of Pennsylvania School of Nurses, was the first Trenton woman to join the overseas nursing staff during the first World War. She was a former president of St. Francis Aid, a member of The Contemporary, and was active in civic affairs.

In addition to her husband, Mrs. Sica is survived by a daughter, Mary Elizabeth Sica; a sister, Miss Marguerite F. Stewart; and four brothers, William J., August T., Louis D. and Stephen Knaul Stewart.

OFFICERS AND CHAIRMEN OF STATE AUXILIARY

President, Mrs. Asher Yaguda, Marlboro
President-Elect, Mrs. David B. Allman, Atlantic City
First Vice-President, Mrs. James J. McGuire, Trenton
Second Vice-President, Mrs. Chester I. Ulmer, Gibbstown
Recording Secretary, Mrs. Banks Baker, Camden
Corresponding Secretary, Mrs. Samuel W. Hausman, Red Bank
Treasurer, Mrs. Thomas P. McConaghy, Camden
Directors: Mrs. Ralph J. Faulkingham, New Brunswick
Mrs. Christian P. Segard, Leonia
Mrs. W. C. Meineke, Jr., Roselle
Mrs. H. R. Tatem, Jr., Audubon
Mrs. William E. Dodd, Beach Haven
Mrs. James H. Mason, III, Ventnor
Advisory Board: Mrs. Don A. Epler, Newark
Mrs. Oswald R. Carlander, Merchantville
Mrs. Gerald E. McDonnell, Mount Holly
Mrs. J. Howard Hornberger, Roebling
Mrs. Richard J. McDonald, Paterson
Archives, Mrs. Albert F. Moriconi, Morrisville, Pa.
Arrangements, Mrs. Abraham E. Jaffin, Jersey City
Arts, Hobby and Medical History, Mrs. Ily R. Beir, Atlantic City
Bulletin, Mrs. Ralph Buchanan, Phillipsburg
Credentials, Mrs. Dean H. LeFavor, Palmyra
Entertainment, Mrs. James H. Mason, III, Ventnor
Finance, Mrs. Chester I. Ulmer, Gibbstown
Historian, Mrs. William E. Dodd, Beach Haven
Co-chairman, Mrs. Harry V. Hubbard, Plainfield
Hygeia, Mrs. Frederick G. Wandall, Clayton
Legislation, Mrs. Samuel Alexander, Park Ridge
Nominations, Mrs. J. Howard Hornberger, Roebling
Organization, Mrs. Don A. Epler, Newark
Parliamentarian, Mrs. Andrew C. Ruoff, Union City
Press and Publicity, Mrs. Lodovico Mancusi-Ungaro, Newark
Printing, Mrs. James J. McGuire, Trenton
Program, Mrs. Richard J. McDonald, Paterson
Public Relations, Mrs. Maclyn F. Baker, Irvington
Resolutions, Mrs. Ralph J. Faulkingham, New Brunswick
Revisions, Mrs. Gerald E. McDonnell, Mount Holly
War Participation, Mrs. S. Bernard Kaplan, Newark
Widows and Orphans, Mrs. William C. Meineke, Jr., Roselle

PRESIDENTS OF COUNTY AUXILIARIES

Atlantic—Mrs. G. Ruffin Stamps, Pleasantville
Burlington—Mrs. William E. Bray, Pemberton
Camden—Mrs. Lester R. Wilson, Camden
Essex—Mrs. Harry N. Comando, Maplewood
Gloucester—Mrs. A. Guy Campo, Westville
Hudson—Mrs. Samuel G. Scott, Jersey City
Mercer—Mrs. R. John Cottone, Trenton
Middlesex—Mrs. Robert B. Walker, Highland Park
Ocean—Mrs. William E. Dodd, Beach Haven
Passaic—Mrs. James S. Gallo, Paterson
Somerset—Mrs. Lancelot Ely, Somerville
Warren—Mrs. Floyd A. Shimer, Phillipsburg

Tuberculosis Abstracts

A Review for Physicians

ISSUED MONTHLY BY THE NATIONAL TUBERCULOSIS ASSOCIATION

Vol. XVI **September, 1943** **No. 9**

OUT of 860 colleges and universities which received the annual survey questionnaire of the Tuberculosis Committee of the American Student Health Association, 488 replied and 311 reported tuberculosis case-finding programs in operation. In view of the heavy losses in student health personnel and other serious disturbances experienced by many schools because of the war, this report represents encouraging progress in tuberculosis control among our institutions of higher education. It is significant that colleges with a definite control program discovered new cases of pulmonary tuberculosis almost eighteen times as frequently as did those colleges with no program.

COLLEGE CAMPUSES IN THE FIGHT AGAINST TUBERCULOSIS

The Twelfth Annual Report of the Tuberculosis Committee of the American Student Health Association gives striking proof of the value of a tuberculosis control program as a regular part of student health service. In the 311 progressive colleges and universities (total student enrollment, 558,075) reporting such programs, 744 new cases of tuberculosis were discovered, a rate of 133.5 new cases per 100,000 students. At 177 colleges (total student enrollment, 146,000) which provided no such programs, 11 new cases came to light, a rate of 7.5 per 100,000 students. Twenty-two food handlers were found to have pulmonary tuberculosis, and among faculty and other administrative officers, 40 new cases were discovered, thus bringing the total of new cases found in colleges during the school year 1941-1942 to 817.

Few diseases impose such costly and far-reaching penalties for public or personal failure to provide early diagnosis as does tuberculosis; yet the majority of institutions of higher education in this country still fail to employ modern tuberculosis case-finding methods, which are simple and not expensive. The years of disability and suffering and the financial costs involved will reach staggering proportions, and there will be numerous deaths whenever we neglect early diagnosis of tuberculosis.

It is estimated that the complete cost of finding an undiscovered case of tuberculosis among college students on now unprotected campuses might run as high as $166. This may seem expensive to some, who do not take into account the social and economic values involved in the early diagnosis of the disease. Failure to provide modern case-finding programs, however, will invariably prove far more costly to unfortunate individuals, families and communities, and can never redound to the credit of a negligent institution.

The tuberculin test provides the most sensitive and reliable index of the prevalence of tuberculous infection. In the young adult group, for the country as a whole, 21.8 per cent of students react to tuberculin, the east and west coast sections having a higher infection rate than other sections of the country.

Many of the older, largely exploded, ideas relating to tuberculosis seem still to be firmly lodged in the minds of many people. The belief is all too prevalent that early tuberculosis gives rise to early symptoms. Certain institutions report various procedures for the follow-up of "suspects." "Weighing at frequent intervals," "frequent temperature readings," are among the more common of these. The "suspects" are usually those students who are markedly underweight. The Committee therefore feels justified in emphasizing again the fact that the tuberculin tests and the chest X-ray provide the only adequate means for the early detection of presymptomatic tuberculosis in the vast majority of cases.

Although it is not possible to speak in exact

terms of the incidence of tuberculosis as applying to the country's student population, reports available to the Committee seem to indicate a decline of approximately 30 per cent in its prevalence among college students during the past six years. This may be on the conservative side, for during this period reports from many of the larger institutions conducting excellent case-finding programs indicate an extension of these procedures to include a higher percentage of their students. It is evident that more students are being examined each year and the technics employed have improved and become more effective.

That there are various technics used in tuberculin testing is shown in Table 1. The Mantoux intradermal method continues to lead all others while P.P.D. and O.T. are fairly even choices in testing materials. A comparatively large number of colleges use the two-dose technic.

Table 1

Testing Technics in 284 Colleges Reporting Tuberculin Testing Programs, 1941-42

Testing Method:	
Mantoux intradermal	182
Vollmer patch test	54
Pirquet	4
Combined Mantoux and patch test	3
Unspecified	11
Testing Material:	
Purified protein derivative	93
Old tuberculin	89
Combination of the two	1
Testing Dosage:	
Two-dose technic	63
Single large dose	35
Single intermediate dose	37
Single small dose	37
Combination of dosages	2
Testing Routine:	
New students and all negative reactors annually	63
New students only (no retesting)	49
New students and all seniors	29
Test optional (available to all annually)	47
Other testing routines	46

Sixty-six colleges report the ideal annual X-ray of positive reactors. The various X-ray procedures reported are indicated in Table 2.

Table 2

X-Ray Procedures Reported by Various Institutions, 1941-42

284 Colleges Reporting Tuberculin Testing Program:	
Positive reactors x-rayed once	74
Positive reactors x-rayed annually	66
X-ray optional (acceptance general)	60
X-ray optional (acceptance not satisfactory)	10
Other x-ray routines	19
Fluoroscope used routinely to supplement x-ray	38
Fluoroscope used exclusively (chest x-ray when indicated)	12
57 Colleges Reporting No Tuberculin Testing Program:	
Chest x-ray for all new students	22
Chest x-ray for all students annually	9
Other routine x-ray programs	26

During the school year 1942-1943 the Committee enlisted the coöperation of a group of eastern colleges in a study of entering students approximating 10,000 in number. Information concerning each student includes age, home address, name and location of secondary school attended and whether a private, public, or parochial school; tuberculin test technic and results; and X-ray findings. It is hoped that this survey may continue without interruption for a period of ten years or longer, thus providing data indicating differences in the prevalence of tuberculous infection among students from various states and various home communities, accurate yearly comparisons, as well as supplying an index of any changes in the prevalence of tuberculous infection among students in this area.

Tuberculosis Among College Students, H. D. Lees, M.D., The Journal-Lancet, April, 1943.

SUPPLIED BY

New Jersey Tuberculosis League

15 East Kinney Street, Newark, New Jersey



for the management of constipation

Restoration of Habit Time for Bowel Movement after surgery can be accomplished intelligently by the use of mild, efficacious Petrogalar.

After surgical interference, compensation for lack of exercise—gentle aid to tired intestinal muscles—easily gliding, painlessly motile bowel contents are requirements of importance.

Years of professional use have established Petrogalar as a reliable, efficacious aid for the restoration and maintenance of comfortable bowel action.

Petrogalar Laboratories, Inc.

8134 McCormick Blvd. **Chicago, Illinois**

PETROGALAR IS AN AQUEOUS SUSPENSION OF PURE MINERAL OIL EACH 100 CC. OF WHICH CONTAINS 65 CC. PURE MINERAL OIL SUSPENDED IN AN AQUEOUS JELLY.

COPYRIGHT 1943, BY PETROGALAR LABORATORIES, INC.

Petrogalar

REG. U.S. PAT. OFF.

Constant uniformity assures palatability—non-interference with secretion or absorption—normal fecal consistency. Five types of Petrogalor provide convenient variability for individual needs.

PRESCRIPTION PHARMACISTS

TO THE MEMBERS OF

THE MEDICAL SOCIETY OF NEW JERSEY

Place	Name and Address	Telephone
AUDUBON	W. H. Tegeler, 315 Atlantic Ave.	Audubon 1037
CRANFORD	J. Walter Seager, 103 Union Ave. N.	CRanford 6-0700
ELIZABETH	Kerner's Prescription Pharmacy, 504 Court St.	ELizabeth 3-9497
HARRISON	Squier's Pharmacy, 234 Harrison Ave.	HArrison 6-2127
JERSEY CITY	Smith & Williams Prescription Phar., 343 Jackson Ave.	BErgen 3-2616
MONTCLAIR	Wm. J. McNulty, So. Fullerton Ave. & The Crescent	MOntclair 2-2014
MORRISTOWN	Carrell's Pharmacy, Inc., 31 South St.	MOrristown 4-0143
NEWARK	Marquier's Pharmacy, Sanford & So. Orange Aves.	ESsex 3-7721
NEW BRUNSWICK	Hoagland's Drug Store, 365 George St.	New Brunswick 49
SOUTH ORANGE	Taft's Pharmacy, 2 So. Orange Ave.	SOuth Orange 2-0063
WEST NEW YORK	The Owl Pharmacy, 6611 Bergenline Ave.	UNion 5-0384



Mrs. Steward says: "I wear Duralumin limbs. My clothes fit beautifully. I drive my car and enjoy dancing, golfing, ping pong, and other sports."

Jessie Simpson Steward

(Miss New Jersey of 1936)

WEARS HANGER LIMBS

For 81 years we have been making, wearing, fitting and improving artificial limbs. The knowledge and skill we have gained during this time enables us to give every advantage of construction, fit, and comfort.

The Hanger name guarantees complete satisfaction.

J. E. HANGER, INC.

104 FIFTH AVENUE New York, N. Y. — Established 81 years — *Inventors and Manufacturers* — 334 NO. 13th ST. Philadelphia, Pa.

ENGLISH WILLOW AND DURAL LIGHT METAL ARTIFICIAL LIMBS

KARO is KARO
whether
the label is
Red or Blue

Your patients may have a preference for either Red Label *or* Blue Label KARO. If their grocers are temporarily out of their favorite flavor, you may assure them that *flavor* is the only difference between these two types of KARO for infant feeding.

Each contains practically the same amount of dextrins, maltose and dextrose so effective for milk modification.



How much KARO for Infant Formulas?

The amount of KARO prescribed is 6 to 8% of the total quantity of milk used in the formula—one ounce of KARO in the newborn's formula is gradually increased to two ounces at six months.

CORN PRODUCTS REFINING CO.
17 Battery Place • New York, N. Y.

Excellence in War Production



FOR supplying Mercurochrome and other drugs, diagnostic solutions and testing equipment required by the Armed Forces, for developing and producing Sterile Shaker Packages of Crystalline Sulfanilamide especially designed to meet military needs, and for completing deliveries ahead of contract schedule—these are the reasons for the Army-Navy "E" Award to our organization.

The effectiveness of Mercurochrome has been demonstrated by more than twenty years of extensive clinical use.

For the convenience of physicians Mercurochrome is supplied in four forms—Aqueous Solution for the treatment of wounds, Surgical Solution for preoperative skin disinfection, Tablets and Powder from which solutions of any desired concentration may readily be prepared.

Mercurochrome (H. W. & D Brand of dibrom-oxy-mercuri-fluorescein-sodium) is economical because stock solutions may be dispensed quickly and at low cost by the physician or in the dispensary. Stock solutions keep indefinitely. Literature furnished to physicians on request.



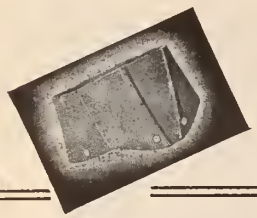
HYNSON, WESTCOTT
& DUNNING, INC.
BALTIMORE, MARYLAND

REPRESENTATIVE FUNERAL DIRECTORS

OF THE STATE OF NEW JERSEY

Special and Dependable Service Day and Night. Special Attention Given to Hospital Calls, Train and Express Shipments.

Place	Name and Address	Telephone
BLOOMFIELD	Peter J. Quinn Funeral Service, 320 Belleville Ave.	BLoomfield 2-1260
ELIZABETH	Aug. F. Schmidt & Son, 139 Westfield Ave.	ELizabeth 2-2268
MORRISTOWN	Raymond A. Lanterman & Son, 126 South St.	MOrristown 4-2880
NEWARK	Peoples Burial Co., 84 Broad St.	HUmboldt 2-0707
PATERSON	Robert C. Moore & Sons, 384 Totowa Ave.	SHerwood 2-3914
RED BANK	The Wordens—Albert, Harry & James, 60 E. Front St.	Red Bank 557
RIVERDALE	George E. Richards, Newark Turnpike	Pompton Lakes 164



In the surgical appliance field the name POMEROY has meant quality and dependability for more than 75 years.



SUPPORTING BELTS and CORSETS



The physician appreciates the fact that POMEROY belts, girdles and corsets are supplied on his prescription, conform to his specifications and are anatomically correct. The patient appreciates the fact that POMEROY supports are made with a minimum of straps and laces, are moderately priced and correctly styled.

POMEROY supports for men, women and children are available at any of our offices and are guaranteed to be satisfactory to the prescribing physician and his patient wherever bought.

Pomeroy

901 BROAD STREET NEWARK, N. J.

NEW YORK BROOKLYN BOSTON SPRINGFIELD DETROIT WILKES-BARRE

The NEW YORK POLYCLINIC
MEDICAL SCHOOL AND HOSPITAL

(ORGANIZED 1881)
THE PIONEER POST-GRADUATE MEDICAL
INSTITUTION IN AMERICA

FOR THE GENERAL SURGEON

A combined surgical course comprising general surgery, traumatic surgery, abdominal surgery, gastroenterology, proctology, gynecological surgery, urological surgery. Attendance at lectures, witnessing operations, examination of patients pre-operatively and post-operatively and follow-up in the wards post-operatively. Pathology, roentgenology, physical therapy. Cadaver demonstrations in surgical anatomy, thoracic surgery, regional anesthesia. Operative surgery and operative gynecology on the cadaver.

Obstetrics and Gynecology

A full time course. In Obstetrics: Lectures; prenatal clinics; witnessing normal and operative deliveries; operative obstetrics (manikin). In Gynecology: Lectures; touch clinics; witnessing operations; examination of patients pre-operatively; follow-up in wards post-operatively. Obstetrical and Gynecological pathology; regional anesthesia (cadaver). Attendance at conferences in Obstetrics and Gynecology. Operative Gynecology on the Cadaver.

For Information Address

MEDICAL EXECUTIVE OFFICER

345 West 50th Street **New York City 19**

COOK COUNTY
Graduate School of Medicine

(In affiliation with COOK COUNTY HOSPITAL)
Incorporated not for profit

Announces Continuous Courses

SURGERY—Two Weeks' Intensive Course in Surgical Technique starting September 6 and 20, October 4 and 18, and every two weeks throughout the year.
MEDICINE—Two Weeks' Intensive Course starting October 4. One Month Course in Electrocardiography and Heart Disease.
FRACTURES & TRAUMATIC SURGERY—Two Weeks' Intensive Course starting October 18.
GYNECOLOGY—One Week Personal Course in Vaginal Approach to Pelvic Surgery starting November 1. Clinical and Diagnostic Courses.
OBSTETRICS—Two Weeks' Intensive Course starting October 4.
ANESTHESIA—One Week Course in Continuous Caudal Anesthesia for Obstetrics.
OPHTHALMOLOGY—Two Weeks' Intensive Course starting September 27. Course in Refraction Methods October 11.
OTOLARYNGOLOGY—Two Weeks' Intensive Course starting September 13.
ROENTGENOLOGY—Courses in X-ray Interpretation, Fluoroscopy, Deep X-ray Therapy every week.
UROLOGY—Two Weeks' Course and One Month Course available every two weeks.
CYSTOSCOPY—Ten Day Practical Course every two weeks.

GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND THE SPECIALTIES.

TEACHING FACULTY
Attending Staff of Cook County Hospital

Address: Registrar, 427 So. Honore St., Chicago 12, Ill.

Columbia University
in the City of New York
Faculty of Medicine

announces

Postgraduate Courses
in Clinical Medicine

at

The Mount Sinai Hospital
Fifth Avenue at 100 Street
New York, N. Y.

First Semester
October 25—December 18, 1943

Allergy, Anesthesia, Cardiology, Chemistry, Dermatology and Syphilology, Diagnosis and Therapy, Diseases of Chest, Diseases of Liver, Electrocardiography, Gastroenterology, Gynecology, General Medicine, Hematology, Hypertension and Kidney Disease, Neurology, Ophthalmology, Orthopedics, Pediatrics, Peripheral Vascular Diseases, Pharmacology, Physical Therapy, and Proctology.

Application should be made before October 11, 1943

For further information, address The Secretary for Medical Instruction, The Mount Sinai Hospital, Fifth Avenue and 100 Street, New York 29, N. Y.



AURORA

Founded by Robert Schulman, M.D.
(Since 1920)

A RESORT FOR HEALTH

For cardiovascular, metabolic, endocrinological and neurological disturbances.
Resident physician. Complete physiotherapy department.

May we send you literature?

BENJAMIN SHERMAN, M.D., Medical Director
Morr. 4-3260 — On Route 24 MORRISTOWN, NEW JERSEY

Mountain View Rest, Inc.

Established
1 9 2 7

Roseland, New Jersey
P. O. Box 158

A HOMELIKE NEUROPSYCHIATRIC SANITARIUM, where reliable and individual care and treatment are available.

Descriptive Booklet on Request

Phones: Caldwell 6-1651
6-1652

MRS. DONALD ST. CLAIR, Directress

FAIR OAKS

SUMMIT **NEW JERSEY**

DR. THOMAS P. PROUT, Medical Director
DR. CAMELLA A. LOSADA
DR. CARROLL S. THOMSON

A sanatorium equipped with many of the facilities of the hospital, minus the hospital atmosphere, for the modern treatment and management of problems in neuropsychiatry. We have finished our fortieth year.

PSYCHO-THERAPY
PHYSIO-THERAPY
CLINICAL LABORATORY
BASAL METABOLISM
DIETETICS
HYDRO-THERAPY
OCCUPATIONAL THERAPY
ELECTRIC SHOCK THERAPY

Telephone: Summit 6-0143



WHIPPANY REST

(Formerly Whippany River Health Farm)

Licensed by State Department of Institutions and Agencies

Ideal for Chronic and Elderly Patients

Phone Whippany 8-0311

THERESA CUDDY SCOLA, R.N.
Directress

Whippany Road, Whippany, N. J.

Next Door to Seeing Eye

CHARLES B. TOWNS HOSPITAL

Serving the Medical Profession for Over 40 Years

For Alcoholism and Drug Addiction Exclusively

Definite Treatment • Fixed Charges • Minimum Hospitalization

293 CENTRAL PARK WEST, NEW YORK, N. Y. — Tel. SChuyler 4-0770

(Hospital Literature)

"INTERPINES"

GOSHEN, N. Y. Phone 117

ETHICAL — RELIABLE — SCIENTIFIC

Disorders of the Nervous System

BEAUTIFUL QUIET HOMELIKE WRITE FOR BOOKLET

FREDERICK W. SEWARD, M.D., Director
FREDERICK T. SEWARD, M.D., Res. Physician CLARENCE A. POTTER, M.D., Res. Physician

"The Glenwood" Sanitarium

Licensed for the care and treatment of

Nervous and mental disorders, alcoholism and drug addiction

Homelike surroundings, good nursing, psychiatric treatment and excellent food.

R. GRANT BARRY, M.D.
2301 NOTTINGHAM WAY
TRENTON, N. J.
Tel. 2-8053

TIME TO COLLECT

It is news when a collection firm gets fan mail. A doctor writes, "You are wizards". A hospital superintendent says, "Your skillful methods bring checks in every mail". The truth of the matter is that patients who were unable to pay medical fees a few years ago are now receiving fat pay checks. These days there is no such thing as a hopeless account. We are willing to try to collect any of your bills at a moderate percentage of the amount recouped.

Now is the time to write for details.

Crane Discount Corporation
230 W. 41 ST. NEW YORK, N. Y.

Zemmer

Prescribe or Dispense
ZEMMER PHARMACEUTICALS
Tablets, Lozenges, Ampoules, Capsules, Ointments, etc. Guaranteed reliable potency. Our products are laboratory controlled. Write for catalogue.
Chemists to the Medical Profession

THE ZEMMER CO.
Oakland Station
Pittsburgh, Pa.

NJ-9-43

Belle Mead Sanatorium

BELLE MEAD :: NEW JERSEY

Under State License Since 1910

Sanatorium Phone BELLE MEAD, N. J. 21

● **For the individual care and modern treatment of nervous, mental, alcoholic, drug patients and general invalidism.**

FULL COOPERATION WITH REFERRING PHYSICIANS
RATES VERY REASONABLE FOR ATTRACTIVE ACCOMMODATIONS

●

J. C. KINDRED, M.D., *Consultant*
L. R. HARRISON, M.D., *Consultant*
MASON PITMAN, M.D. RUSSEL N. CARRIER, M.D.*
Medical Directors Military Service

THE ORANGE PUBLISHING CO.

PRINTERS

12 SOUTH DAY STREET ORANGE, N. J.

Telephone ORange 3-0048

CHANGE OF ADDRESS COUPON

In the event of a change of address or failure to receive the Journal regularly fill out this coupon and mail it at once to

THE MEDICAL SOCIETY OF NEW JERSEY, 222 W. State St., Trenton 8, N. J.

Change my address on mailing list

From

To

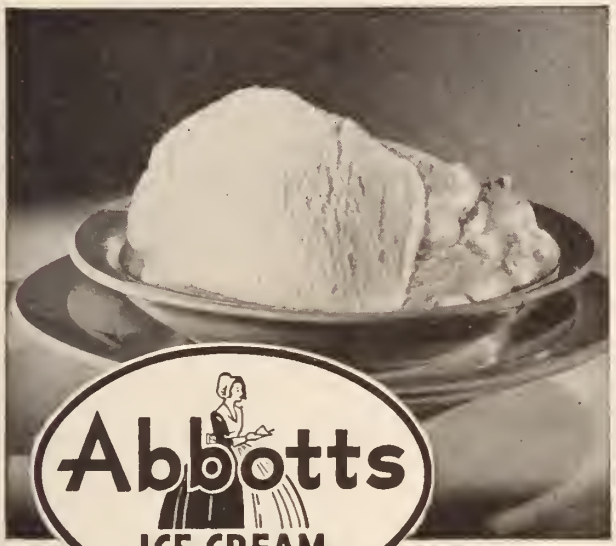
Journal is not being received

My correct address is

Date..... *Signed*....., *M.D.*

RECOGNIZED BY PHYSICIANS AS A

Fine Energy Food . .



Abbotts Ice Cream is rich in high-quality proteins, calcium and Vitamin A. It also contains Vitamins B_1, C, D and G.

We make it from our own deluxe Cream, produced under strict bacteriological laboratory control at our Country Creameries.

ABBOTTS DAIRIES, INC., *Philadelphia, Pa.*

PROMPT • EFFICIENT
in relief of teething pains

CO-NIB

Mothers appreciate your prescription or recommendation of this quick acting, efficient agent. Carefully selected ingredients produce local anesthetic effects without systemic disturbances.

AN ETHICAL PRESCRIPTION

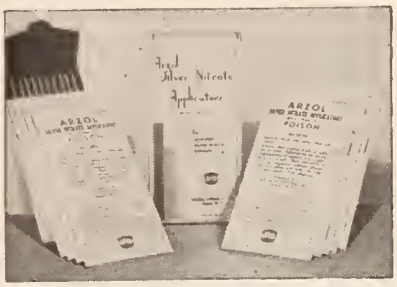
available at pharmacies



Sample and literoture on request

ELBON LABORATORIES
MONTCLAIR, NEW JERSEY

ARZOL
Silver Nitrate Applicators



- Six inch wood applicators are tipped match-like with 75% Silver Nitrate.
- Ten applicators are individually assembled for easy withdrawal.
- Each unit provides a pocket-size container with a closing flap.
- The De Luxe package contains ten units (100 applicators).
- Price $1.50 per package.

ORDER FROM YOUR DEALER

ARZOL CHEMICAL CO.
Nyack, N. Y.

MANY DOCTORS TELL US
SPENCER
POSTURE IMPROVEMENT AND SUPPORT
Further Their Treatment of . . .



Convalescence
Excess Fatigue
Low Vitality

Visceroptosis
Nephroptosis
with Symptoms

Maternity
Postoperative
Postpartum

Hernia

Cardiac Syndrome

Breast Problems

Woman with lordotic posture before —and after—wearing a Spencer.

We also design supports for: Intervertebral Disc Extrusion and other back injuries and diseases

Patients respond mentally and physically to the gentle, yet *positive* support and posture-improvement a Spencer effects. Doctors note that patients enjoy a comforting sense of well-being and confidence which renders them more responsive to treatment. The neurotic and "complaining" type of patient is less likely to make excessive demands on the doctor's time.

As each Spencer Support is individually designed, perfect fit and comfort are achieved. The doctor is not annoyed by complaints of patient dissatisfaction. Because each Spencer is individually designed it is *guaranteed* never to lose its shape. A support that stretches out of shape becomes useless before worn out.

Spencers are never sold in stores. For a Spencer Specialist, look in telephone book under "Spencer Corsetiere" or write direct to us.

SPENCER *INDIVIDUALLY DESIGNED*
Abdominal, Back and Breast Supports

SPENCER INCORPORATED,
137 Derby Ave., New Haven 7, Conn.
In Canada: Rock Island, Quebec.
In England: Spencer (Bonbury) Ltd., Bonbury, Oxon.

May We Send You Booklet?

Please send me booklet, "How Spencer Supports Aid the Doctor's Treatment."

.....M. D.

Address D-9

Accident. Hospital. Sickness

INSURANCE

FOR ETHICAL PRACTITIONERS EXCLUSIVELY

[57,000 Policies in Force]

$5,000.00 ACCIDENTAL DEATH $25.00 weekly indemnity, accident and sickness	For $32.00 per year
$10,000.00 ACCIDENTAL DEATH $50.00 weekly indemnity, accident and sickness	For $64.00 per year
$15,000.00 ACCIDENTAL DEATH $75.00 weekly indemnity, accident and sickness	For $96.00 per year

ALSO HOSPITAL EXPENSE FOR MEMBERS, WIVES AND CHILDREN

41 Years Under the Same Management

$2,418,000.00 INVESTED ASSETS

$11,750,000.00 PAID FOR CLAIMS

$200,000 deposited with State of Nebraska for protection of our members.

Disability need not be incurred in line of duty—benefits from the beginning day of disability.

86c out of each $1.00 gross income used for members' benefit

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION

400 First National Bank Bldg. Omaha 2, Nebr.

TETANUS IMMUNIZATION OF MILITARY PERSONNEL

All military personnel on induction are being immunized against tetanus either, as in the Army, by three injections of fluid toxoid, or as in the Navy and Marine Corps, by two injections of alum precipitated toxoid (New Eng. J. Med., 227:162, 1942). In addition a small or stimulating dose is injected prior to departure for a theater of operations and an emergency dose is given to those wounded or burned in a battle or incurring other wounds likely to be contaminated with *Clostridium tetani*. According to recent report (Am. J. Pub. Health, 33:53, 1943), since June, 1941, when the present tetanus immunization program was adopted, there have been but four cases reported from the entire Army, and none of these were in immunized individuals. Although perhaps too early in the present war to draw any conclusions, it is of particular interest that no cases of tetanus have been reported from battle casualties.

For civilian use, especially in children, it is of decided advantage to accomplish simultaneous immunization against tetanus and diphtheria. Combined Diphtheria Toxoid-Tetanus Toxoid, Alum Precipitated, Lilly, is designed for prophylaxis only, affords effective immunity against both diseases, and avoids risk of serum sensitization which may follow use of an antitoxin.



Wyeth's Phosphaljel is supplied in 12-fluidounce bottles*

PHOSPHALJEL WYETH'S ALUMINUM PHOSPHATE GEL

Effective in the treatment of gastrojejunal ulcer and other cases of peptic ulcer associated with a relative or an absolute deficiency of pancreatic juice, diarrhea, or a low phosphorus diet.

ACCEPTED MEDICAL ASSN. Council on Pharmacy and Chemistry

*Reg. U. S. Pat. Off.

Phosphaljel contains 4% aluminum phosphate.

JOHN WYETH & BROTHER • INCORPORATED • PHILADELPHIA



WHEN interviewed between platefuls, this 11-months-old young man emphatically stated: "I have been brought up on Pablum and still like it, but some days when I'm in the mood for oatmeal, nothing satisfies me like Pabena!"

Nutritious, quick and easy to prepare, both products are for sale at drug stores.

MEAD JOHNSON & COMPANY, EVANSVILLE, IND., U.S.A.

THE JOURNAL

OF

THE MEDICAL SOCIETY OF NEW JERSEY

Place of Publication, Printing and Mailing:
12 SOUTH DAY STREET, ORANGE, NEW JERSEY

THE N.Y. ACADEMY OF MEDICINE
OCT 6 1943

Entered as second-class matter, September 5, 1906, at the post office at Orange, New Jersey, under Act of March 3, 1879.

VOL. 40, NO. 10 — OCTOBER, 1943 — Subscriptions, $3.00 per Year, Single Copies, 30 Cents

CONTENTS—Pages 379 to 412

EDITORIALS— Page
ELIAS J. MARSH, M.D. 379
MEDICO-MILITARY MANPOWER 380

PROCUREMENT AND ASSIGNMENT 381

MEDICAL SERVICE ADMINISTRATION OF NEW JERSEY 382

MEDICAL-SURGICAL PLAN OF NEW JERSEY 383

MEMBERS IN THE ARMED FORCES—Supplementary List No. 1 384

ORIGINAL ARTICLES—
OBSERVATION ON 1200 CASES OF OBESITY TREATED WITH AMPHETAMINE (BENZEDRINE) SULFATE—S. William Kalb, M.D., Newark, N. J. 385
THE TREND OF INDUSTRIAL MEDICAL PRACTICE—E. W. Probst, Major, M.C., Dover, N. J. 388
STUDY OF CASE HISTORIES OF FIFTEEN SOLDIERS ADMITTED TO A MENTAL HOSPITAL AFTER DISCHARGE FROM UNITED STATES ARMY—Leon Reznikoff, M.D., Secaucus, N. J. 391
DR. WILLIAM MCKISSACK, A NEW JERSEY ARMY PHYSICIAN WITH GENERAL WASHINGTON—Mildred V. Naylor, Newark, N. J. 396
Second Post-graduate Industrial Medicine Course 397

STATE ACTIVITIES— Page
Preliminary Report on Post-War Planning, Article II 398
Second Public Health Unit in the United States Established in New Jersey 401
Supplementary List of Members 401
Sixth Year Molars 401
State Board of Medical Examiners 402
With New Jersey Medical Authors 403

OBITUARIES—
Drs. Carberry, Davidson, Henderson, Hubbard, Pitkin, Taylor 404
Drs. Tellman, Toye, Villegas, Vreeland 405
Deceased Physicians—New Jersey 405

WOMAN'S AUXILIARY—
President's Message 406
The New Jersey Hospital Volunteer Corps 406
Auxiliary Events—Past and Present 407
Executive Board Meeting 407

THE BOOK SHELF—
Books Received 408
Book Reviews 408

TUBERCULOSIS ABSTRACTS 411

Roster of Officers, Advertising Page 3A

Editorial and Executive Offices of the Society
222 WEST STATE STREET
TRENTON 8, N. J.
Tel. 5776

Acceptance for mailing at special rate of postage provided for in Sec. 1103, Act of Oct. 3, 1917, authorized July 29, 1918.

Copyright 1943 by
The Medical Society of New Jersey

PHYSICIAN'S INCOME PROTECTION

Our Physicians Special Policy—endorsed by the State Medical Society—will appeal to you also, if you investigate. Elimination of excessive acquisition costs and economy of operation makes possible our rate which is far below that of equally broad and dependable insurance.

Brief Outline of Coverage

Accident Benefits—from 1st day for 60 months for total disability.
Half benefits for partial disability, limit 6 months.
Dismemberment benefits up to $10,000.

Sickness benefits—from 8th day for 12 months, full benefits, *house confinement not required.*

Rate for $100 Monthly Benefit, up to age 50, $7.40 quarterly.

Slightly higher rates to age limit of 65. Policies available from $100 to $300 monthly. Additional provisions for accidental death benefit and hospital expense insurance.

Your State Medical Society Insurance Committee are sole arbiters for handling any claim requiring arbitration.

E. and W. BLANKSTEEN, Mgrs.
Authorized Representatives of The Medical Society of New Jersey
76 MONTGOMERY STREET JERSEY CITY, N. J
Tel. Bergen 4-6051

Theocalcin prescribed with or without digitalis

Combinations of Theocalcin and digitalis are frequently prescribed to improve cardiac function in congestive heart failure. In other cases, when digitalis fails to give relief, Theocalcin in doses of 1 to 3 tablets t.i.d. is often effective.

Theocalcin is a well tolerated diuretic and myocardial stimulant which acts promptly to reduce edema, diminish dyspnoea and strengthen heart muscle.

Theocalcin is available in 7½ grain tablets and in powder form.



Theocalcin, brand of theobromine-calcium salicylate.
Trade Mark Reg. U. S. Pat. Off.

BILHUBER-KNOLL CORP. ORANGE, NEW JERSEY.

THE MEDICAL SOCIETY OF NEW JERSEY

Founded July 23, 1766

PLACE OF PUBLICATION, PRINTING AND MAILING, 12. SO. DAY ST., ORANGE, N. J.

EXECUTIVE AND EDITORIAL OFFICES, 222 WEST STATE ST., TRENTON 8, N. J. TEL. 5776

EDITH L. MADDEN, *Acting Executive Officer*.....Trenton
HENRY A. DAVIDSON, *Editor, in Service A. U. S.*.....Trenton

MEDICAL SERVICE ADMINISTRATION OF NEW JERSEY
MEDICAL-SURGICAL PLAN OF NEW JERSEY
31 CLINTON ST., NEWARK, N. J.
Tel. MItchell 2-0675

NORMAN M. SCOTT, *Medical Director*
Executive Assistant, The Medical Society of New Jersey

OFFICERS

President, RALPH K. HOLLINSHED Westville
President-Elect, JOSEPH F. LONDRIGAN Hoboken
First Vice-President, SAMUEL ALEXANDER.....Park Ridge
Second Vice-President, FRANK G. SCAMMELL.....Trenton
Secretary, ALFRED STAHL Newark
Treasurer, GEORGE J. YOUNG Morristown

TRUSTEES

THOMAS B. LEE, *Chairman* (1945) Camden
ALDRICH C. CROWE, *Secretary* (1944) Ocean City
RALPH K. HOLLINSHED Westville
JOSEPH F. LONDRIGAN Hoboken
SAMUEL ALEXANDER Park Ridge
FRANK G. SCAMMELL Trenton
ALFRED STAHL Newark
GEORGE J. YOUNG Morristown
WILLIAM F. COSTELLO (1944) Dover
GEORGE W. FITHIAN (1944) Perth Amboy
JOSEPH G. COLEMAN (1944) Hamburg
DAVID W. GREEN (1945) Salem
HARRY R. NORTH (1945) Trenton
JAMES F. NORTON (1945) Jersey City
E. ZEH HAWKES (1946) Newark
J. HOWARD HORNBERGER (1946) Roebling
ANDREW F. MCBRIDE (1946) Paterson

COUNCILORS

First District (Union, Warren, Morris and Essex Counties).....CHRISTOPHER C. BELING, Newark (1945)
Second District (Sussex, Bergen, Hudson and Passaic Counties).....VINCENT P. BUTLER, Jersey City (1944)
Third District (Mercer, Middlesex, Somerset and Hunterdon Counties).....BARCLAY S. FUHRMANN, Flemington (1946)
Fourth District (Camden, Burlington, Ocean and Monmouth Counties).....S. EMLEN STOKES, Moorestown (1945)
Fifth District (Cape May, Cumberland, Atlantic, Gloucester and Salem Counties).....CHESTER I. ULMER, Gibbstown (1944)
President (Ex-Officio) RALPH K. HOLLINSHED, Westville

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

Delegates

WELLS P. EAGLETON (1944) Newark
HILTON S. READ (1944) Ventnor
THOMAS K. LEWIS (1944) Camden
ANDREW F. MCBRIDE (1945) Paterson
LUCIUS F. DONOHOE (1945) Bayonne

Alternate Delegates

ELMER P. WEIGEL (1944) Plainfield
LANCELOT ELY (1944) Somerville
CLARENCE W. WAY (1944) Fort Monmouth
SPENCER T. SNEDECOR (1945) Hackensack
RALPH K. HOLLINSHED (1945) Westville

◆ ◆

It adds Protein to MEAT-SHY MENUS

Few of your patients know that a quart of milk furnishes from one-third to one-half of the daily protein need of a normal child or adult. Moreover, this protein is of high quality for building and repairing tissue. With meat and cheese rationed, milk becomes an even more important supplement to family meals.

You can recommend Supplee Sealtest Homogenized Vitamin D Milk to your patients with every confidence in its purity and high quality.

SUPPLEE

NATIONAL DAIRY
Sealtest
PRODUCTS CORP.

HOMOGENIZED VITAMIN D MILK



Precision

Precision is a "must" element in the House of Endo . . . an important ingredient in the manufacture of every Endo product . . . a matter which we view with great pride.

MATERIALS are purchased on an assay basis and are subjected to reassay in our own laboratories by the Endo control staff.

EQUIPMENT for our specialized processes, being unobtainable in the open market, is designed and constructed by our own scientific and engineering personnel.

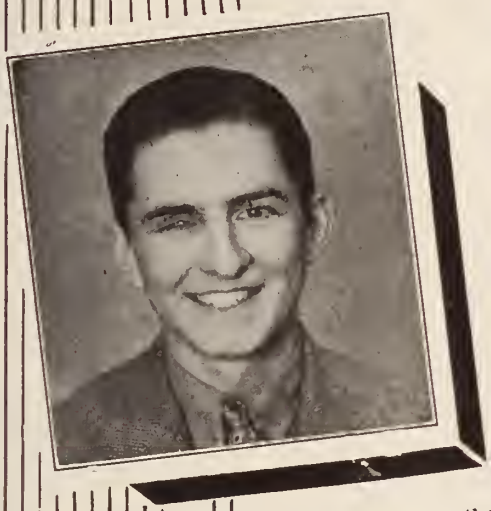
CRAFTSMANSHIP, as expressed by our critical standards, can be measured only in terms of broad knowledge and long experience. Aside from the competence of our craftsmen, their pride in accomplishment has contributed much to the high place occupied by the House of Endo in the pharmaceutical industry.

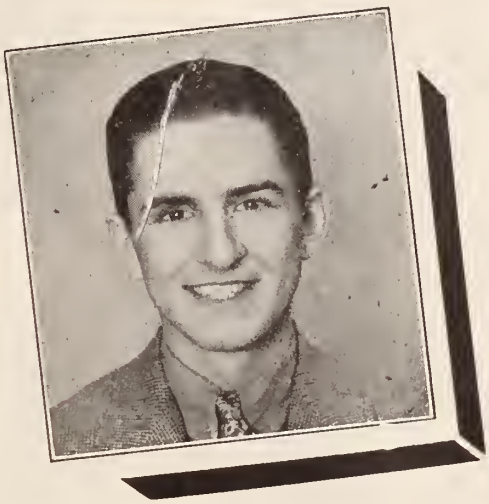
Every step of the way, precision is our watchword . . . and it is by this watchword that we strive always to merit the highest confidence of the medical profession.



ENDO PRODUCTS, INC. RICHMOND HILL NEW YORK

Full-Motioned, Lifelike
ARTIFICIAL HUMAN EYES





We have the Enviable Reputation of "Really Knowing How" to produce that "Pleasing Cosmetic Effect" so desired by one wearing an Artificial Eye.

REFERRED CASES CAREFULLY ATTENDED

IT IS OF VITAL IMPORTANCE TO THE PATIENT'S FUTURE APPEARANCE THAT THE FIRST ARTIFICIAL EYE BE PROPERLY FITTED. IT IS IN THESE NEW CASES, WHERE UTMOST ATTENTION MUST BE GIVEN—AND OF WHICH WE HAVE MADE A SPECIAL STUDY.

Especially Made to Order Eyes by Skilled Artisans.
Also Eyes Fitted from Stock

SELECTIONS SENT ON MEMORANDUM UPON REQUEST.

FRIED AND KOHLER, INC.

"Specialists in Artificial Human Eyes Exclusively"

665 FIFTH AVENUE
near 53rd St.
NEW YORK, N. Y.
Tel. Eldorado 5-1970

"Pleasing Particular People for Over Forty Years!"



Some overworked doctor may appreciate knowing that . . .

Biolac saves time

Biolac provides for all nutritional needs of the young infant except vitamin C. You save valuable time because there are no extra formula ingredients to be calculated.

Biolac assures formula safety

Since mothers simply dilute Biolac with boiled water as you prescribe, there is less chance of upsets arising from errors or contamination in preparing formulas.

NO LACK IN BIOLAC

Borden's complete infant formula

● *Biolac is prepared from whole milk, skim milk, lactose, Vitamin B_1, concentrate of Vitamins A and D from cod liver oil, and ferric citrate. It is evaporated, homogenized, and* sterilized. *For professional information, write Borden's Prescription Products Division, 350 Madison Avenue, New York City.*

ACCEPTED AMERICAN MEDICAL ASSN



WHEN INVASION COMES

IN a dim chilly dawn, while thin mists ghost over the sea... grim in invasion barges will be soldiers of freedom... straining for action... steeled for what is to come.

In one of those barges an American man of medicine will crouch, kit open before him checking the vital medicaments that may mean life for those who fall wounded... ready to bring surcease from pain to tomorrow's heroes.

When invasion comes, Ciba Pharmaceutical Products, Inc., and its associated companies will know that in their way they have contributed to the turning of the tide... from barbarism back to honor and compassion for their fellow men. The months of intensive planning, retooling, rescheduling and the long days and nights the employees have cheerfully given to meet military requirements, can then be saluted as a "job well done."

From this invasion dawn to a better, saner world free from ravages of war, Ciba, "MERCHANTS OF LIFE" march on. Their post-war planning is based on intensive research to supply the medical profession with modern medical products for the prevention and control of disease.

MORE THAN A HALF-CENTURY OF METICULOUS, INTELLIGENT RESEARCH AND PRECISE SUPERVISION GUARD EVERY CIBA PRODUCT.

CIBA

Pharmaceutical Products, Inc.

SUMMIT • NEW JERSEY

Copr. 1943—Ciba Pharmaceutical Products, Inc., Summit, N. J.

PRENATAL VARICOSITIES
And Foot Discomfort
May Be Lessened by a
SPENCER SUPPORT



Scientific Abdominal Support Plus Posture-Improvement May Also Lessen Chance Of Development Of . . .

TOXEMIA

EDEMA

PTOSIS

NAUSEA
Non-pathological

HEMORRHOIDS

SACROILIAC
And Other Back Sprains

HARMFUL POSTURE

At left: Light, flexible Spencer Maternity Support. Side-lacers easily widened as figure enlarges. Supports lower abdomen—elastic inserts permit freedom at upper abdomen. Improves posture.

Since each Spencer Support is individually designed, cut and made to meet the specific needs of the one patient who is to wear it, it is remarkably more effective than a ready-made support—and far more comfortable and durable. Individual designing also makes possible our *guarantee* that a Spencer will never lose its shape, thus providing continuous support and posture-improvement.

The Spencer Corsetiere not only delivers the completed garment and adjusts it properly on patient, but keeps in touch with the patient, thus saving the doctor time and bother.

Spencers are never sold in stores. For a Spencer Specialist, look in telephone book under "Spencer Corsetiere" or write direct to us.

SPENCER *INDIVIDUALLY DESIGNED*
Abdominal, Back and Breast Supports

SPENCER INCORPORATED,
137 Derby Ave., New Haven 7, Conn.
In Canada: Rock Island, Quebec.
In England: Spencer (Banbury) Ltd., Banbury, Oxon.

May We Send You Booklet?

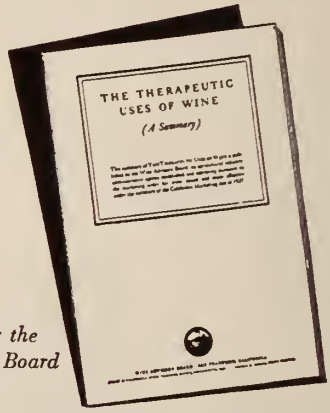
Please send me booklet, "How Spencer Supports Aid the Doctor's Treatment."

.....M. D.

Address D10

FACTS DOCTORS SHOULD HAVE ON

THE ACTIONS OF WINE



Published by the Wine Advisory Board

AN entire generation of physicians lost touch with the medical lore of wine in the United States following the first World War. Actually, however, few other substances have been as widely recommended. This monograph, which summarizes the pertinent scientific literature in the interest that fact be separated from folklore by the application of impartial analysis, will prove of interest and value to specialists in many fields, and to the general practitioner as well.

A section on wine as a food is included. The actions of wine on the gastro-intestinal system, the cardio-vascular system, the genito-urinary system, the nervous system and the muscles, and the respiratory system are discussed. The uses of wine in diabetes mellitus, in acute infectious diseases and in treatment of the aged and convalescent are dealt with. There is a section on the value of wine as a vehicle for medication. Also an important section on the contraindications to the use of wine. Those who wish to pursue the subject further will find an extensive bibliography.

This review results from a study supported by the Wine Advisory Board, an agricultural industry administrative agency established under the California Marketing Act, and has been sponsored by the Society of Medical Friends of Wine.

Members of the medical profession are invited to write for this monograph. Requests should be made to the Wine Advisory Board, 85 Second Street, San Francisco.

Now Available

FOR ORAL USE

There has long been a real need for a potent, mercurial diuretic compound which would be effective by mouth. Such a preparation serves not only as an adjunct to parenteral therapy but is very useful when injections can not be given.

After the oral administration of Salyrgan-Theophylline tablets a satisfactory diuretic response is obtained in a high percentage of cases. However, the results after intravenous or intramuscular injection of Salyrgan-Theophylline solution are more consistent.

Salyrgan-Theophylline is supplied in two forms:

Tablets (enteric coated) in bottles of 25, 100 and 500. Each tablet contains 0.08 Gm. Salyrgan and 0.04 Gm. theophylline.

Solution in ampuls of 1 cc., boxes of 5, 25 and 100; ampuls of 2 cc., boxes of 10, 25 and 100.

Write for literature

ACCEPTED AMERICAN MEDICAL ASSN. Council on Pharmacy and Chemistry

SALYRGAN-THEOPHYLLINE

"Salyrgan," trademark Reg. U. S. Pat. Off. & Canada

Brand of MERSALYL with THEOPHYLLINE

ARMY-NAVY E 3 STARS

WINTHROP CHEMICAL COMPANY, INC.

Pharmaceuticals of merit for the physician

NEW YORK 13, N. Y. WINDSOR, ONT.

WINTHROP





NOT HOW FAST ...*but,* HOW LONG

THE CHOICE of a sedative for the sleepless patient is not alone dependent upon the rapidity of its action, but also upon the duration of action and how the patient feels when he awakens.

Ipral Calcium—a moderately long-acting barbiturate—induces a sound restful sleep closely resembling the normal. One or two tablets, administered orally approximately one hour before sleep is desired, provides a six- to eight-hour sleep from which the patient awakens generally calm and refreshed.

Ipral Calcium is a plain white tablet—and one not easily identified by the patient. It is readily absorbed and rapidly eliminated and undesirable cumulative effects may be avoided by proper regulation of dosage.

HOW SUPPLIED

Ipral Calcium (calcium ethylisopropylbarbiturate) in 2-grain tablets and in powder form for use as a sedative and hypnotic. ¾-grain tablets for mild sedative effect throughout the day.

Ipral Sodium (sodium ethylisopropylbarbiturate) in 4-grain tablets for pre-anesthetic medication.

Elixir Ipral Sodium in pint bottles.

For literature address the Professional Service Dept., 745 Fifth Avenue, New York 22, N. Y.

E·R·SQUIBB & SONS, NEW YORK
MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858

"SYMBOL OF QUALITY
IN THE FIELD OF
NUTRITION"



INFANT NUTRITION

• BIOCHEMICALS FOR
DEFICIENCY DISEASES

S. M. A. CORPORATION • 8100 McCORMICK BLVD • CHICAGO, ILL.

WAR OR PEACE

PRECISION

IS ESSENTIAL

In the dispensing of eyeglasses, there is no *Hit or Miss.* A Precision Product is always vital as everyone's eyes are their most precious possession.

The Guild of Prescription Opticians have a rigid code of ethics to abide by at all times, serving the Eye Physician's (M.D.) patients to the utmost.

FOR

ACCURACY

RECOMMEND

EYE PHYSICIAN AND GUILD OPTICIAN

Guild of Prescription Opticians of New Jersey, Inc.

ASBURY PARK
ANSPACH BROS.
552 Cookman Ave.

ATLANTIC CITY
ATLANTIC OPTICAL CO.
2146 Atlantic Ave.
FOERSTER OPTICAL CO.
1708 Pacific Ave.
FREUND BROS.
1006 Pacific Ave.

CAMDEN
E. F. BIRBECK CO.
Fifth & Cooper Sts.
HARRY N. LAYER
106 N. 5th St.
J. E. LIMEBURNER CO.
535 Cooper St.
PELOUZE & CAMPBELL
116 N. Broadway

EAST ORANGE
ANSPACH BROS.
533 Main St.
HAROLD C. DEUCHLER
541 Main St.

ELIZABETH
BRUNNER'S
277 N. Broad St.

ENGLEWOOD
FRED G. HOFFRITZ
30 Park Pl.

HACKENSACK
HOFFRITZ & PETZOLD
315 Main St.

JERSEY CITY
WILLIAM H. CLARK
26 Journal Sq.

MONTCLAIR
STANLEY M. CROWELL CO.
26 S. Park St.
RALPH E. MARSHALL
5 Church St., Hinck Bldg.

MORRISTOWN
JOHN L. BROWN
57 South St.

NEWARK
ANSPACH BROS
1212 Raymond Blvd.
JAMES J. KEEGAN
33 Central Ave.
J. C. REISS
10 Hill St.
CHARLES STEIGLER
11 Central Ave.
EDWARD ANSPACH
20 Central Ave.

PATERSON
JOHN E. COLLINS
241 Market St.

PLAINFIELD
GALL & LEMBKE
633 Park Ave.
LOUIS E. SAFT
628 Park Ave.

RIDGEWOOD
RAY GRIGNON, OPTICIAN
17 N. Broad St.

SUMMIT
ANSPACH BROS.
382 Springfield Ave.
Room 212, Bassett Bldg.
HAROLD C. DEUCHLER
344 Springfield Ave.

UNION CITY
ARTHUR VILLAVECCHIA
1017 Summit Ave.

WESTFIELD
BRUNNER'S
206 Broad St.

In the "Chronic Fatigue" of Mild Depression



After employing Benzedrine Sulfate therapy in a series of 40 patients diagnosed as suffering from nervous exhaustion, Nathanson concludes:

"In approximately 80 percent of the patients there was a marked amelioration of this symptom (fatigue). Many of the patients had complained of fatigue for long periods and had tried various types of treatment without benefit . . .

"A sense of increased energy and capacity for work was noted in more than half of the cases. In addition a feeling of exhilaration and sense of well being was a consistent effect . . . Many patients volunteered that there had been a definite increase in mental activity and efficiency." Nathanson, M. H.—J. A. M. A., 108:528, 1937.

Benzedrine Sulfate Tablets

Brand of racemic amphetamine sulfate

Benzedrine Sulfate is primarily useful in depressions characterized by apathy and psychomotor retardation, but is contraindicated in patients manifesting anxiety, hyperexcitability, or restlessness.

The use of Benzedrine Sulfate by normals should not be permitted; it should always be administered under the careful supervision of a physician; and depressive psychopathic cases should be institutionalized.

In treating depressed patients with Benzedrine Sulfate, the physician should bear in mind that any drug which produces pleasant or euphoric effects may prove to be habit forming—especially in unstable or neurotic individuals.

SMITH, KLINE & FRENCH LABORATORIES
PHILADELPHIA, PA.

WALKER-GORDON OFFERS

an almost sterile milk ...Certified-Pasteurized!

AS YOU PROBABLY KNOW, Walker-Gordon Certified is generally accepted as the world's finest milk.

And now—*at no extra cost*—your patients can buy Walker-Gordon Certified-*Pasteurized* . . . a milk that is practically sterile!

In these days when every-other-day milk delivery is being put into effect in many cities, the keeping quality of milk is vitally important.

That's why the Boston Health Department made the following test, which proved that the purity of Certified-Pasteurized is little short of miraculous:

GROWTH OF COLONIES OF BACTERIA FROM A CUBIC CENTIMETER OF MILK

TYPE OF MILK	NO. OF SAMPLES		NO. OF COLONIES					
			ON DELIVERY	1 DAY AT 40°F.	2 DAYS AT 40°F.	3 DAYS AT 40°F.	4 DAYS AT 40°F.	5 DAYS AT 40°F.
Certified-Pasteurized	22	Maximum	20	40	100	850	1000	1400
		Minimum	0	4	5	8	15	20
		Average	8	14	44	157	286	770

• IN DISCUSSING THIS TABLE, the chemists stated that *even after ninety-six hours in the refrigerator*, Certified-Pasteurized still "conformed to the bacterial standards and was perfectly safe for use as measured by present knowledge of the subject."

The report . . . the complete results of which appeared in the *New England Journal of Medicine* . . . was made by the Laboratory for Chemistry and Sanitary Biology, Boston Health Department. If you'd like to have a reprint of the entire study, write to Walker-Gordon, Inc., Plainsboro, N. J.

There simply isn't any purer, more healthful, or better-tasting milk!



For prompt relief of the
nasal congestion accompanying colds
. . . sustained action . . . and repeated effectiveness without
appreciable local or systemic side effects, prescribe

Neo-Synephrine
Hydrochloride

(laevo-alpha-hydroxy-beta-methylamino-3-hydroxy-ethylbenzene-hydrochloride)



ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

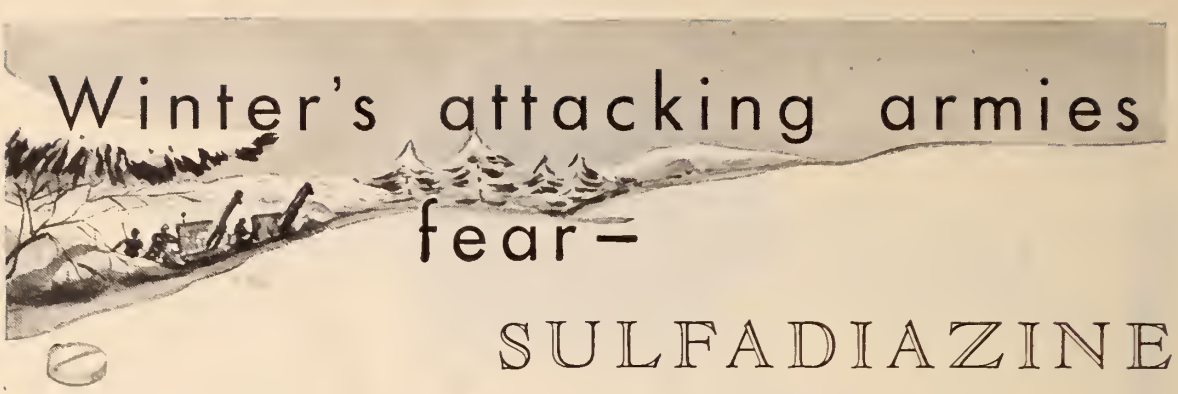
Available in a ¼% or 1% solution in 1-oz. bottles for dropper or spray; and as a ½% jelly in collapsible tube with applicator.

Frederick **Stearns** & Company

Since 1855 . . . ESSENTIALS OF THE PHYSICIAN'S ARMAMENTARIUM

NEW YORK KANSAS CITY **DETROIT, MICH.** SAN FRANCISCO WINDSOR, ONTARIO
SYDNEY, AUSTRALIA AUCKLAND, NEW ZEALAND

Winter's attacking armies fear—

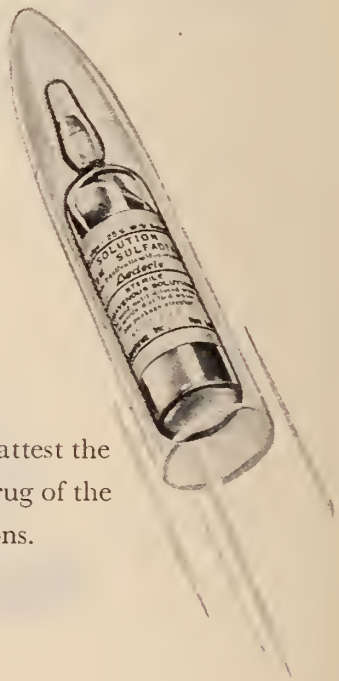


SULFADIAZINE

Lederle

WINTER INFECTIONS encircle and drag down the unwary when snow and blustering winds lower resistance. Many of these infections may be arrested or cured by sulfadiazine. Infections most likely to respond to such therapy include those caused by

- PNEUMOCOCCI
- HEMOLYTIC STREPTOCOCCI
- STAPHYLOCOCCI
- MENINGOCOCCI
- FRIEDLÄNDER'S BACILLUS "B"
- H. INFLUENZAE
- E. COLI
- A. AEROGENES
- SHIGELLA DISPAR





Publications by the score attest the clinical value of this "Drug of the Year" for these infections.

Literature on request.

PACKAGES:

SULFADIAZINE TABLETS FOR ORAL USE
Bottles of 50, 100, 1,000, 5,000 and 10,000 tablets 0.5 Gm. (7.7 grains) each.

SODIUM SULFADIAZINE SOLUTION PARENTERAL 25%
Sets of 6, 25 and 100 ampuls (10 cc. each).

LEDERLE LABORATORIES A UNIT OF AMERICAN CYANAMID COMPANY **INC.**

30 ROCKEFELLER PLAZA, NEW YORK 20 NEW YORK

Triumphs in Triage*



*MEDICAL triage in war—front-line classification of casualties—is among the toughest assignments of the military physician. Instant diagnosis—often under direct fire—countless variations—new, baffling situations.

Seldom cited, rarely in print, the military doctor has little leisure time. When he does get around to relaxing, you're apt to find him taking his ease with a cheering cigarette.

• • •

Thinking of gifts to those in service? Send Camels . . . the gift that's *appreciated!* It's the favorite brand of the armed forces† for the kind of smoking fighting men deserve.



1st in the Service

† With men in the Army, Navy, Marine Corps, and Coast Guard, the favorite cigarette is Camel. (Based on actual sales records.)



Camel

—costlier tobaccos

New reprint available on cigarette research — Archives of Otolaryngology, March, 1943, pp. 404-410. Camel Cigarettes, Medical Relations Division, 1 Pershing Square, New York 17, N. Y.

"Till He Comes Marching Home"





THE lonely lad sleeping in a foxhole remembers Mother as she was when he choked back the lump in his throat to kiss her goodbye for the last time. He does not realize that she may change, physically and psychically. To him she remains the same . . . always.

When he returns a great part of his dream can come true because THEELIN, an estrogen with a brilliant record of effectiveness, gives to many mothers in the climacterium continued relief from menopausal symptoms often intensified by the stress and worry of wartime living. Psychotic manifestations and somatic disturbances associated with ovarian hypofunction usually respond to the governing influence of this pure, crystalline estrogenic substance obtained from pregnancy urine. Its record of therapeutic usefulness and comparative freedom from undesirable side reactions has been proved by millions of doses and hundreds of published papers.

For sustained therapy between injections and for controlling milder menopausal symptoms THEELOL Kapseals* and THEELIN Suppositories are supplied. The latter may also be used in gonorrheal vaginitis in children.

Supplied as: THEELIN AMPOULES—in 1000, 2000, 5000 and 10,000 I. U. in oil, or in 20,000 I. U. in aqueous suspension • THEELOL KAPSEALS—in .12 and .24 mg. of Theelol • THEELIN SUPPOSITORIES—in 2000 I. U. of Theelin.

*Trade-Mark Reg. U. S. Pat. Off.

THEELIN

A product of modern research offered to the medical profession by

ARMY E NAVY

PARKE, DAVIS & COMPANY

DETROIT, MICHIGAN



TOMATOES FOR KEMP'S SUN-RAYED

are U.S. Gov't Grade!



● Tomatoes that make the grade for Kemp's Sun-Rayed Brand Tomato Juice have to pass a rigid "physical" exam. A U. S. Gov't inspector checks their color, degree of ripeness, freedom from defects. You might think these tomatoes too fine for juice! But in they go—all the tender solids of the whole tomato utilized by Kemp's patented process No. 1746657, for high retention of vitamins A, B_1 and C. That's why this juice is so gloriously good, with color that never separates, and consistency that is never thin or watery. You can recommend Kemp's Sun-Rayed Brand Tomato Juice with confidence.

THE SUN-RAYED CO., FRANKFORT, IND.

N. Y. Agent: Seggerman Nixon Corp., 111 8th Ave.





NON-SEPARATING

An Important Announcement Concerning

PENICILLIN

MERCK

THE discovery, production, and clinical evaluation of the new chemotherapeutic agent, Penicillin, constitute a signal advance in medicine's relentless warfare against disease.

Penicillin has proved to be extremely effective in the treatment of infections produced by the hemolytic staphylococcus aureus, the pneumococcus, hemolytic streptococcus, and gonococcus. In general, Penicillin is not effective against gram-negative organisms, with the exception of the gonococcus and meningococcus. It has not been found effective in the treatment of subacute bacterial endocarditis.

In vitro studies indicate that Penicillin will prove to be effective against a variety of other organisms. However, clinical experience to date has been limited primarily to infections caused by the aforementioned organisms, in conformity with the predetermined objectives of the Committee on Chemotherapeutic and Other Agents of the National Research Council.

The production of Penicillin is a difficult and delicate microbiologic procedure. Because of the difficulties involved in producing even limited quantities of this substance, it has been necessary to exercise strict control of its distribution, in order that supplies might be available for essential investigation. The Committee on Medical Research of the Office of Scientific Research and Development therefore appointed the Chairman of the Committee on Chemotherapeutic and Other Agents of the National Research Council to supervise the distribution of all stocks available for clinical research. At the present time, the Chairman of the latter Committee is supervising allocations of Penicillin in accordance with Order No. M-338 of the War Production Board.

Intensive research begun in the Merck Research Laboratories in the autumn of 1940, and carried on continuously ever since, is devoted to the development of methods by which this remarkable substance may be produced in ever-increasing quantities. Every effort is being made to expand production further for the benefit of our Armed Forces and, as soon as adequate quantities can be made available, for our civilian medical needs.

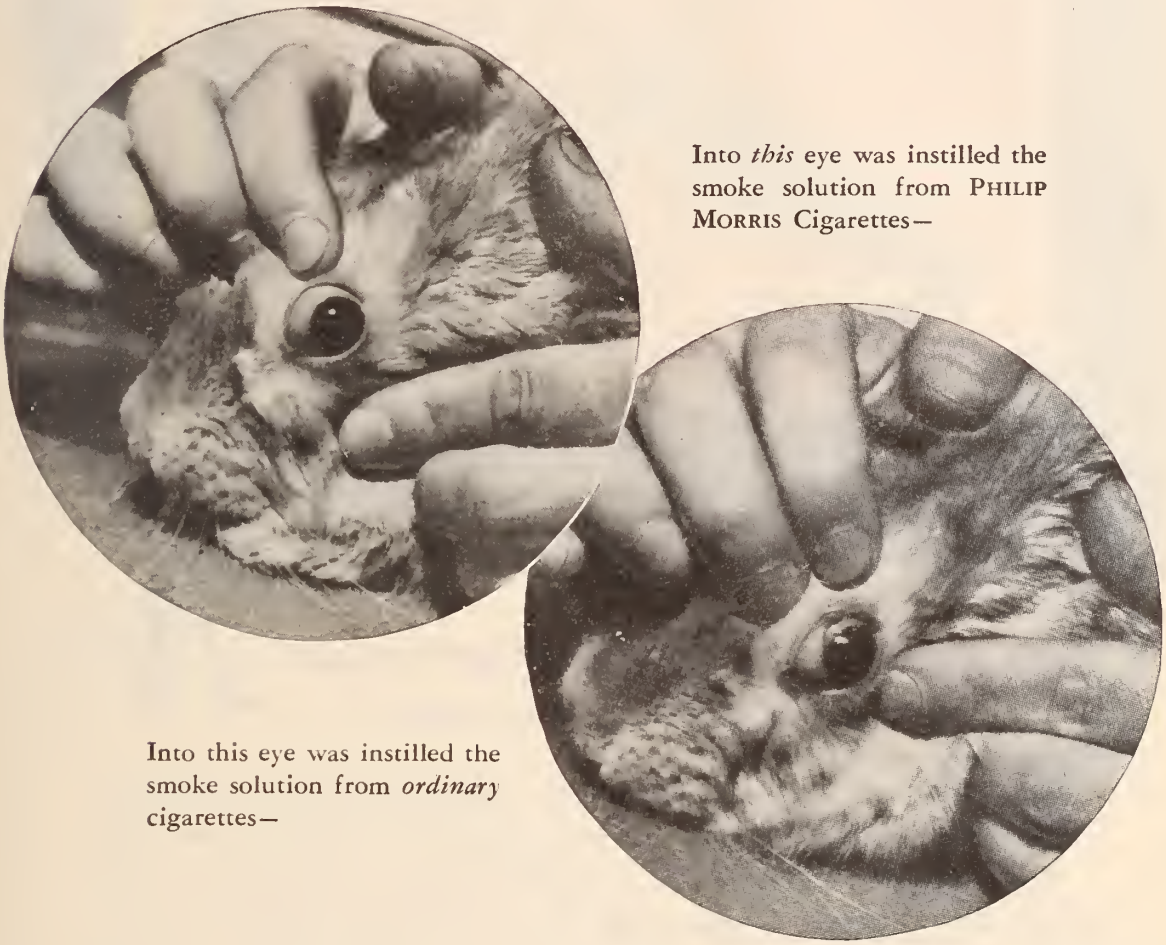
★ *Copies of the recently published brochure,* Penicillin Merck—Its Action and Uses, *containing full color and halftone illustrations, are available on request.*



MERCK & CO., Inc. *Manufacturing Chemists* RAHWAY, N. J.

CIGARETTE DIFFERENCES

as shown by the rabbit-eye test

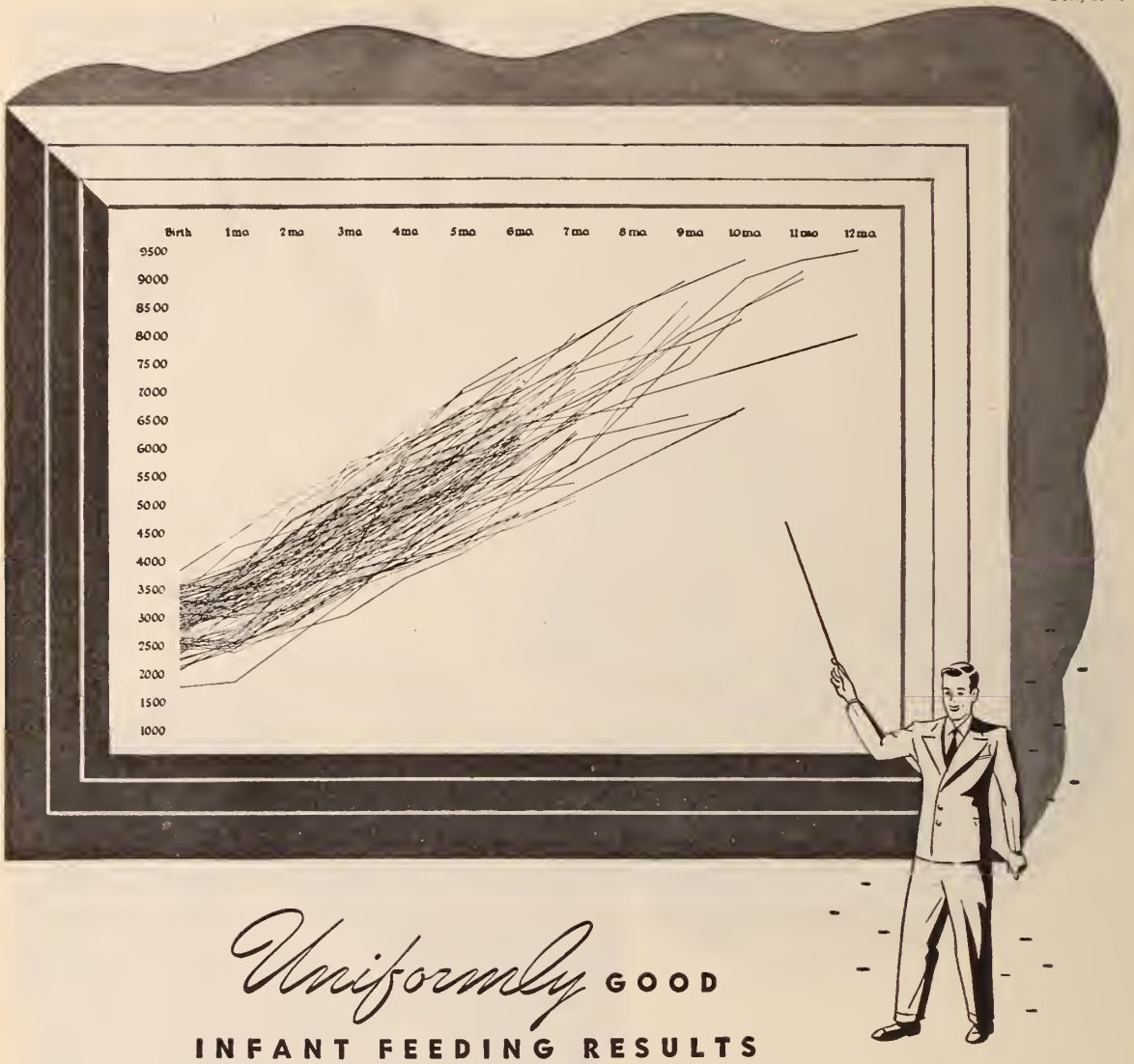


Into *this* eye was instilled the smoke solution from PHILIP MORRIS Cigarettes—

Into this eye was instilled the smoke solution from *ordinary* cigarettes—

NOTE THE DIFFERENCE in Edema. Average produced by *ordinary* cigarettes: 2.7. Average produced by PHILIP MORRIS: 0.8. CLINICAL TESTS showed that when *smokers* with irritation of the nose and throat due to smoking changed to PHILIP MORRIS, every case of irritation cleared completely or definitely improved.

From tests published in Proc. Soc. Exp. Bio. and Med., 1934, 32, 241-245. Laryngoscope, 1935, XLV, No. 2, 149-154.



Uniformly GOOD

INFANT FEEDING RESULTS

The weight curves above show the normal, uneventful progress of 75 infants fed Similac for six months or longer — not a select group, but 75 *consecutive* cases. In no instance was it necessary to change the feeding because of gastro-intestinal upset. These curves were taken from hospital (name on request) records. Similarly good results are constantly being obtained in the practice of the many physicians who prescribe Similac routinely for infants deprived, either wholly or in part, of mother's milk.

A powdered, modified milk product especially prepared for infant feeding, made from tuberculin tested cow's milk (casein modified) from which part of the butter fat is removed and to which has been added lactose, olive oil, cocoanut oil, corn oil and cod liver oil concentrate.



SIMILAC } SIMILAR TO BREAST MILK

M & R DIETETIC LABORATORIES, INC. • COLUMBUS, OHIO



MORE COMMON THAN GONORRHEA[1]

IN the last two decades Trichomonas Vaginalis has been recognized as the most prevalent of the gynecological infections. Incidence has been averaged at between 25 and 30 per cent.

VIOFORM INSERTS* (iodochlorhydroxyquinoline with boric acid and lactic acid) are offered to physicians as a time-saving, effective and economical means for combating this parasite. VIOFORM acts to eradicate trichomonas vaginalis, while other included medicaments quickly restore the acidity of the vaginal vault. Each Insert contains 250 mg. of VIOFORM, 25 mg. of lactic acid, and 100 mg. of boric acid.

VIOFORM INSERTS may be given to patients for home use, necessitating fewer office calls in these war-rushed times. In mild cases one course of ten days is recommended. More severe infections usually respond to two or three courses. Write for literature.

[1] Am. Jl. Surg., 33:523, 1936
*Trade Mark Reg. U.S. Pat. Off.

CIBA Pharmaceutical Products, Inc.
SUMMIT, NEW JERSEY

PROFESSIONAL LIABILITY PROTECTION

Afforded Members of

THE MEDICAL SOCIETY OF NEW JERSEY

Since 1921

FAULHABER & HEARD, INC.

Authorized broker to negotiate professional liability contracts for The Medical Society of New Jersey

CONSULT US

For Protection and Specialized Service

31 Clinton Street Newark, N. J.

Telephone MItchell 2-1294

FAULHABER & HEARD, Inc.

31 CLINTON STREET NEWARK, N. J.

Kindly send information on limits and costs of Society Professional Policy.

Name

Address

.....



Bismuth Subsalicylate N. N. R.

(IN OIL WITH CHLOROBUTANOL 3%)

Intramuscular Bismuth therapy is usually well tolerated by patients who react unfavorably or are resistant to arsenicals. It has been found effective in many other cases, when alternated with arsphenamine or as a substitute for mercury compounds. Average dose: One cc. weekly.

Bismuth Subsalicylate in Oil with Chlorobutanol 3% is supplied:

Special wide mouth ampule, 1 cc.;
2 gr. (0.13 gm.) in oil.
In boxes of 12, 25 and 100.
Wide mouth bottles, 60 cc.; 100 cc.; 480 cc.

Catalogue and Prices on Request

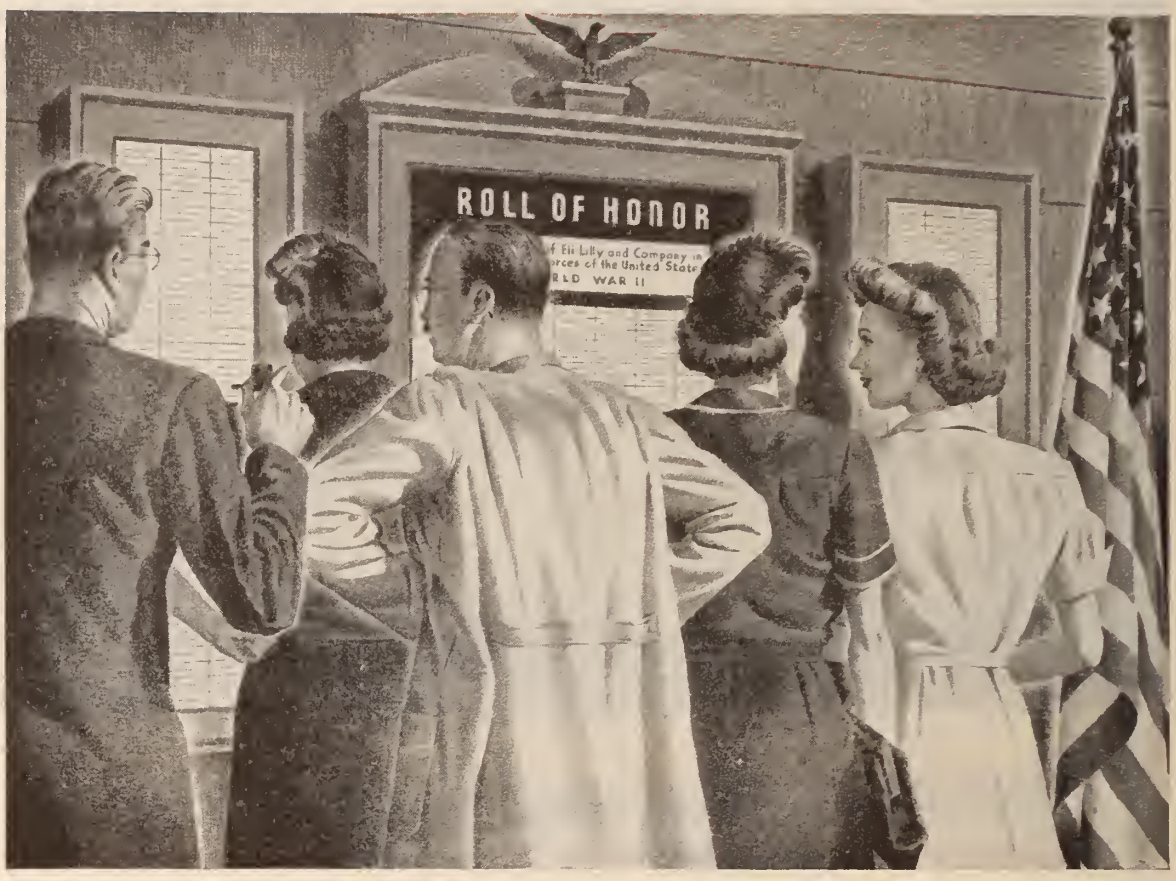
"ACCEPTED STANDARDS AT AN ACCEPTABLE COST"

CHEPLIN BIOLOGICAL LABORATORIES, INC.

(Division of Bristol-Myers)

Syracuse, New York

Honor Roll



WAR DIPS DEEPLY into the world-wide family of Lilly men and women. Hundreds of them are faithfully serving in the armed forces of the allied nations. Those at home do their part, too, for essential drugs must be supplied in ever-increasing quantities for military and civilian use. Eli Lilly and Company honors those associates under arms and salutes those who carry on Lilly traditions of integrity in the manufacture of finest pharmaceuticals, be it in war or in peace.

Lilly

BUY WAR BONDS AND STAMPS

ELI LILLY AND COMPANY

INDIANAPOLIS 6, INDIANA, U. S. A.

THE JOURNAL
OF
THE MEDICAL SOCIETY OF NEW JERSEY

Published Monthly Since September, 1904
Whole Number of Issues, 470

Under the
Direction of the
Committee on Publication



Henry C. Barkhorn, M.D., Chairman

Henry A. Davidson, M.D., Editor
In Active Service A. U. S.

Place of Publication, Printing and Mailing—12 South Day Street, Orange, N. J.
Editorial and Executive Offices of the Society—222 West State Street, Trenton 8, N. J.; Tel. 5776
Each member of the State Society is entitled to receive a copy of The Journal every month.

Vol. 40, No. 10 October, 1943 Single Copies, 30 Cents
Subscriptions, $3.00 per Year

ELIAS J. MARSH, M.D.

On Saturday night, September 11, 1943, Elias J. Marsh, M.D., departed this life as a result of an accident sustained in his home as he was in the act of retiring the previous night, thereby closing a brilliant career on earth, one crowned with achievement. The death of Dr. Marsh came so suddenly that we are just beginning to realize the greatness of our loss,—an outstanding physician, foremost in his chosen field of ophthalmology, a dutiful member of organized medicine in hospital, county and state; an exemplary citizen and a loyal and devoted friend of many.

His was a useful life, one that took into serious consideration the rights of his fellows, whatever their station might be. His whole life was ruggedly honest; he despised sham, pretense and glamour; he believed passionately in human rights and in human values and was ever ready to defend them.

He contributed invaluable service to The Medical Society of New Jersey, having served continuously for twenty-one years as an officer of the Society, seventeen years of which he was the Treasurer. He was then elected Second Vice-President. The following year he was elected First Vice-President; the following year he was elected President-Elect and the following year he was elevated to the Presidency and served until May of this year, being Junior Past-President at the time of his death. During this entire period he served continuously on the Board of Trustees where his wise counsel and sound advice were sought and sincerely appreciated by his colleagues.

He had a heritage in his associations with this Society. His father, Elias J. Marsh, 2nd, was President of the Society in 1891 and his grandfather, Elias J. Marsh, 1st, was President in 1850. Two of his maternal grandfathers were also Presidents of this Society.

Dr. Marsh served with conspicuous distinction in World War I, entering the Medical Corps of the Army as a Captain and emerging as a Lieutenant Colonel. Not the least of his achievements was his devotion to his patients, both private and in the Paterson Eye and Ear Infirmary, and his painstaking and scientific examinations of patients referred to him by

other physicians and the very complete reports he was in the habit of sending out so very promptly.

He never compromised where principle was at stake. He was kindly, courtly and rugged in his simplicity. He firmly believed in the Constitution, the Declaration of Independence and the Bill of Rights. He was tolerant of all things except sham and pretense. He was brave and unafraid, always helpful whenever and wherever needed, and above all, had the courage of his convictions. He was a great believer in free enterprise and the rewards of labor. He was genuinely opposed to regimentation and the usurpation of the rights of people, believing passionately in these rights. He loved liberty and was always loyal and unfailing to the things he believed in.

The Medical Society of New Jersey, in his passing, has lost one of its most untiring workers, one who was always ready to defend the rights of his fellow physicians, a true searcher for newer and advanced methods for the cure and eradication of disease. He was an ardent worker, a true friend, a loyal and patriotic American who has gone to his eternal reward.

Andrew F. McBride, M.D.

MEDICO-MILITARY MANPOWER

Six thousand more medical officers are needed by our armed forces.

This estimate was made by physicians occupying high positions in our armed forces, who are fully aware of the civilian and military demands now being placed upon the profession.

In the opinion of these physicians, responsible for the health of our troops, these additional physicians are sorely needed. They must be provided from among those civilian physicians classified as "available" by Procurement-Assignment Service.

Among the "available" physicians who have not responded there may be a lack of appreciation, or a misunderstanding, of the current medico-military needs.

Our forces are fighting a mobile, aggressive warfare. We have fighting fronts in many parts of the world, each requiring a complete and separate medical organization. This type of warfare requires more medical officers than did our previous wars.

On many quiet fronts fully manned and equipped defense forces must be maintained against possible attack. In all conquered areas preventive and therapeutic health programs for the civilian population must be organized and maintained. Prisoners of war and enemy aliens must be cared for.

During training periods our forces must be fully manned and trained for a maximum effort. They must be made ready as a healthy, confident and vigorous force, when the need of this maximum effort presents itself.

To accomplish this there must be a mutual respect and understanding between soldier and medical officer. The soldier's health must be guarded from all angles. The sick must be cared for. The morally, physically or mentally inept must be weeded out. In each soldier must be instilled a sense of confidence in his medical officer. He must be assured that if a casualty he will receive prompt, efficient care from the moment of his injury to the time of his complete recovery.

Every phase of the medical program, whether it be organization, training, administration or medical care, is under direct jurisdiction and a direct responsibility of physicians.

This is what our armed forces expect from the profession. Let's do it voluntarily. Let's not have compulsion in any form or for any purpose exerted against the medical profession.

THE WAR

PROCUREMENT AND ASSIGNMENT

I. SEPTEMBER MEETING OF STATE COMMITTEE

The New Jersey Procurement and Assignment Advisory Committee met at the Academy of Medicine in Newark on September 22nd at 3 p. m. and adjourned at 11:45 p. m. (almost nine hours).

This committee acts as an advisory committee and as an appeal committee. It considers and advises on special problems referred directly by the Chairman and on appeals presented by individual physicians, hospitals, industries, and municipalities involving the classifications of individual physicians or groups of physicians.

Concerning two problems presented by the Chairman the Committee, by motion, took the following actions:

1. Approved the discontinuance of reporting by our Procurement and Assignment office, to State and National Selective Service, the names of physicians who have not reported to Army or Navy Examining Boards after receiving an invitation to apply for a commission.

2. Recommended that in the framing of any new necessary legislation regarding internships, the legislation be in accord with the new national plan to equalize the distribution of interns.

The Committee then proceeded to hear the statements made, questions answered, and examine the exhibits presented, concerning 37 cases involving the classifications of 52 physicians. Almost every case was represented at the meeting by the physicians involved or by a representative of a hospital, industry or municipality. Each case and each physician was considered individually. Action in the form of a formal motion was taken regarding each physician. The Committee agreed with 75 per cent of the classifications previously made by the County Committees.

II. PHYSICIANS AND THE SELECTIVE SERVICE LAW

The law applies to male citizens up to 45 years of age. It does not exempt physicians, nor does it provide that family dependents shall be a reason for deferment. At present it is being applied only to men up to 38 years of age and fathers of children conceived prior to Pearl Harbor are being given a deferred classification.

The indication at present is that Congress will not pass an amendment exempting fathers. The army has already announced that it will waive age limitations for induction of physicians up to 45 years of age. Such a situation may lead to the induction of physicians on an enlisted status if the needs of the armed forces for physicians are not filled on a voluntary basis. We, therefore, advise that all physicians invited to apply for a commission report to the proper Physicians' Examining Board.

III. THE INTERN PROBLEM

A plan which should improve the distribution of interns was announced by the Directing Board of Procurement and Assignment Service in the September 11th issue of the A. M. A. Journal. It was presented to hospitals in a special brochure by the American Hospital Association. We know nothing more about this plan than was contained in the above sources.

To determine the quota of interns which should be allowed New Jersey under the plan, we are requesting each hospital to inform us of the number of interns and residents they had in 1940 and the minimum number necessary in 1944.

MEDICAL SERVICE ADMINISTRATION OF NEW JERSEY

THE FARM SECURITY MEDICAL PLAN

As previously announced in *The Journal,* this Plan is in difficulty. The difficulty arose in May, 1943, when the majority of our subscribers were due for reënrollment. A large percentage failed to reënroll, leaving a residue enrollment of poor risk families.

Among this group the sick rate is about 50 per cent above that of the original group, so that in spite of our increased subscription rate we are not able to maintain our previous schedule of payment to physicians. July bills were prorated 25 per cent. August bills were prorated 20 per cent, reducing fees for office calls to $1.20 and house calls to $2.00.

Steps are being taken to improve the situation. It is improving, and we hope very shortly to resume 100 per cent payment. In the meantime, we request the indulgence and continued support of our participating physicians in this important work.

CITY OF NEWARK MEDICAL PLAN

We enjoy a real sense of satisfaction and accomplishment in announcing this Plan. It will be placed in operation on November 1, 1943, pending formal approval by the Essex County Medical Society. An outline of the Plan is as follows:

NEWARK INDIGENT PLAN

A Plan to provide medical care to medically indigent persons of Newark, as defined and designated by the Department of Welfare of the City of Newark, confined to their homes because of illness, and to provide for the payment of attending physicians through the facilities of Medical Service Administration of New Jersey.

1. *Eligibility*

Services shall be limited to those persons whose names appear on the active relief rolls of the City of Newark.

Eligibility shall be determined by the Department of Public Welfare of the City of Newark and shall be limited to persons on official relief rolls.

2. *Eligible Services*

Services eligible for payment shall be limited to professional care rendered by fully licensed physicians to eligible persons in the homes of the patients.

3. *Services Not Eligible*

Payment will not be made for

a. Services rendered in the offices of physicians.
b. Laboratory services.
c. X-ray services.
d. Physiotherapy services.
e. Drugs.
f. Appliances.

Cases needing consulting services will be admitted to a hospital or referred to the Newark Dispensary. X-ray services, laboratory services, drugs and appliances will be furnished through existing facilities of the City of Newark.

4. *Eligibility of First Call*

The patient shall be allowed to call his physician for the first professional call during an acute illness. Additional calls shall be eligible for payment only if the calls have been approved by the office of the Newark Board of Health.

5. *Chronic Illnesses*

Eligible calls will be limited to not more than two a week for the care of chronic illnesses, except with the approval of the Newark Board of Health in cases of acute exacerbations of chronic illness—or the care of intercurrent illnesses.

6. *Choice of Physician*

The patient shall have the privilege of choosing his own physician, and the physician, likewise, shall have the privilege of choosing his own patients, as is the usual relationship between patient and physician.

7. *Physician's Bills*

The physician's fee payable for each approved house call shall be two dollars ($2.00) for daytime calls, and three dollars ($3.00) when the physician's services are requested and the call actually made between 8 p. m. and 8 a. m.

8. *Approval of Physicians' Bills*

Physicians shall submit their bills to Medical Service Administration.

Bills submitted prior to the 10th of each month will be presented to the Medical Service Administration Consulting Committee of the Essex County Medical Society for approval, disapproval or adjustment.

The Medical Service Administration Consulting Committee of the Essex County Medical Society may disapprove payment of any bill submitted to the Medical Service Administration later than 45 days after the last day of the month in which the services covered by the bill were rendered.

All matters pertaining to patient-physician relationship or the adequacy or the standards of medical care shall be referred to the Medical Service Administration and shall be the joint responsibility of the Medical Service Administration and the Newark Board of Health.

Unusual cases of illnesses among this eligible group will be considered on their individual merit.

Bills as approved by the Essex County Society Committee will be forwarded to the office of the Department of Public Welfare, properly certified as to eligibility for payment.

9. *Payment of Physicians' Bills*

The Department of Welfare of the City of Newark will deposit with the Medical Service Administration each month a check to cover the total amount of approved physicians' bills of the current preceding month plus 10 per cent of such amount to cover administrative cost to the Medical Service Administration.

From money received from the Department of Welfare of the City of Newark, the Medical Service Administration will pay each individually approved physician's bill.

10. *Instructions to Attending Physicians*

Submit your bill to Medical Service Administration, 31 Clinton Street, Newark, New Jersey, stating:

Name and address of patient
Diagnosis
Date of each call

Drugs: Should be those available through the Formulary of the Newark City Dispensary, National Formulary, or New Jersey Formulary. Prescriptions will be filled at the Newark Dispensary between 8 a. m. and 4:30 p. m.

Prescriptions issued after 4:30 p. m. and needed before the next day may be filled by local pharmacists. The pharmacist will send a copy of prescription and his bill to the Newark Board of Health for payment.

Consultation and Hospital Admissions. The more serious illnesses should be admitted to a hospital. Cases needing x-ray, laboratory, physiotherapy or other consulting services may be referred to the Newark City Dispensary.

MEDICAL-SURGICAL PLAN OF NEW JERSEY

The financial and actuarial experience of this Plan since our annual report has been as follows:

Month	Earned Subscription	Claims		Operating Expense		Reserve or Def.	
		Amount	Percentage	Amount	Percentage	Amount	Percentage
June	$5,999.32	$2,964.00	49.4%	$1,244.41	20.7%	$1,790.91	29.9%
July	6,353.25	4,339.50	68.3%	809.60	12.7%	1,204.75	19.0%
August ...	7,221.11	4,686.00	64.9%	1,983.36	27.5%	551.75	7.6%

INCREASE IN CLAIM EXPENDITURES

Claim expenditures have increased for several reasons. More and more of our subscribers are passing the eleventh month waiting period and receiving benefits for tonsillectomy and maternity care. Our schedule of payments to physicians is elastic and is under constant study with a view to increasing the amounts payable physicians as warranted by our experience.

BENEFITS FOR SPECIALTY SERVICES

This is a difficult problem, common to all voluntary service plans. It must be worked out by evolution. This Board appreciates the necessity for giving proper recognition of specialty services if the standards of medical care are to be maintained and the economic position of the specialist protected. It is not possible at present to pay one physician more than we would pay another physician for the same service, or to pay more to physicians in one part of the State than we would pay to those in other parts of the State. There are services, however, requiring particular skill, ability and experience, rendered only by physicians practicing a specialty, which we do recognize as warranting special consideration. Such cases are dealt with individually by our bill review

committee and account in part for our increase in claim expenditures.

SELECTION OF PRIVATE ROOMS

In our report on our first year's experience published in the August *Journal* we stated, "In dealing with persons of the higher income groups physicians should insist upon their admission for private room accommodations, and accept as a credit against their fee the amount paid by the Plan." This statement brought adverse criticisms from a high executive of a company whose employees are among our subscribers. He feels such advice will lead to depriving persons of modest income of the full benefits of their contract and is not in accord with the spirit of the contract or the obligations of the profession. No such intent was intended in the statement. Perhaps it would be better stated as follows: "To avoid misunderstanding, and to assure that our contract will be fulfilled, participating physicians should understand that the amount paid by the Plan is considered as payment in full for services rendered patients admitted for semi-private hospital accommodations."

MEMBERS IN THE ARMED FORCES
SUPPLEMENTARY LIST NO. 1

The figures in parentheses refer to County Societies as follows: (1) Atlantic, (2) Bergen, (3) Burlington, (4) Camden, (5) Cape May, (6) Cumberland, (7) Essex, (8) Gloucester, (9) Hudson, (10) Hunterdon, (11) Mercer, (12) Middlesex, (13) Monmouth, (14) Morris, (15) Ocean, (16) Passaic, (17) Salem, (18) Somerset, (19) Sussex, (20) Union, (21) Warren.

ACTIVE MEMBERS

Aitken, Herbert M. (19)
Ballard, William C., ARMY (14)
Battaglia, Richard S., ARMY (20)
Benz, Frederick J. (14)
Bookrajian, Edward N. (9)
Breslow, Samuel, ARMY (12)
Carroll, Thomas R. (2)
Connell, Emmet J. (9)
Covino, Louis L., ARMY (7)
Cuono, Joseph D. (2)
Davison, C. Spencer (17)
Erler, Robert E., ARMY (7)
Fitch, Thomas S. P. (20)
Friedman, Harry, NAVY (7)
Gallo, James S., NAVY (16)
Grant, William E., ARMY (20)
Grant, William F., NAVY (7)
Graves, Charles C., Jr. (13)
Harden, Albert S., Jr., NAVY (7)
Harris, William O. (1)
Holtz, Harry M., ARMY (7)
Howley, Barth, Jr., NAVY (12)
Hughes, James W., Jr. (1)
Kazmann, Harold A., NAVY (13)
Krafchik, Louis L., ARMY (12)
Lynn, Hugh B., ARMY (7)
Marrella, Louis F. (9)
Morrill, James P., Jr., ARMY (16)
Mott, Joseph E., NAVY (16)
Nagler, Benedict, ARMY (7)
Novich, Max M., ARMY (7)
O'Neill, Charles L., Jr., NAVY (7)
Perrine, Cornelius C., NAVY (13)
Pignataro, Frank P., ARMY (13)
Pollock, Samuel L. (14)
Rothschild, Daniel L., NAVY (7)
Schneider, Richard C., ARMY (7)
Shirlock, Margaret E., ARMY (6)
Sickel, Emanuel M. (15)
Snyder, Howard P. (18)
Sutherland, William W. (16)
terKuile, Reinold W. (2)
Wesson, Harrison R., NAVY (7)
Wurzel, Milton, ARMY (7)

ASSOCIATE MEMBER

Grant, Francis J., ARMY (7)

Since the publication of the Official List, 45 additional members have entered the Armed Forces, 23 have been released from active duty and returned to private practice, totalling 1,299 members in Service at the close of September, 1943.

ORIGINAL ARTICLES

OBSERVATION ON 1200 CASES OF OBESITY TREATED WITH AMPHETAMINE (BENZEDRINE) SULFATE *

S. William Kalb, M.D., Newark, N. J.

Amphetamine (benzedrine) sulfate is a synthetic drug (B-phenylisopropylamine) which is chemically allied to adrenalin and ephedrine. It was introduced as a preparation capable of stimulating the central and sympathetic nervous system. The literature has grown prolific with confusing reports regarding its efficiency in many disorders. Reifenstein and Davidoff[1,2] have reviewed the extensive literature on the chemical use of this compound and have warned physicians as to its dangers when used indiscriminately. The present study was undertaken to determine the value of amphetamine (benzedrine) sulfate, if any, in the management of obesity and to observe any toxic manifestations which might develop.

MATERIAL

Twelve hundred patients, ranging in age from 12 to 63 years, who were 10 to 124 per cent overweight, were studied from 1936 to 1941. Each was given amphetamine (benzedrine) sulfate, alone. No other drugs were used. One hundred obese individuals, who did not receive any medication, served as a control group.

Each patient in this series was given 10 mg. of the drug daily; this was gradually increased to 20 or 30 mg. per day. In addition, a high protein diet ranging from 800 to 1500 calories was prescribed in each instance and the caloric intake kept constant for each patient. Weekly, and in some instances bi-weekly, examinations were made.

RESULTS

Effect on Body Weight

The weight loss varied from 4 pounds to 131 pounds per patient. The average decrease in body weight was 26.4 pounds over a period of 11.2 weeks. The least amount of amphetamine (benzedrine) sulfate used by any one patient was 70 mgs. and the greatest quantity ingested was 5030 mgs., or an average of 1110 mgs. per patient. The average loss in weight per week per patient was 2.4 pounds. In the control group, the average period on the diet was 5.8 weeks with an average weight loss of 2.2 pounds per week. A comparable decrease in body weight was noted in patients on submaintenance diets with the use of thyroid extract.[3]

Fifty patients, who were previously 30 to 85 per cent overweight and had been reduced to normal, were placed on a maintenance diet ranging from 1800 to 2200 calories for a period of four weeks. Each individual received amphetamine (benzedrine) sulfate, 20 mgs. per day, to determine if weight loss would result from the use of this drug alone. These patients failed to show any weight loss during this period; in fact, each gained from one to eight pounds.

Blood Pressure

The blood pressure was regarded as increased when the systolic or diastolic pressure rose 30 mm. Hg. over the control and persisted during the use of the drug. It was regarded as decreased when the systolic or diastolic pressure dropped 30 mm. Hg. Utilizing these criteria, the blood pressure was observed to increase in 32 (2.7 per cent) patients, to decrease in 204 (17 per cent) patients and to remain unchanged in 964 (80.3 per cent) patients. The maximum rise noted was from 114/90 to 150/90 and the greatest fall was from 280/130 to 180/110. In the control

*From the Nutrition Clinic, Department of Medicine, New York Post Graduate Medical School and Hospital, Columbia University.

1. Reifenstein, E. C., Jr., and Davidoff, E.: Benzedrine Sulfate Therapy. New York State J. Med., 39:42, 1939.
2. Davidoff, E., and Reifenstein, E. C.: The Stimulating Action of Benzedrine Sulfate. J. A. M. A., 108:1770, 1937.
3. Kalb, S. W.: Amphetamine Sulphate and Thyroid Extract in the Treatment of Obesity: Observation on 500 Cases. J. M. Soc. New Jersey, 39:74, 1942.

group, there was an increase of the blood pressure in 4 per cent of the patients; a decrease in 22 per cent and no change in 74 per cent. Many investigators [2, 3, 4, 5, 6, 7] found little or no change in blood pressure when less than 20 mg. of amphetamine (benzedrine) sulfate a day was used. Reifenstein and Davidoff [1] believe it to be contraindicated in hypertension but no adverse effect on patients with increased arterial tension was noted in this series nor was any measurable change in blood pressure noted in hypotensive patients.

Pulse Rate

Using an increase or decrease of 20 beats per minute as a significant alteration in the pulse rate, 317 (26.4 per cent) patients showed an increase in pulse rate, 99 (8.2 per cent) patients a decrease and no change was observed in 784 (63.3 per cent) patients. The maximum increase was from 84 to 140 and the maximum decrease was from 120 to 84. In the control group, 18 per cent showed an increase in the pulse rate; 11 per cent a decrease and in 81 per cent no change was noted. Observation on pulse rate made by other investigators [8, 9, 10] varied.

Appetite

Four hundred and eighty-six patients maintained that their appetite was diminished while 714 patients noted no change. Kinstadter [8] reported inhibition of the appetite in obese children using 10 to 30 mgs. daily, while Rosenberg [11] observed this manifestation when small doses alone were used. Lesses and Myerson [12] reported that amphetamine (benzedrine) sulfate inhibited the appetite in psychotic patients. Some reports [13, 14] on this subject vary in opinion.

Emotional Stimulation

This was evident in 301 patients, or 25 per cent of those treated. These patients had complained previously of being easily fatigued. They exhibited an immediate response to the drug and were able to continue their work with more zest. It was also noticed that these patients remained on the submaintenance diet for a longer time as compared to those who failed to display this stimulation. With few exceptions, each patient who responded to emotional stimulation following the ingestion of amphetamine (benzedrine) sulfate maintained that the sensation of hunger was inhibited. These two characteristics seemed to occur concomitantly. The patients in this category invariably remained on the prescribed diet until their normal weight was realized.

Basal Metabolic Rate

Basal metabolic determinations were made before the drug was administered and again 48 hours after it was discontinued. The basal metabolic rate was less than 10 per cent below the average normal in 683 patients before the drug was taken; it continued to be so after amphetamine (benzedrine) sulfate was discontinued. The basal metabolic rate was over 10 per cent above the average normal in 287 patients before the drug was taken; a decrease of the basal metabolic rate to the normal range was observed when the drug was discontinued. The remaining 230 patients showed an average normal (minus 10 per cent to plus 10 per cent) metabolic rate.

Similar observations, however, were made in the control group of 100 patients who received no medication at all and in whom weight loss occurred on a submaintenance diet alone. In this group, 52 patients had a lowered basal metabolic rate before starting the diet. These continued below the average normal after weight loss was completed. In 27 patients who

4. Smith, O. M., and Chamberlin, G. W.: Benzedrine Sulphate. Radiology, 29:676, 1937.
5. Altschule, M. D., and Iglauer, A.: The Effect of Benzedrine and Paradrine on the Circulation, Metabolism and Respiration in Normal Man. J. Clin. Investigation, 19:497, 1940.
6. O'Connor, D. M.: Benzedrine. Brit. M. J., 1:43, 1937.
7. Guttman, E., and Reitman, F.: Blood Pressure in Cardiazol Epilepsy. J. Ment. Sc., 85:787, 1939.
8. Kunstader, R. H.: Experience with Benzedrine Sulfate in Management of Obesity in Children. J. Pediat., 17:490, 1940.
9. Carl, G. P., and Turner, W. D.: Further Report on Benzedrine Sulfate: Psychophysical Effects, and Supplementary Results from Fifth Experimental Group. J. Gen. Psychol., 22:105, 1940.
10. Graybill, A.; Michaelson, I.; Forbes, W. H., and Benson, O. O.: Benzedrine Sulphate and Acute Anoxia; Effects on Cardiovascular System. J. Aviation Med., 11:186, 1940.
11. Rosenberg, P.: Clinical Use of Benzedrine Sulfate in Obesity. Med. World, 57, 656, 1939.
12. Lesses, M. F., and Myerson, A.: Benzedrine Sulfate as an Aid in the Treatment of Obesity. New England J. Med., 218:119, 1938.
13. Kemper, C. F.: Obesity—Its Significance and Treatment. Rocky Mountain M. J., 37:835, 1940.
14. Rony, H. R.: Obesity and Leanness. Phil., Lea & Febiger, pp. 254, 1940.

had an increase in the basal metabolic rate before dieting was begun, a decrease to within the average normal was noted. The remaining 21 patients who had an average normal metabolism remained within the normal range except for three of these who showed an increase over the average normal. An increase in the basal metabolic rate was observed by Penrod [15] in obese patients who were on submaintenance diets with the use of thyroid extract and amphetamine (benzedrine) sulfate.

Toxic Manifestations

A variety of toxic reactions were noted. These are noted in Table I. Sixty-seven patients, after one or two weeks, refused to take amphetamine (benzedrine) sulfate because of its adverse reactions.

TABLE I*

SIDE EFFECTS OF AMPHETAMINE (BENZEDRINE) SULFATE IN 1200 CASES OF OBESITY AS COMPARED TO A CONTROL SERIES OF 100 CASES

Complaint	Benzedrine No. of Patients	Benzedrine %	Control Series No. of Patients	Control Series %
Dryness of the mouth	769	66	3	3
Palpitation	376	31	9	9
Halitosis	304	25	14	14
Insomnia	289	24	2	2
Muscular pain	252	21	2	2
Headaches	241	20	16	16
Weakness	194	16	15	15
Dizziness	148	12	9	9
Nervousness	137	11	5	5
[1] Habit forming	132	11	0	0
[2] Circulatory disturbances	53	4.0	2	2
[3] Col'apse	7	0.5	0	0

*One or more of these symptoms was demonstrated in the same patient during the course of treatment.

1. These patients did not present true signs of addiction, but rather a feeling that they could not lose weight unless they had the drug. The use of placebos failed to bring about this response.

2. These patients complained of cold extremities, numbness of fingers and toes, and abnormal flushes.

3. Weakness followed by fainting, from the 3rd to 10th day of treatment was the complaint described by these patients after taking 20 mgs. of the drug per day.

SUMMARY AND CONCLUSIONS

1. In obese patients with normal or elevated arterial tension, amphetamine (benzedrine) sulfate under the conditions of this study, has little or no effect on blood pressure.

2. The pulse rate shows an increase in 26 per cent of obese patients receiving this drug and a decrease in 8 per cent.

3. Amphetamine (benzedrine) sulfate inhibits the appetite in approximately 40 per cent of obese patients placed on a reducing diet.

4. Emotional stimulation occurs in 25 per cent of patients receiving the drug. This effect, when present, is associated with a prolonged maintenance of the subcaloric diet.

5. The basal metabolic rate is not influenced by amphetamine (benzedrine) sulfate in the doses given, 48 hours after discontinuation of the drug.

6. Dry throat, palpitation and halitosis are the outstanding side-effects of the drug while insomnia, muscular pains, headaches, weakness, dizziness and nervousness may also occur.

7. The ingestion of amphetamine (benzedrine) sulfate, per se, does not cause any loss in body weight.

416 Clinton Place

15. Penrod, K. E.: Basal Metabolism in Man After Various Doses of Amphetamine Sulphate. Am. J. Physicol., 133: 412, 1941.

RADIATION THERAPY OF ACUTE SUBDELTOID BURSITIS

1. The length of the patient's disability should be the chief criterion for evaluating therapy of acute subdeltoid bursitis.

2. Roentgen therapy of acute bursitis results in a high percentage of cases in which the economic disability of the patient is reduced to less than forty-eight hours. Therefore roentgen therapy is the treatment of choice in this condition.

3. A trial of roentgen therapy is justified for the chronic type of subdeltoid bursitis.—Brewer and Zink, J.A.M.A., Vol. 122, No. 12, p. 800.

THE TREND OF INDUSTRIAL MEDICAL PRACTICE*

E. W. Probst, Major, M.C., Dover, N. J.

This report has been released for publication by the Surgeon General's Office

The practice of Industrial Medicine and the recognition of certain occupational diseases probably date back to the beginning of history. Early accounts reveal that the slave laborers of ancient Egypt were not only given medical attention for injuries resulting from the work, but also for illness which prevented them from working. Hippocrates reported many cases of colic among lead miners and advised as part of his treatment rest away from the place of work which he felt was the true source of the disease. During the second century, Galen described diseases peculiar to chemists, miners and tanners. In 1700, Dr. Bernardino Ramozzini, after doing extensive research in mines, workshops and foundries wrote his famous "De Morbis Artificum Diatriba" which covered the entire field of Industrial Medicine.

Fifty years ago, the practice of Industrial Medicine was mainly the treatment of traumatic injuries, and occupational diseases were considered negligible. Because of the simple processes of manufacturing and because of the few changes that were made in processes, the medical practitioner could easily acquaint himself with the conditions and types of work done by his patients.

During the past twenty years, this whole picture has changed. Spurred by keen competition influenced by this era of technology and scientific achievements, and compelled to find substitutes for materials which, because of large consumption, were rapidly becoming scarce, industry began to introduce new products which necessitated new processes. In many cases, the hazardous machinery which caused the traumatic injuries was replaced by methods which introduced other hazards, such as noxious gases, solvents, vapors and dusts. Plants began to handle such chemicals as Methyl Methacrylate, Phthalic, Anlydride, Cadmium, Trichlorethylene and others, all of which introduced many problems for the physicians who were doing industrial work. Many physicians found that although they were acquainted with the personal and social aspects of their patients' environment, the industrial aspect, because of these rapid changes in industry, had become almost unknown.

During the present time, changes in the field of Industrial Medicine are occurring so rapidly that text books and courses seldom, if ever, are up-to-date. It is indeed a common occurrence to find, after studying a process or learning the properties and toxicology of a certain chemical compound, that the management of the plant has decided to alter the process or introduce a new chemical, thus necessitating an investigation and study of the altered process and material.

Unlike industrial accidents, which occur very suddenly and usually result in traumatic injuries, industrial diseases frequently have an insidious onset and a gradual development. Many of these conditions are often unrecognized and in some instances, are diagnosed by the family physician as nervous indigestion, neurocirculatory asthenia, etc. Recalling the words of my former chief, Dr. G. H. Gehrman, Medical Director of the Du Pont Medical Division, who stated that the appearance of an occupational disease was evidence that the plant physician had not been on the alert, I wish to point out that the major problem of the physician in industry is preventive medicine, rather than diagnosis and therapeutics, although he must be proficient in all three phases. A successful program of prevention includes:

(1) Careful pre-employment examination of each employee.

(2) Periodic physical examinations.

(3) Survey of the jobs.

(4) A study of toxic exposures and a plan of control.

(5) Maintenance and elevation of the general standards of public health and sanitation.

The pre-employment examination which is

* Presented before the Morris County Medical Society, March 18th, 1943.

primarily for the purpose of occupational selection, rather than elimination, usually differs in no way from a complete general physical examination. Some industries, however, supplement this examination with a serological test for syphilis, X-Ray of the chest, and other examinations when indicated.

With a knowledge of the types of jobs and the materials to be handled, the industrial physician is able to direct his attention to the fitness of an individual for a definite occupation. Physically handicapped people, in many cases, instead of being rejected are placed in jobs which they can do without danger to themselves or their fellow employees.

Many of the large industries are offering periodic physical examinations to their employees for the purpose of detecting insidious diseases and ascertaining the physical ability of the employees to do certain jobs. It is during this examination that minor defects and other conditions, which otherwise would have gone unnoticed, are discovered and promptly referred to the family physicans for correction or treatment. Many employees, who ordinarily would not have consulted their family physician until it was too late, have expressed gratitude to the industrial physicians for their service, after realizing the importance of early diagnosis and prompt treatment. Employees found to have concomitant signs of ageing and disabling conditions are shifted to jobs which they can do with efficiency and safety, and without discomfort to themselves.

In making a survey of the jobs and their physical requirements, it may be of some help to group the jobs in a general classification as follows:

a. Management and Administration.
b. Supervision.
c. Clerical work.
d. Sales and distribution.
e. Manufacturing of commodities.
f. Packing commodities.

Although each one of these groups warrants some discussion, the brevity of time will not permit us to discuss all. However the group with which we are most concerned because of its size and medical problems, is the manufacturing group. Because all of us are acquainted with occupational injuries resulting from mechanical hazards, we will discuss briefly occupational illness arising from jobs in which there is exposure to chemicals although the diagnosis of such illness is not always simple. Although histories may be of some aid, the veracity of the average industrial history is doubtful. Experience has revealed that there is a certain group of symptoms which are characteristic of most of the occupational diseases. Such complaints as unusual fatigue or lassitude, headaches, and gastro-intestinal disturbances are very common. These symptoms which may occur singularly or in groups are sometimes followed by vertigo, palpitation, precordial pain, pain in the extremities and neck, and dyspnea.

According to Foulger, the absorption of any toxic chemical may be detected by a change in blood pressure long before the symptoms or typical text book picture of chemical poisoning makes its appearance. Those of us who have used this simple and convenient guide have been able to control most of our occupational disease problems to the point where early absorption is detected and employees are removed from exposure before they develop symptomatology.

The industrial dermatoses still occupy first place among the occupational diseases and are giving the industrial medical men considerable concern. Absorption of chemicals through the skin is again under discussion and may be the answer to many of our problems.

The treatment of occupational diseases as in most medical problems can only be applied effectively after the cause has been determined. Many of the cases respond very quickly by removing the patient from the exposures. Others require symptomatic treatment.

No discussion is very complete without mentioning a few words on prevention. This can be best accomplished by familiarizing ourselves with the various jobs, knowing the chemicals used in the process and the by-products of their reactions, constantly conducting inspections for evidence of exposure, and

recommending corrections, and by conducting periodic examinations for evidence of toxic absorption.

It has been shown repeatedly that the most contented and efficient workers are the healthy workers, and that the healthiest workers are those who not only follow a nutritious diet and live under favorable home conditions, but work in a pleasant hygenic environment. Although the industrial physician cannot control the worker's home life, he can by means of an educational program influence better living conditions and encourage personal hygiene.

Upon the industrial physician falls the task of helping to provide an optimum work environment, by recommending adequate illumination, proper ventilation, ample sanitary conveniences and wash rooms, and sufficient time for meals and rest.

As to the future of Industrial Medical practice—no other phase of medicine is more intimately related to the socio-economic problem confronting our nation, for it is the industrial physician who deals with the very group of people for whom health insurance is urged. Regardless of the strides that will be taken, we must never lose sight of the fact that our primary interest is the patient.

THE TREATMENT OF BENIGN PROSTATIC HYPERPLASIA

In conversations with physicians who are not urologists we have been impressed by their misconceptions concerning the three commonly performed operations for benign prostatic hyperplasia. Perhaps the most widespread misconception is that the performance of suprapubic or simple perineal prostatectomy precludes the subsequent development of carcinoma of the prostate gland or recurrent prostatic hyperplasia. This belief is entirely fallacious, and we have presented instances in which carcinoma of the prostate gland has occurred many years after such operations. This misconception can be corrected by the simple statement that normal prostatic tissue, in the form of the surgical capsule, remains regardless of whether suprapubic, perineal or transurethral prostatectomy has been carried out. Thus, the possibility of the development of recurrent hyperplasia or prostatic carcinoma is present to an equal degree irrespective of which one of these operations has been performed. The only operation devised to remove all prostatic tissue is radical perineal prostatectomy in which the entire prostate gland, a portion of the urethra, a cuff of the bladder, both seminal vesicles and about 5 cm. of each vas deferens are removed. This operation, however, is employed exclusively in cases of prostatic carcinoma, and even by its most ardent advocates it is applied, with hope of cure, in only approximately 3 per cent of cases of prostatic cancer.

The surgical treatment of benign prostatic enlargement can be summarized by the statement that in each case it is necessary to remove a certain definite amount of hyperplastic tissue: this tissue can be removed through a suprapubic or perineal wound or through the urethra, and each surgeon must decide which method of approach is most suitable in his own hands.

One of the advantages frequently ascribed to suprapubic or simple perineal prostatectomy is the removal of an undetected carcinoma located within an adenoma. We have described such a case, but unfortunately the happy outcome in this case is extremely infrequent. Furthermore, although it is true that this apparent cure was achieved by suprapubic prostatectomy, it is undeniable that a similar cure would have been attained by the performance of either perineal or transurethral prostatectomy. More frequently than not, however, in spite of the fact that the carcinoma may be microscopic in size, the lesion has spread to the perineal lymphatic vessels, and in such a case cure by any of the three methods described herein is impossible.—Green and Thompson, J.A.M.A., Vol. 122, No. 12, p. 793.

STUDY OF CASE HISTORIES OF FIFTEEN SOLDIERS ADMITTED TO A MENTAL HOSPITAL AFTER DISCHARGE FROM UNITED STATES ARMY

Leon Reznikoff, M.D.
Clinical Director, Hudson County Hospital for Mental Disease, Secaucus, N. J

Since the introduction of Selective Service numerous measures have been taken to avoid inducting into the Army individuals suffering from mental disorders or potentially psychotic. Psychiatric consultations have been available at the advisory draft boards for specially referred cases, and at the induction board each selectee has to go through a brief psychiatric interview. It has been emphasized on many occasions that the hazards of Army life and needs for adjustment during the early months of training are so great that individuals with neuropathic or psychopathic tendencies are apt to break down quite early during military service. When these individuals succeed in passing the induction board examination and even survive the early months of military training, they become potential hazards when later on they must meet actual combat situations. Thus, in July, 1918, General Pershing sent the following telegram from France to the War Department: "Prevalence of mental disorders in replacement troops recently received suggests urgent importance of intensive efforts in eliminating mentally unfit from organization of the new draft prior to departure from the United States." [1]

Since the present Selective Service has been operating, both the advisory draft boards and the induction boards have been psychiatrically minded and are on constant look-out to eliminate persons suffering from nervous and mental disabilities.

Circular Letter 19, issued by the Surgeon General's Office on March 12, 1941, reads as follows: "The army is one of the elements of national defense and its present mission is one of preparation for an offensive-defensive type of warfare. It is in no sense a social service or curative agency. It is to be considered neither a haven for the wanderer or shiftless nor a corrective school for the misfits, the ne'er-do-wells, the feebleminded or the chronic offender. Furthermore, it is neither a gymnasium for the training and development of the undernourished or underdeveloped nor is it a psychiatric clinic for the proper adjustment to adulthood emotional development. Therefore, there is no place within the army for the physical or mental weakling, the potential or prepsychotic or the behavior problem. If an individual is a behavior problem in the civilian community he will certainly become a more intensified problem in the service." [2] Yet in spite of these instructions, Captain Flicker, summarizing his experience at the induction board that examined over 17,000 selectees, concluded "that not over 25 per cent of those selectees who will break down with psychiatric disorders are being apprehended." [3]

It is known that half of all beds in the hospitals of Veterans Administration are occupied with neuropsychiatric patients, and it has been estimated that it costs the Government on the average $30,000 per person for anyone who developed a psychiatric disability in World War I.

It seems, therefore, of utmost importance to analyze and study the case histories of those soldiers who have been inducted into the United States Army during the present conflict, broke down with mental illness, had to be discharged from the Army and admitted to psychiatric institutions for treatment. Lessons learned from the study of these cases might be helpful in avoiding further mistakes by inducting men who are potentially psychotic and liable to break down at any effort for readjustment from civilian life to military requirements. Fifteen such soldiers were admitted recently to the Hudson County Hospital

1. Freedman, H. L.: The Role of Mental Hygiene Clinic in a Military Training Center. Mental Hygiene, Jan., 1942, Vol. 28, No. 1, pp. 83-121.
2. Circular Letter 19. Surgeon General's Office, March 12, 1941.
3. Flicker, D. J.: Psychiatric Induction Examination. With a review of the results of examining seventeen thousand selectees. War Medicine, Nov., 1942, Vol. 2, No. 6, pp. 931-943.

for Mental Diseases at Secaucus, New Jersey. This hospital serves only a small geographical area, since to be admitted to this institution one must be a legal resident of Hudson County, that is to reside in the county not less than five years. Therefore, social history could easily be obtained from families and friends of the patients and contributed a great deal to the study. Lives of these individuals in civilian communities could be investigated for the draft boards by psychiatric social workers without much difficulty and would contribute greatly in aiding to eliminate the prepsychotic and potentially psychotic draftees.

None of these soldiers have seen combat duty, since none of them left the country. The youngest soldier was 19, the oldest 33 years. The duration of military service before the soldiers were transferred from camp to an Army station hospital or observation ward ranged from one day to six months. One soldier (V. C.) served only one day, when apparently his peculiar behavior caused him to be placed in an observation ward, and another one (B. R.) after only six days in the camp was put in the psychiatric observation ward. Social history of one draftee (T. J.) showed that he displayed psychopathic behavior since 1929; he has a history of two arrests and was never gainfully employed.

In twelve cases a diagnosis of schizophrenia was made; two patients were diagnosed as suffering from manic-depressive psychosis, and one from psychosis with psychopathic personality. Of the fifteen patients, five improved sufficiently to be paroled after treatment at our hospital, three having received either insulin or electric shock; one died and the remaining nine are still under treatment here.

In May, 1940, at the meeting of the American Psychiatric Association, Silverburg [4] suggested obtaining statements about draftees from school and other authorities in the community and a period of observation in doubtful cases.

Flicker [3] in his paper in War Medicine also suggests that the situation could be helped a great deal if the draft boards would secure a social history by some volunteer workers. That this is an excellent suggestion is borne out by the case of H. B., who was inducted into the Army after being hospitalized in our institution from 1939 until March, 1942, when he was paroled after receiving insulin shock treatment. Four months after parole from this hospital, he was drafted and inducted into the Army. After serving in the Army for about five weeks his condition was recognized, he was placed in a station hospital for observation, and almost five months after original induction was discharged from the Army and sent to a state hospital, from where he was later returned to our institution.

Perhaps reading the case histories of these soldiers gives the best idea of the urgent necessity for proper psychiatric screening at the time of induction. Because of shortage of space, only the most salient features are cited.

CASE HISTORIES

Case 1—V. C., a 27-year-old single man, worked as a mechanic at Bendix Airport when he was drafted into the Army in January, 1941. He graduated from grammar school at the age of 14 and attended high school for half a year. He was an average student. His personality make-up was rather seclusive. He preferred mostly to stay at home. He seldom went out and did not seem to seek companionship of the opposite sex. After the first day at the Army camp he was confined to the station hospital, where he remained for over six weeks until he was discharged from the Army and sent home. He complained of auditory and visual hallucinations. After about one month at home he became disturbed and violent and was committed to our hospital. While here he displayed mannerisms and grimaces, expressed auditory and visual hallucinations and was emotionally shallow. A diagnosis of schizophrenia, hebephrenic type, was made at our hospital. He was almost continually excited and died three months later of pulmonary tuberculosis.

Case 2—B. R. This 25-year-old male was described prior to development of psychosis as quiet, sensitive, stubborn and suspicious. In October, 1940, the patient had sex relations with a prostitute for the first time in his life. He developed a fear that he contracted syphilis and was sent by his father to several physicians, who assured him that he had no syphilis. However, this syphilophobia persisted. He started to neglect his dress, constantly feared contracting an infection of some sort and had periods of depression. At about this time he was called by local draft board, passed physical examination and awaited induction. During this period of time he remarked several times that he would come back from the Army a "changed man". He was inducted June 23, 1941, and six days

4. Sutton, D. G.: Naval Psychiatric Problems. Am. J. of Psy., Sept., 1940, Vol. 97, No. 2, pp. 256-275 (Discussion by Silverburg).

after his arrival at the camp the family was notified that the patient was at the station hospital. When the family visited him the patient had a blank stare on his face and appeared apprehensive, timid and fearful that he would be harmed. At times he refused to talk, stating later that he was hypnotized. After two months he was discharged from the Army and then committed to our hospital. On admission he was apathetic, indifferent, suspicious, fearful and expressed auditory hallucinations and paranoid delusions. His emotional reaction was inadequate. A diagnosis of schizophrenia, paranoid type, was made. It was felt at the staff conference at our hospital that the patient's induction into the Army served as a precipitating factor in bringing out his psychosis since he always preferred to lead the life of a hermit and when thrown with a large group of men his breakdown resulted, especially since the patient seemed to be potentially homosexual. He was treated with electric and insulin shock and improved sufficiently to be paroled. He has now been on parole for a year and from all reports he is doing well in his previous environment.

Case 3—D. L., a 29-year-old, single chauffeur, was drafted into the Army about April, 1941, and after four months had to be transferred to a station hospital because of mental illness. He was discharged two months later and sent home and shortly after committed to our hospital. On admission here he was apathetic, indifferent, had marked tendency to seclusiveness and showed emotional instability with auditory hallucinations and paranoid delusions. His case was diagnosed as schizophrenia, paranoid type. He was given a course of electric shock treatment here. However, there was only very slight improvement. Later it was possible to parole him, and while not entirely well, he is able to get along outside of the hospital under his family's supervision.

Case 4—J. K., a 27-year-old former soldier, worked as a checker for Jersey Central Railroad for four years, when he was inducted into the Army. After six months of service he was placed in an Army hospital for a while because of excessive drinking. However, two months later he was again placed in the hospital for observation. At that time it is said that he showed mental confusion, assaultiveness, impulsive type of behavior, apprehension, seclusiveness, lack of insight and poor judgment. He was discharged from the Army with a notation from the Army Medical Board that "this condition" existed prior to induction into military service. While at our hospital, essentially the same features were observed as those mentioned in the Army hospital report and a diagnosis of schizophrenia, simple type, was made here. He is still being treated here.

Case 5—O. K. This 26-year-old single man worked as a purser for three to four years on a large steamship, and for a while as a machinist in a defense factory prior to induction into the Army. His personality is described as pleasant and sociable. He was inducted in March, 1942, and two months later the family was notified that he was in a station hospital, where he was apparently kept under observation for three months and finally discharged because of psychiatric disability. A few days after returning home from the Army he got in trouble with the police, was arrested and then committed to our hospital. During the mental examination here he had flights of ideas and tendency to distractibility. He talked a great deal about his Army service, hospitalization in the Army station hospital, his political activities in Weehawken, friendship with King Carol of Roumania and his work on a steamship. He was boastful and emotionally mildly elated. He was writing an article for Life magazine about Army life. He had grandiose ideas. Physical, neurological and serological examinations were entirely negative. A diagnosis of manic depressive psychosis, hypomanic type, was made. The patient was given a course of electric shock therapy. He made an uneventful recovery, and was paroled after treatment was completed. Our investigation shows that he is employed now on the night shift at a machinist school; he likes his work a great deal and apparently is doing well.

Case 6—J. B. This 33-year-old single male was committed to our hospital directly from the Army hospital. According to the records of the Army hospital, he served for about a year in the Army. In June, 1942, he shot himself through the abdomen with a 30-calibre rifle. After shooting himself, he attempted to jump out of a window in his barracks on the second floor. He was treated for several months and then discharged from the Army and committed to our hospital. While here, he said he read in some magazine or book that he did not actually fire the shot, but someone else who was downstairs fired the rifle at him, and he is firmly convinced now that someone tried to kill him and this was not a suicidal attempt on his part. Psychiatric examination here revealed that he was extremely apathetic, indifferent and at times suspicious and evasive. He also expressed paranoid ideas. He admitted that for several days before firing the shot he heard strange voices which told him to do it. His condition was diagnosed as schizophrenia, paranoid type, and he is still being treated here.

Case 7—F. L. This 19-year-old boy comes from a family with strong psychopathic traits. His father is temperamental and quarrelsome, has never been able to hold a job because of his temper and constantly quarrelled with people at work and with his wife and children. His mother is emotionally unstable and overprotective, the patient being her favorite child. Patient has three brothers, all of whom show some neuropathic or psychopathic traits. His oldest brother is described as extremely temperamental; he is separated from his wife, gambles and is unable to hold a job for any length of time. The next older brother is unhappily married, does not seem to have any outside interests, spends all his time in sleeping after he comes home from work and generally leads the life of a recluse. The third brother was committed to our hospital a week after the patient came here, suffering from the same condition as the patient, namely schizophrenia, paranoid type. After graduating from vocational high school, the patient got a job as a machinist and worked for four months. During that period he acted queerly and was extremely impul-

sive, usually staying away from home almost all night. He quit several jobs in a short period of time and then tried to enlist in the Navy but was rejected because of defective vision. In March, 1942, he tried to enlist in the Army, but since he was under age he forged his parents' signatures. His brother informed the Recruiting Officer about this and the patient became very noisy at home. He was disturbing everyone at home by singing, crying and generally being a nuisance. His parents then consented to his enlistment. After six months of service in the Army, during which he was extremely impulsive and argumentative, and would quarrel frequently with his non-commissioned officers, he was finally placed under observation in the psychopathic ward and after two months of observation discharged from the Army with a diagnosis of schizophrenia, paranoid type, and committed to our hospital. The same diagnosis was made here. He was given a course of electric shock treatment but failed to improve. He is still hospitalized here.

Case 8—A. S. This 23-year-old former soldier was admitted to our hospital from an Army station hospital. He had been in the Army for over five months when he became disturbed and refused to talk. After another five months of observation he was finally discharged from the Army with a notation that his "condition" existed prior to entering the service and was not incurred in the line of duty. At our hospital he displayed emotional shallowness, catatonic rigidity, apathy, indifference and lack of insight. His case was diagnosed schizophrenia, catatonic type. It is interesting to note that this patient on Bellevue psychometric test received an I. Q. of 60, and therefore has a mental age of eight years, three months. He improved considerably under treatment here and in a short time might be allowed to leave the hospital.

Case 9—T. J. This 30-year-old former soldier apparently always had some personality difficulties. In 1929 his mother went to court, complaining that he refused to arise from bed in the morning, was dirty about his personal appearance and would not bathe or change his underwear. At that time he was committed to the County Jail for 30 days. On one occasion he was arrested on suspicion, but we were unable to find out the real cause of his arrest, and the patient would not reveal it. He contracted gonorrhea just before he entered the Army in May, 1942, but later developed ideas that he was suffering from syphilis and the Army had been neglecting it. He is now convinced that because of this neglect he will die in less than one month from syphilis. A few days after induction in the Army he attended sick call, and while in the Army went to sick call repeatedly and was hospitalized on many occasions, until finally seven months after original induction he was discharged from the Army with a diagnosis of schizophrenia. While at our hospital he expressed delusions of somatic and paranoid nature, and his emotional reaction was inadequate. His case history reveals that he was extremely maladjusted and had been showing disturbances bordering on mild psychotic state since the age of 16. He is still hospitalized here.

Case 10—M. P. This 28-year-old former soldier always displayed behavior disturbances. After graduation from grammar school he went for one year to vocational school, but refused to go on further with school because he had an exaggerated interest in boxing. He also day-dreamed a great deal and talked continually about joining the Marines, but never did anything about it. He spent most of his time making a scrap book of clippings concerning the Marines. He stubbornly refused to be employed anywhere, and when urged to work kept on saying, "I have more important things to do." He was inducted into the Army in February, 1942, but in July of the same year was admitted to the station hospital for psychiatric observation. He was discharged from the Army with a notation that history of his condition existed since the age of 18 or 20. At our hospital a diagnosis of psychosis with psychopathic personality was made, patient being extremely childish, emotionally immature, boastful and expressing many expansive ideas, such as that he is prominent among the Marines and will become a great prize-fighter. It is obvious that his psychiatric difficulties existed at least since puberty and could be easily recognized on careful psychiatric examination. After being treated at the hospital for about 11 weeks his psychosis subsided, and he was paroled in the custody of his family.

Case 11—C. N. The father of C. N. is a chronic alcoholic. He was arrested on several occasions for drinking and sent to the penitentiary and is now separated from the mother. C. N. was always very much attached to his mother and insists that he will never marry because he will "always" live with his mother and take care of her. He was inducted into the Army in August, 1942. He states that while he was at the camp he could not sleep at night because some soldiers would come in drunk and disturb him. He would also stay awake at night because he was afraid that the other soldiers might steal something from him. At first he was put in the guard house for some offense, but later, approximately six weeks after induction into the Army, he had been transferred to the psychiatric observation ward, when he complained about "people doing things behind his back." Four months later he was discharged from the Army and committed to our hospital. Here he was apathetic, silly, superficial and emotionally shallow, but did not manifest any hallucinations or delusions. His case was diagnosed here as schizophrenia, simple type. After nine weeks of treatment at this hospital he improved sufficiently to be paroled in the custody of his family.

Case 12—H. B. The case of H. B. is especially interesting since he was inducted into the Army after being treated at our hospital for schizophrenia from August, 1939, until March, 1942, when he was paroled after receiving a course of insulin shock therapy. He had homosexual tendencies. After parole from here he secured a job in a defense factory and was doing well when he was called by his draft board and inducted into the Army service July, 1942. However, five weeks later his peculiar behavior attracted the attention of the Army authorities and he was placed in a psychopathic ward for observation and about four months later dis-

charged from the Army and sent to a state hospital, from which he was transferred to our institution. This man has superior intellectual development and received on psychometric examination an I.Q. of 126. While under observation at the psychopathic ward of the station hospital he sent the following letter to the examiner: "I'm in a fix. Because of a suggestion made to a superior officer—a suggestion to use 'Benzedrine Sulphate', an element or compound which eliminates sleep and yet is unharmful if used discreetly and which would enable us to increase the essential war effort, I was hospitalized in the psycho ward." He went on in the letter, asking the examiner to intercede for him with the Army physicians and get him out of his predicament. He is now being treated here and in a short time has made a satisfactory readjustment, so that he may be paroled soon and returned to a civilian community, where he was somehow always able to hold a job, but it is obvious that he is unsuitable for Army life.

Case 13—J. K., a 32-year-old single clerk, was inducted into the military service on November 20, 1942. Six days later, while being transferred by train from one camp to another, he either jumped from or fell off the train, receiving some injuries. Following that, at the Army station hospital he made three attempts to commit suicide. Psychiatric examination revealed that he had auditory hallucinations and some guilt feelings. After a few months of observation at the station hospital he was discharged from the Army, and in March, 1943, committed to our hospital. He is not certain what happened when he was on the train, but believes that he jumped off. He admitted cutting his throat, attempting to hang himself with a bathrobe cord and hitting his head by jumping from a chair head first to the floor. Emotionally, he was depressed. His case was diagnosed as manic depressive psychosis, depressive phase. He is still being treated here.

Case 14—J. O. This 25-year-old lathe operator worked for Wright Brothers in Paterson and was considered a steady worker. However, outside his work he was rather seclusive and shy. He never went out with girls. He used to spend most of his free time in sleeping. After he was classified in 1-A by Selective Service he enlisted voluntarily before he was called. However, after being in the Army two months his family received letters from him describing "spirits" which came to him at night and tried to crush his body. Later on he was placed in the psychopathic ward of the Army hospital and six months after induction he was discharged from the Army. Since he did not display any dangerous tendencies, he was allowed to return to his home and went back to work. However, after five months he became disturbed, claimed that a woman bewitched him, disrobed and exposed himself and imagined he was poisoned. He was admitted to our hospital with the diagnosis of schizophrenia, paranoid type. He is now under treatment here.

Case 15—P. K. This 24-year-old machine operator is described prior to development of mental illness as quiet and seclusive. He was drafted into the Army in February, 1942, and after serving for several months he developed many somatic complaints pertaining to his gastro-intestinal system. He was placed under observation at the psychopathic ward and two months later discharged from the Army and sent home. Two weeks later he was committed to our hospital. While here he has been sulky, morose and antagonistic to everyone. He said that he had been persecuted by a man in the place where he worked long before he was inducted into military service. He also expressed auditory hallucinations and somatic delusions; his emotional reaction is inadequate. His case was diagnosed as schizophrenia, paranoid type, and he is still under treatment here.

SUMMARY AND CONCLUSIONS

1. Brief abstracts of case histories of fifteen soldiers, who were discharged from the Army because of psychiatric disabilities and later admitted to a civilian hospital for treatment, have been reviewed.

2. It seems obvious that the majority of these men were either potentially psychotic or in a prepsychotic state before induction into the armed service; in fact, one man had a record of hospitalization for almost three years prior to entering military service; three soldiers served less than a week before they had to be placed in a psychiatric observation ward by military authorities.

3. Suggestions made previously by other psychiatrists that certain additional measures would be helpful in eliminating draftees unfit for military service (such as obtaining psychiatric social histories on all draftees, allowing more time for psychiatric interviews at induction boards and instituting periods of observation in doubtful cases) are reaffirmed.

DR. WILLIAM McKISSACK, A NEW JERSEY ARMY PHYSICIAN WITH GENERAL WASHINGTON

Mildred V. Naylor
Librarian, Academy of Medicine of Northern New Jersey

The stones of a foundation perform an unseen and humble function; they must be strong and sturdy with no inward decay, else the whole structure will topple.

The early settlers in our country lived their lives as you and I from day to day, meeting the daily hazards as commonplaces, not knowing that their memories would live through the years as the founders of a great country. The physicians of the day went their rounds on horseback, in all kinds of weather, day and night, doing what they could, with the knowledge they possessed, to keep their patients alive and healthy. They constantly saw the evils of neglect and superstition, and the lack of proper training and standards of those who professed to be doctors. As a consequence the idea of forming a medical society to control the practice of medicine was conceived and executed in 1766. The account of the first meeting held in New Brunswick, New Jersey, on June 27, 1766, has been told many times. These men could not know they were shaping the pattern of the practice of medicine for years to come. Neither could the men who joined the society in the years following, who kept it alive, and who have given us the records of early, interesting cases. They were not only the foundation stones; they filled in the cracks and crevices and made the structure firm and lasting.

Among the early officers of The Medical Society of New Jersey was one who, besides being a successful physician, achieved fame of a sort by founding the Grand Lodge of Masons in the state of New Jersey.

Dr. William McKissack was a physician who practiced in Bound Brook and Pluckemin. He was born in the north of Ireland, of Scotch and English parentage. There he obtained a college education. As a young man he came to this country and settled in Bucks County, Pennsylvania. When the Revolutionary War broke out he joined a regiment of volunteers to fight with Washington's Army. He was appointed a captain, but was taken prisoner at Fort Washington in 1776 and held for two years. In 1778 he went to Pluckemin, where General Knox was encamped with the artillery division. A military hospital was organized at Bound Brook by the celebrated Dr. Benjamin Rush. In Dr. Rush's "Observations Made Upon the Diseases Which Occurred in the Military Hospitals of the United States in the late War" he says, "Hospitals built of coarse logs, with ground floors, with fire-places in the middle of them, and a hole in the roof, for the discharge of smoke, were found to be very conducive to the recovery of the soldiers from the jail fever." This was, undoubtedly, the kind of hospital that was constructed at Bound Brook for there is now no trace of any permanent kind of hospital. Dr. McKissack was one of the physicians placed in charge of this hospital. He is said to have attended General Washington on several occasions.

Incidentally, there is a record of a "Flying Hospital" used by Washington's Army. In a Receipt Book of Quarter Master General James Abeel, 1778-1779, there are records of supplies furnished for this hospital, by the department in Morristown. This was evidently a group of horse-drawn vehicles as one receipt mentions "one tar pot for the use of the waggons belong to the Flying Hospital."

After the troops left this vicinity Dr. McKissack settled for a while at Pluckemin. He married Margaret McDonald of that place, daughter of Colonel William McDonald, in 1780. He was worshipful master of the Basking Ridge Lodge No. 10 warranted under the Grand Lodge of Pennsylvania. He went from place to place establishing local lodges and encouraging those already established. On December 17, 1786, the call was held, at Dr. McKissack's instigation, for the

Grand Lodge of New Jersey. It was instituted at White Hall Tavern, New Brunswick, with the doctor presiding. Dr. McKissack served as right worshipful grand warden from 1799-1805 and right worshipful grand master 1806-1820.

Dr. McKissack moved to Bound Brook and established himself in practice there. In 1803 he purchased a house at the western end of Bound Brook on the south side of Main street, in which he lived until his death. All accounts of him tell of his being a successful physician with a large practice in Somerset and Middlesex Counties, and he was regarded as a physician of good judgment and skill. He would attend the poor regardless of any fee. He was a large, jovial, kindly, hard-working man. He had a twinkle in his eye and an infectious laugh, and quite a reputation as a peripatetic story-teller. It was about Dr. McKissack that the oft-repeated story was told of a trip home one night. It had been a bitter cold winter day, and after making calls to patients in all the surrounding country-side, where at each stop he had partaken of proffered draughts to warm himself, he went out into the cold night after his last stop, and forgetting that he had a buggy attached, mounted his horse and rode him home, wondering all the way why the driver of the carriage he could hear following him did not pass.

A debating society was formed at Millstone in 1804, of which Theodore Frelinghuysen was president. Dr. McKissack was one of the members and he became an interesting and effective speaker.

He joined The Medical Society of New Jersey in 1795, and was the last medical man received into the society during the eighteenth century. In 1807 he was elected recording secretary, which office he held until 1819. He was elected third vice-president in 1820 and 1821. In 1822 a motion was made to give him $25.00 for his faithful services as secretary for thirteen years. He was listed on the United States pension roll under Act of March 18, 1818: William McKissack, Capt. Penn Line, July 15, 1819, age 68.

We have no dictaphone records of important words and suggestions of any of our officers at these early meetings, but without doubt, Dr. McKissack contributed his share toward making the society a power in the affairs of the state.

He died in Bound Brook in 1831 at the age of 78, and was buried in the Revolutionary Graveyard where his headstone may still be seen.

It took the Masons a long time to take public action for the service Dr. McKissack did for them, for it was not until more than a hundred years after his death that recognition was made of his efforts to found a Grand Lodge in New Jersey. In June, 1937, ceremonies were held in the Revolutionary Graveyard in Bound Brook commemorating the 150th anniversary of the founding at which they unveiled a bronze tablet on the headstone of Capt. Wm. McKissack, M.D.

91 Lincoln Park, Newark

REFERENCES

Transactions Medical Society of New Jersey, 1766-1850
Wickes, Stephen—History of Medicine in New Jersey and of Its Medical Men. 1879.
Mellick, Andrew D., Jr. Story of An Old Farm. 1889.
Rush, Benjamin—Medical Inquiries and Observations. 2d American ed. 1744. 2v.
Somerset County Historical Quarterly 5:46, Jan. 1916; 261, Oct. 1916.
Bound Brook State Center Record, June 1937.
Davis, Rev. T. E.—First Houses of Bound Brook. 1893.
Order Book of Quarter Master General James Abeel. Morristown 1778-1779.

SECOND POST-GRADUATE INDUSTRIAL MEDICINE COURSE

To meet the continued wartime need for a general training course for physicians engaged in or desiring to enter industrial practice, the Long Island College of Medicine has announced its second intensive post-graduate course in industrial medicine to be given in Brooklyn during the first two weeks of November.

Enrollment this year will be limited to fifty matriculants for the full course. The course is designed for physicians but a limited number of others will be permitted to attend the sessions as auditors. The printed announcement with all details and the registration forms can be obtained from the Office of Administration, 350 Henry Street, Brooklyn 2, N. Y.

STATE ACTIVITIES

PRELIMINARY REPORT ON POST-WAR PLANNING, ARTICLE II

SUBCOMMITTEE ON MEDICAL PRACTICE

Compulsory health insurance schemes of New Zealand, Canada and Australia:

NEW ZEALAND

New Zealand passed a Social Security Act on September 1, 1938, effective April 1, 1939. It provided increased benefits for old age, invalids, widows, family, and unemployment, which had existed previously. In addition, four new classes of benefits were established, namely, the orphan's benefit, the sickness benefit, emergency benefits (for cases of hardship) and the universal superannuation benefit.

The medical benefits scheme, inaugurated in 1940, set up the panel system of treatment, as in Britain. In 1941, pharmaceutical benefits, x-ray benefits, and a scheme of free general medical services were inaugurated; also hospital benefits for out-patients.

Specialists services and the administration of anesthetics, major and minor surgery are not included as benefits. .

The physician is recompensed by a fixed fee per visit or consultation, and is not entitled to additional remuneration from the patient. The government had previously attempted to introduce an annual capitation fee system of 15 s. a year for every patient on the doctor's panel, but had to abandon this scheme because of the intense opposition from the medical profession.

The organized medical profession, through a National Insurance Committee, met with the government representatives and the Minister of Health on numerous occasions between January 6, 1938, and 1940, and expressed their opposition to the national insurance scheme again and again, but the government, in spite of this opposition, put the plan into effect.

The subject matter of these reports and discussions are printed as a supplement to the New Zealand Medical Journal of April, 1938, with the consent of the Minister of Health.

Because of the opposition from the medical profession, little coöperation has been forthcoming from medical practitioners. As a result, many beneficiaries are unable to procure the medical services which the government promised them. A new ruling was issued enabling beneficiaries to purchase medical care on their own account, provided the government would not be obliged to pay more than the consultation benefit allowed, namely 7 s. and 6 d. for each visit either at the office or at the patient's home on any weekday.

To summarize, we can say that the Government of New Zealand has put into operation a national health insurance scheme which has been opposed by the organized medical practitioners. In spite of the fact that beneficiaries, in a great many instances, have been unable to secure the benefits provided in the act, new benefits have been added by the government from year to year.

CANADA

A bill entitled "Draft Bill—an Act Respecting Health Insurance, Public Health, the Conservation of Health, the Prevention of Disease, and other matters related thereto"—was submitted to the special committee on Social Security of the House of Commons, in March, 1943. It was submitted as a Departmental proposal from the Department of Pensions and National Health, by the Minister of Health, The Honourable Ian A. McKenzie, P.C., M.A., LL.B., K.C., M.P.

The bill originated as a part of the report of the Advisory Committee on Health Insurance appointed by Order in Council of February 5, 1942 (P.C. 836), at the Government House, Ottawa, Canada.

This special Advisory Committee on Health Insurance, composed of the following members, was appointed on February 5, 1942, and submitted its report and draft bill on March 1, 1943.

Chairman, J. J. Heagerty, M.D., The Director of Public Health Services, Department of Pensions and National Health

A. D. Watson, Chief Actuary, Department of Insurance

S. A. Cudmore, Dominion Statistician, Bureau of Statistics

J. T. Marshall, Chief, Vital Statistics, Bureau of Statistics

J. C. Brady, Chief, Institutional Statistics, Bureau of Statistics

S. B. Smith, Chief, Business Statistics, Bureau of Statistics

M. E. K. Roughsedge. Employment Statistics, Bureau of Statistics

J. R. Munro, Chief, Financial Statistics, Bureau of Statistics
L. C. Marsh, Research Adviser, Committee on Reconstruction
W. G. Gunn, Department Solicitor, Department of Pensions and National Health
C. E. Stevens, Employees' Compensation Branch, Department of Transport

The committee obtained the views of various national groups through committees appointed for this purpose. The following organizations formed health insurance committees:

Canadian Medical Association
Canadian Nurses Association
Canadian Hospital Association
Canadian Dental Association
Canadian Pharmaceutical Association
Canadian Public Health Association
Health Committee of Canadian Life Insurance Officers Association
Trades and Labour Congress of Canada
Canadian Manufacturers Association
Canadian Federation of Agriculture
Catholic Hospital Association
Catholic Women's League
National Council of Women
Federated Women's Institute of Canada
La Federation des Femmes Canadiennes Francaises
Council and Association of Social Workers

All but two of the above submitted their views. The majority favored a provincial plan of health insurance aided by Dominion Grants.

The Director of Public Health Services presented the subject of public health and medical care for discussion.

SUMMARY OF THE DRAFT BILL

It is a combined Public Health and Health Insurance Bill.

The Governor in Council is authorized to make an agreement with the Lieutenant-Governor in Council of any province of the Dominion of Canada, to make grants for public health and medical care, provided the province makes statutory provision for utilizing both grants. Compulsory and contributory insurance is the basis of the bill.

All persons resident in Canada are included by agreement with the provinces. No compulsion is placed upon the provinces other than all indigents must be included in the plan.

A Health Insurance Fund is created, comprised of money contributed by insured persons, employees, the Provincial Government and the Dominion Government.

Two classes are created: (1) Employed insured persons, and (2) assessed insured persons.

1. The employed insured person is expected to pay the entire cost for himself and dependents. If unable to pay the entire cost, the employer will pay the difference. The combined contributions of the employer and employee will be supplemented by a Dominion Grant.

2. Assessed insured persons are unemployed who have an income from some source other than wages, or who are indigent. Like the employed insured person, if he can do so, he will be expected to pay the entire cost; if not, the province will pay the difference. Financial assistance will be provided by the Dominion Government. There will be no direct charge for children.

Registration of all citizens will be required on adoption of the plan in a province. They will be classified and instructed to select a doctor from a list provided by the Provincial Health Insurance Commission.

The method of payment of physicians, nurses and others will be left to the decision of the Provincial Health Insurance Commission, but it is recommended that payment be on a capitation basis.

The benefits comprise the application of all necessary diagnostic and curative procedures including medical, surgical, obstetrical, dental, pharmaceutical, hospital and nursing benefits and such other ancillary services as may be deemed necessary. No cash benefits are provided.

Medical benefits include services of the general practitioner, consultant, specialist, surgeon, obstetrician, hospitalization and nursing care.

Dental care consists of a semi-annual dental examination and such reparative dentistry as is needed for all children up to the age of 16.

Pharmaceutical benefits shall be provided according to a list of drugs to be drawn up by the Provincial Health Insurance Commission and the Provincial Pharmaceutical Association.

Hospital benefit shall include general ward services unless the insured person wishes to pay the difference to obtain semi-private or private room service.

Administration is provided through a Health Insurance Commission for each of the Provinces. The Chairman of this Commission shall be Deputy Minister of Health; other members shall be designated by the Lieutenant-Governor in Council.

Dominion administration is confined to the Administration of Dominion Grants; therefore, no Dominion Health Insurance Commission is contemplated. This work will be carried out by a Health Insurance Division in the

Department of Pensions and National Health under a Director of Health Insurance.

This disadvantage of decentralization by provincial health insurance administration is overcome by creation of a National Council on Health Insurance comprised of the Director of Health Insurance of the Department of Pensions and National Health as Chairman, the Deputy Minister of Health of each province, the Chief Administrative Officer of each province, and other persons representing the organized medical, dental, hospital and nursing associations as members.

Grants will be made by the Dominion Government to assist the provinces in providing health insurance benefits. These grants include: Health Insurance Grant, Tuberculosis Grant, Mental Disease Grant, General Public Health Grant, Venereal Disease Grant, Professional Training Grant, Investigational Grant, and Physical Fitness Grant.

This bill is now under consideration before the special committee on Social Security.

AUSTRALIA

There are a number of proposed plans for establishment of compulsory health insurance in Australia.

Plan 1.—In June, 1938, the Australian Parliament passed a National Health and Pensions Insurance Act, which set up a compulsory plan of Health Insurance to go into operation on September 1, 1939. During 1939, however, the proclamation fixing the date of commencement of the act was annulled and the act has never been brought into operation.

The scheme failed to be put into operation because of the intense opposition of the medical profession.

The administration of the act was to be vested in the National Insurance Commission consisting of three commissioners appointed by the Governor General. In each of the states district commissioners were to be appointed, the work in the various districts to be carried out by an inspection staff.

The act provided for the establishment of approved societies, subject to the commission's approval, which would administer sickness benefit, disablement benefit and the dependent child allowances. It would be their responsibility to see that the funds were used to the best advantage.

The funds were to be secured from contributions of employees and employers and from the funds transferred from the commonwealth treasury.

The scheme was to cover all employees between the ages of 14 and 65 earning up to 365 pounds a year.

Sickness benefits were cash allowances amounting to 20 s. a week for men and 15 s. a week for women with a time limit of 26 weeks. Children between the ages of 14 to 16 were to draw benefit to the extent of 5 s. a week.

Medical treatment by a qualified medical practitioner was to be furnished including the provision of proper and sufficient medicine and prescribed medical and surgical appliances.

Plan 2.—The Plan of the Federal Council of the British Medical Association was first reported in February, 1940, but was not adopted by the Council until 1941.

The report is an outline of general principles rather than a detailed plan of medical services.

All persons having an income of less than 417 pounds per annum would have to ensure. The beneficiary would receive general medical care including medicines as well as all ancillary and specialists services.

A capitation fee system is the basis of financial remuneration to the doctors.

This system would approximate a lodge type of practice, and would be difficult to supply with the necessary specialists and auxiliary services.

Plan 3.—The third type of insurance scheme proposed is that adopted by New Zealand.

Plan 4.—The fourth plan is that of the National Health and Medical Research Council for establishment of a salaried medical service system.

Plan 5.—The fifth is the scheme of the Victoria Branch of the British Medical Association in Australia.

Subcommittee on Medical Practice,
Sigurd W. Johnsen, M.D., Chairman
Andrew C. Ruoff, M.D.
J. Mallory Carlisle, M.D.
William K. Harryman, M.D.
George Blackburne, M.D.
Watson B. Morris, M.D.
William G. Herrman, M.D.
A. Charles Zehnder, M.D.
Chester I. Ulmer, M.D.
Robert M. Grier, M.D.
Harrison B. Wilson, M.D.
Henry Haywood, M.D.

SECOND PUBLIC HEALTH UNIT IN THE UNITED STATES ESTABLISHED IN NEW JERSEY

15 Physicians at Beth Israel Hospital, Newark, Commissioned in Public Health Emergency Service

Fifteen physicians at Beth Israel Hospital received commissions in the second Public Health Service emergency hospital unit to be formed in the country. The physicians, men over 50 or those who were rejected for the armed services, will be activated as a military unit in case of air raid emergency or in case the flow of wounded from overseas overtaxes the regular Medical Corps staff.

The commissions were presented by I. Ellis Behrman, executive director of Beth Israel, at ceremonies in the hospital attended by Dr. Charles H. Schlichter, state chairman of Procurement and Assignment, and other dignitaries. Dr. Edwin Steiner, unit commanding officer, and Dr. Aaron Parsonnet received commissions as senior surgeons.

Also commissioned were: Surgeons A. E. Fink, M. James Fine, Louis J. Levinson, William Ehrlich, Sigmund Kaswiner, Edwin A. Seidman and Max Kummel and Passed Assistant Surgeons Oscar Rosenthal, Emanuel Klosk, Arthur Bernstein, Leonard S. Greenfield, Ralph Miller and Isaac Gelber.

Speakers, besides Dr. Schlichter, included Harry Sullivan, state deputy defense administrator; Dr. James H. Lowrey, president of the staff at City Hospital, who is forming a similar unit there, and Dr. Leopold Szerlip, head of the medical staff at Beth Israel.

SUPPLEMENTARY LIST OF MEMBERS, NO. 5

The figures in parentheses refer to County Societies as follows: (1) Atlantic, (2) Bergen, (3) Burlington, (4) Camden, (5) Cape May, (6) Cumberland, (7) Essex, (8) Gloucester, (9) Hudson, (10) Hunterdon, (11) Mercer, (12) Middlesex, (13) Monmouth, (14) Morris, (15) Ocean, (16) Passaic, (17) Salem, (18) Somerset, (19) Sussex, (20) Union, (21) Warren.

Benz, Frederick J., In Service (14)
Chase, Kalman, Jr., 80 Sheridan av., Hohokus (2)
Cuono, Joseph D., In Service (2)
Guidice, Vincent W., Waldwick (2)
Hughes, James W., Jr., In Service (1)
Kilts, Winfield S., 966 Garrison av., Teaneck (2)
Loori, William A., 549 Pavonia av., Jersey City (9)
Marrella, Louis F., In Service (9)
McMurtie, Wm. A., 20 Franklin st., Morristown (21)
Pollock, Samuel L., In Service (14)
Spiegelglass, Abraham B., 417 Main st., Hackens'k (2)

SIXTH YEAR MOLARS

STATE DEPARTMENT OF HEALTH, TRENTON

Dental disease among school age children, with an appeal to save the six-year molars, was stressed in an open letter by the State Department of Health recently.

Addressing physicians, dentists and nurses, Dr. J. Lynn Mahaffey, State Health Director, said:

"Your help is needed to solve an urgent health problem—dental disease among our school age children.

"Careful dental surveys indicate that more than 90 per cent of the dental defects found in children under 16 occur in first permanent molars (the sixth year molars). Moreover, nearly all the permanent teeth extracted during elementary and high school ages are first permanent molars.

"In order to learn the causes for the wholesale loss of this important tooth, the Dental Health Bureau of our Department investigated dental conditions among six-year children (the age when the first permanent molar erupts). Were these children obtaining preventive dental treatment during their first school year?

"Emphatically the answer proved to be no! In one community, among six-year-olds, for every 300 permanent teeth needing filling only *one* was filled. Even in a more prosperous school district, among six-year children only one filling was found for every four permanent teeth requiring filling.

"Obviously if the first permanent molars of our children are to be saved, early treatment —when cavities are small—must be provided.

Because so many of these cavities begin during the sixth year we are sending this urgent appeal to you. We urge physicians and nurses to inform parents of six-year children that neglect of dental care at the 'school entrance' age is particularly dangerous.

"We realize that the dentists of this State are patriotically stressing the dental need of war workers, but in the interests of future public health it is suggested that the teeth of all six-year children be examined and treated promptly. As is well known, neglecting the enamel defects at six may lead to subsequent loss of sixth year molars."

STATE BOARD OF MEDICAL EXAMINERS

E. S. Hallinger, M.D., F.A.C.S., Secretary

Following is a report of the Board's activities in enforcing the Medical Practice Act since our last report:

December 10, 1942, Thomas A. Johnston of Paterson pleaded guilty before Judge Hinchcliffe of the First District Court of Paterson to a charge of practicing medicine without a license. Johnston called himself an orthopedist and gave electric treatments, medicine and manipulative treatments. He claimed all physical ailments could be cured by treating the feet and legs.

February 3, 1943, Max J. Platt, D.O., and Morton August Carlin of Newark pleaded guilty before Judge MacMahon of the First District Court of Newark. Platt, who is a licensed osteopath and holds a full license to practice medicine and surgery, pleaded guilty to charges of practicing under a false or assumed name, impersonating another practitioner of a like or different name and assisting an unlicensed person to practice. Carlin pleaded guilty to a charge of practicing medicine without a license. Both men were practicing medicine in the office of the late Clayton Chester Ferguson, M.D., who died in 1938. At times Platt represented himself as Dr. Ferguson and at other times as Dr. Max. He displayed the signs and diplomas of the late Dr. Ferguson. At no place on the premises did his own name appear.

February 16, 1943, Joseph and Sidney Grossman of Perth Amboy, unlicensed chiropractors, paid penalties for practicing medicine without a license. They used a neurocalometer and gave chiropractic adjustments.

February 17, 1943, Philip H. Simon, M.D., of Passaic was given a hearing before the Board in the matter of the revocation or suspension of his license to practice medicine and surgery on a charge of conviction of a violation of the Harrison Narcotic Act. The case was dismissed.

February 17, 1943, the license to practice midwifery of Elvira Rooney Gaeta of Fairlawn was revoked by the Board on a charge of conviction of the crime of criminal abortion.

March 10, 1943, Abraham C. Balfour of Englewood paid a penalty for practicing medicine without a license. This was a second offense. Balfour had a large place where he extracted vegetable and fruit juices, bottled them in over a hundred different combinations and prescribed them for various ailments. He also ordered diets.

March 10, 1943, Clarence W. Weiant of Cresskill, an unlicensed chiropractor, paid a penalty for practicing medicine without a license.

March 10, 1943, Ignatius Sommer, M.D., of Perth Amboy paid a penalty for practicing medicine without a license. Dr. Sommer is licensed to practice in the State of New York and gave ear, nose and throat treatments.

March 18, 1943, Frank Vermeulen of Paterson, an unlicensed chiropractor, was tried before Judge Hinchcliffe of the First District Court of Paterson and found guilty of practicing medicine without a license. He gave chiropractic adjustments, used an electric vibrator and ordered diets and enemas.

April 7, 1943, Josef Hoffmann of Paterson, a laboratory technician, paid a penalty for practicing medicine without a license. He made various blood tests, did metabolism tests and gave injections, chiefly for arthritis.

April 28, 1943, William J. Lenox of Elizabeth, an unlicensed chiropractor, was tried before Judge Sauer of the First District Court of Elizabeth and found guilty of practicing medicine without a license.

May 7, 1943, Leiba M. Avstreih of Newark, a registered pharmacist, paid a penalty for practicing medicine without a license.

May 7, 1943, John Michael Amore of Phillipsburg paid a penalty for practicing medicine without a license. He attended a medical college that is not approved by the Board and cannot qualify for a license.

June 3, 1943, Starr G. Holly of Glen Rock, pleaded guilty in the First District Court of Englewood to a charge of practicing medicine without a license. Holly gave chiropractic adjustments, manipulated all parts of the body and ordered diets and enemas.

June 10, 1943, William D. Taylor of East Orange, an unlicensed chiropractor and naturopath, paid a penalty for practicing medicine without a license. He gave electric treatments, adjustments and ordered enemas.

June 10, 1943, Filomena Mansolillo of West New York paid a penalty for practicing medicine without a license. She gave vapor cabinet baths, electric treatments and massage.

June 10, 1943, James A. Mackey of Trenton, an unlicensed chiropractor, paid a penalty for practic-

ing medicine without a license. This was a second offense. Mackey took blood counts, ordered anabolic food capsules and gave chiropractic adjustments.

June 10, 1943, Earl E. Kailey of Trenton, an unlicensed chiropractor, paid a penalty for practicing medicine without a license. This was a second offense. He took x-rays and gave chiropractic adjustments.

June 10, 1943, Gertrude Hamilton of Paterson, an unlicensed chiropractor, paid a penalty for practicing medicine without a license. She gave adjustments, electric treatments and herbs.

June 10, 1943, Mary Goble of Jersey City, an unlicensed chiropractor, paid a penalty for practicing medicine without a license. Mrs. Goble gave chiropractic adjustments, electric treatments and ordered enemas.

June 10, 1943, William J. Dubler, M.D., of Camden paid a penalty for practicing medicine without a license. Dr. Dubler's license to practice medicine and surgery was indefinitely suspended by the Board on January 21, 1942, for advertising fraudulently.

June 10, 1943, Randal J. Brown of Trenton, a registered pharmacist, paid a penalty for practicing medicine without a license. This was the seventh case against Brown.

June 10, 1943, Aaron Auerbach of Newark, clerk in a drug store, paid a penalty for practicing medicine without a license.

June 11, 1943, Samuel S. Rubin of Plainfield, a registered pharmacist, pleaded guilty to a charge of practicing medicine without a license and paid the penalty.

June 14, 1943, John C. Keir of Elizabeth, a physiotherapist, pleaded guilty to a charge of practicing medicine without a license and paid the penalty.

June 15, 1943, George H. Earp-Thomas of Bloomfield was tried before Judge MacMahon of the First District Court of Newark and found guilty of practicing medicine without a license. He prescribed cultures and minerals, prepared in his own laboratory, for various ailments.

June 24, 1943, Archibald Anderson, also known as Arthur G. Anderson, an unlicensed chiropractor of Passaic, pleaded guilty to a charge of practicing medicine without a license before Judge Hinchcliffe of the First District Court of Paterson, and paid the penalty.

August 14, 1943, Charles Schaefer of Oaklyn paid a penalty to the Clerk of the District Court of Camden for practicing medicine without a license. Schaefer practiced laying-on-of-hands. This was the tenth case against him.

WITH NEW JERSEY MEDICAL AUTHORS

It is requested that any New Jersey physician who publishes an article outside the state, notify the Editorial Office in Trenton, giving the title of the paper and the name of the periodical, as well as the month, date, volume and page number. It would also be helpful to this office if members would notify us of articles published by their colleagues.

BOOG, JANET M.—see Chesley, Leon C.

CHESLEY, LEON C., Ph.D., and JANET M. BOOG (Jersey City)
Changes in extracellular water at delivery and in the puerperium. Surg. Gynec. & Obst. 77: 261-270, Sept. 1943.

CONLEY, JOHN J.—see Sommer, George N. J., Jr.

CRUNDEN, ALLEN B.—see Waters, Edward G.

DEAR, ABRAHAM L. (Newark)
Endotracheal anesthesia. Bull. Am. Assoc. Nurse Anesthetists XI (3): 128-138, 1943.

DUNLAP, HAROLD J.—see Sommer, George N. J., Jr.

FOSTER, JACKSON W., and H. BOYD WOODRUFF (Merck & Co., Rahway)
Microbiological aspects of penicillin. J. Bact. 46: 187-202, Aug. 1943.

FOWLER, ROYAL H. (Newark)
External trauma and peptic ulcer. Indust. Med. 12: 614-632, Sept. 1943.

GOLDSTEIN, HYMAN I. (Camden)
Chase-Lain-Goldstein syndrome — Galvanic batteries in the human mouth. Rev. Gastroenterol. 10: 206-212, July-Aug. 1943.

GUIDOTTI, FRANK P., Maj. (M.C.) U.S.A. (New York) —with Paul W. Lapidus, M.D., F.A.C.S., and C. J. Coletti, Capt. (M.C.) U.S.A.
Triphalangeal thumb; report of 6 cases. Surg., Gynec. & Obst. 77 (2): 178-186, Aug. 1943.

PEER, LYNDON A. (Newark)
Diced cartilage grafts; new method for repair of skull defects, mastoid fistula and other deformities. Arch. Otolaryng. 38: 156-165, Aug. 1943.

RADOS, ANDREW (Newark)
Blood cholinesterase values of patients with glaucoma. Arch. Ophthal. 30: 371-375, Sept. 1943.

SANTORA, PHILIP J. (Newark)
Spontaneous internal biliary fistula and intestinal obstruction due to gallstones. Radiology 41: 74, July 1943.

SOMMER, GEORGE N. J., JR., Maj. (M.C.); CAPT. JOHN J. CONLEY (M.C.) and MAJ. HAROLD J. DUNLAP (M.C.) (Tilton General Hospital, Fort Dix)
Cervical lesions of branchial origin. Am. J. Surg. 61: 266-270, Aug. 1943.

SPENCER, JAMES H., JR. (Franklin)
Management of acute suppurative appendicitis in the small rural hospital; report of 100 consecutive cases. Am. J. Surg. 61: 249-258, Aug. 1943.

STEIN, GEORGE H., Capt. (M.C.) (Sioux Falls, S. D.) —with Lt. N. H. Gladstone (M.C.) and Lt. Frederick C. Lowry (M.C.)

The Pellegrini-Stieda syndrome. Mil. Surgeon 93 (2): 167-172, Aug. 1943.

Waters, Edward G. and Allen B. Crunden (Jersey City)

Hydatidiform mole in a twin pregnancy, with a premature living infant. Am. J. Obst. & Gynec. 46: 299-301, Aug. 1943.

Woodruff, H. Boyd—see Foster, Jackson W.

OBITUARIES

DR. EDWARD T. CARBERRY

Dr. Edward T. Carberry, head of the maternity service of Dover General Hospital, died in his office in Wharton on September 20 of a heart attack.

Dr. Carberry was born in Wharton in 1897 and was graduated from New York Medical College and Flower Hospital, New York, in 1923. He was a veteran of World War I and a member of the Morris County Medical Society, The Medical Society of New Jersey, the American Medical Association and local fraternal organizations. Dr. Carberry had been president of the Wharton Board of Health for several years.

DR. LOUIS L. DAVIDSON

Dr. Louis L. Davidson, a Newark physician for more than 40 years, died on August 28 at Beth Israel Hospital after ten days' illness.

Dr. Davidson was born in Rumania in 1880 and was brought to this country by his parents when he was a year old. He graduated from the University of Vermont College of Medicine in 1902 and completed a post-graduate course at Cornell University Medical College in 1903. He began his medical practice in Newark the same year, and specialized in urology.

Dr. Davidson also studied law and in 1909 was admitted to the New Jersey bar, after receiving a bachelor of laws degree from New Jersey Law School.

Dr. Davidson was a member of the Essex County Medical Society, The Medical Society of New Jersey, the American Medical Association, several local organizations and was a director of Lincoln National Bank.

Dr. Davidson is survived by two sons, Capt. Henry A., psychiatrist and Editor of *The Journal* of The Medical Society of New Jersey, now serving with the Army Medical Corps in Australia, and Cpl. Gordon I., Newark attorney, now on leave from North Africa.

DR. KENNETH P. HENDERSON

Dr. Kenneth P. Henderson, 34, of Pleasantville, died on September 10 from complications which developed following an appendectomy.

Dr. Henderson was born in Bridgeton in 1909. He was graduated from Temple University Medical School in 1933. Following his interneship in the Atlantic City Hospital he practiced medicine in Atlantic City, being associated with Dr. Charles H. deT. Shivers, and later moved to Pleasantville. Dr. Henderson was a member of the Atlantic County Medical Society, The Medical Society of New Jersey and the American Medical Association.

DR. F. ELMORE HUBBARD

Dr. F. Elmore Hubbard, 66, of Montclair, chairman of the medical board of Mountainside Hospital and well-known anesthetist, died in his sleep on September 21. He had been under a physician's care for a heart ailment for the past several years, but had continued his medical work until his death. Dr. Hubbard had practiced in Montclair and served on the staff of the Mountainside Hospital since 1910.

Dr. Hubbard was born in Springfield, Vt., and completed his academic and medical studies at the University of Vermont in 1906. He took special courses in anesthesia at Toledo, Ohio, and other Western centers.

Dr. Hubbard was a past president of the American Society of Anesthetists. He was a member of the Essex County Medical Society, The Medical Society of New Jersey, the American Medical Association, the Orange Clinical Society and was a past president of the Associated Physicians of Montclair and Vicinity.

DR. GEORGE P. PITKIN

Dr. George P. Pitkin, 58, surgeon, real estate operator, financier and inventor of spinal anesthesia, died of double pneumonia on September 3 in Holy Name Hospital, Teaneck, where he was chief surgeon. He had been a patient in the hospital for a week, after suffering a ruptured appendix while performing an operation.

Dr. Pitkin, who resided in Bergenfield, was graduated from the Albany Medical College in 1908. Besides inventing Spinocaine for spinal anesthesia, he also invented the Pitkin San-a-Lok syringe for continuous local and spinal anesthesia and Pitkin Gelti-Retractor for operations. His latest book on block anesthesia is being published.

Dr. Pitkin was a member of the Bergen County Medical Society, The Medical Society of New Jersey and the American Medical Association.

DR. G. HERBERT TAYLOR

Dr. G. Herbert Taylor, one of New Jersey's leading orthopedic surgeons, died suddenly of a heart attack on August 25.

Dr. Taylor was born in Bloomfield in 1882 and had resided in Maplewood for the past 38 years. He was graduated from New York Medical College in 1904 and studied in Berlin for a year. Later he was associated with Flower Hospital, New York Orthopedic Hospital and Children's Hospital of Philadelphia. He had charge of the fracture divi-

sion of Orange Memorial Hospital for more than ten years and was secretary to the medical board of the hospital. He was attending surgeon on the staff of Morristown Memorial Hospital, consulting surgeon for East Orange General Hospital, and one of the first staff members of the New Jersey Orthopedic Hospital in Orange when it was founded several years ago.

Dr. Taylor was a member of Essex County Medical Society, Practitioners' Club, Orange Mountain Medical Society, New Jersey State Surgical Society, The Medical Society of New Jersey, American Board of Orthopedic Surgeons, the American Medical Association, and was a Fellow of the American College of Surgeons.

DR. DANIEL H. TELLMAN

Dr. Daniel H. Tellman of Passaic died of acute leukemia on August 26 at Memorial Hospital, New York City, following an illness of six weeks.

Dr. Tellman was born in 1903, was graduated from Columbia University Medical College in 1923, and had practiced in Passaic since 1926. He was a visiting physician at Beth Israel Hospital, serving as chief of obstetrics and gynecology, and was an associate in surgery, specializing in the same branches of practice, at New York City Hospital.

Dr. Tellman was a member of Passaic County Medical Society, The Medical Society of New Jersey and the American Medical Association.

DR. JOHN E. TOYE

Dr. John E. Toye, Kearny physician and orthopedic surgeon and head of the orthopedic department of the Newark Board of Education, died on September 17 at his home in Arlington.

Dr. Toye was born in Chelmsford, Mass., in 1876, and was graduated from Dartmouth Medical College in 1901.

Dr. Toye was a captain in the Army Medical Corps in the first World War, and after the war became an assistant orthopedic surgeon at the Hospital and Home for Crippled Children, Newark. He served in that position until 1922, when he was appointed attending orthopedic surgeon. Since 1938 he had served as chief orthopedic surgeon and chief of staff. He was attending surgeon at East Orange General Hospital from 1918 to 1928, and also orthopedic surgeon at St. Michael's Hospital, Hospital of St. Barnabas and for Women and Children and West Hudson Hospital, Kearny.

Dr. Toye was a fellow of the American College of Surgeons and a member of the Essex County Medical Society, the Academy of Medicine of Northern New Jersey, The Medical Society of New Jersey and the American Medical Association.

DR. JUAN A. VILLEGAS

Dr. Juan A. Villegas of Cliffside Park died of pneumonia on August 18. He was school physician for Cliffside School No. 3 and was a former police surgeon of Fairview.

Dr. Villegas was born in Neira, Colombia, S. A., in 1902, and came to the United States 25 years ago. He was graduated from Jefferson Medical College in 1929.

Dr. Villegas was a former member of the Bergen County Medical Society and The Medical Society of New Jersey.

DR. RALPH D. VREELAND

Dr. Ralph D. Vreeland, diagnostician, died on August 23 at his home in Glen Ridge. Six years after his exposure to powerful x-rays, their disintegrating influence affected two fingers of his right hand. The malady spread to his hand and arm and later to his heart. Three hundred leading x-ray experts took an interest in his case but could find no method to arrest the disease.

Dr. Vreeland was born in 1883 in Paterson, a member of the Doremus family, among the first Holland Dutch settlers in that city. He was graduated from Columbia University Medical School in 1906. From 1924 to 1941 Dr. Vreeland was medical director of L. Bamberger & Co.

Dr. Vreeland, a veteran of World War I, was a member of the Essex County Medical Society, Industrial Physicians Society, The Medical Society of New Jersey and the American Medical Association.

DECEASED PHYSICIANS — NEW JERSEY

Name	Age	Date of Death	Place of Death	Residence	Cause of Death
Douglas A. Cater	73	July 13, 1943	East Orange	Same	Coronary thrombosis. Arterio sclerosis.
Louis L. Davidson	61	Aug. 28, 1943	Newark	Same	Cerebral hemorrhage. Hypertension.
Theophilus Madden	67	June 29, 1943	Mt. Holly	Coll'gsw'd	Coronary thrombosis. Arterio sclerotic heart disease.
Emery Singer	57	Aug. 23, 1943	Perth Amboy	Avenel	Acute heart failure. Coronary thrombosis.

WOMAN'S AUXILIARY

PRESIDENT'S MESSAGE

Mrs. Asher Yaguda

This year medical legislation takes on a new meaning. At meetings in past years we have been privileged to hear many excellent summaries of legislative bills awaiting enactment. It is a memory early in Auxiliary experience to have heard with amazement presentations of medical bills made in such a scholarly manner that one was left with the impression that doctors' wives certainly get around. A great deal of research had gone into the preparation of these summaries for Auxiliary membership consumption. Many of our members are active in women's groups which are concerned with all legislation. This fortunate number have a complete comprehension of political language and its interpretation. Others of us not so well informed frequently miss the real import of legislative wording.

Now we have the Wagner bill which has been introduced in the Senate and the House and is awaiting action. This bill, if enacted, will put the federal government in virtual control of the practice of medicine. As doctors' families we cannot afford to adopt an "ostrich head in the sand" attitude to this revolutionary proposal. Just as the practice of medicine would be changed, so would our lives as physicians' wives be changed. Many legislative bills have been defeated and others caused to be modified by concerted action of specific groups.

We have been organized for seventeen years and now is the time to test our strength. We have the numbers and the contacts to make our presence felt in combating the passage of this bill as it stands. It is important that we be correctly informed as to the true interpretation of the Wagner bill before we go out to speak about it among our friends and associates. Now is the time for true legislative education of our own members. Our state legislative chairman has suggested that each county, early in the business year (this bill will probably be put to vote the first part of next year), hold a meeting entirely devoted to legislative matters with particular emphasis on the Wagner bill. It is hoped that this suggestion will be followed by the individual county Auxiliaries.

THE NEW JERSEY HOSPITAL VOLUNTEER CORPS

Mrs. S. Bernard Kaplan, Chairman, War Participation Committee

With the coöperation of the Office of Civilian Defense, the American Red Cross and Hospital Council, Inc., preliminary arrangements have been completed by the Woman's Auxiliary to The Medical Society of New Jersey for the coördination of the recruitment of hospital volunteer workers. This will include in addition to recruitment, placing and some training. This plan is to be known as the New Jersey Hospital Volunteer Corps, and has been endorsed by the New Jersey Hospital Association.

The essence of the plan is:

Recruitment. Wherever possible, all recruiting will be centralized in the Office of Civilian Defense. Appeals for workers will be made through Community War Services Divisions of local defense councils, newspapers and other media. All volunteers will apply at their local Offices of Civilian Defense, where first they will be screened as to background and aptitude. They then will be referred to hospitals of their choice or to hospitals which can utilize their services to the best advantage. Volunteers will be referred only to hospitals desiring to participate.

Placement. After the volunteer is referred to a hospital, it is planned to have a worker at the hospital at all times to interview and refer the volunteer to the proper department or person. It is hoped that this will circumvent one of the most common complaints of volunteers. It must be emphasized here that in no way is it desired to cross lines with any existing hospital volunteer or aide organization. The work of the Woman's Auxiliary, through their War Participation Committee, shall confine itself to the liaison posts of the existing

agencies participating in this plan, and to the assistance of hospitals where no volunteer services or auxiliaries are set up.

Training. One of the most important phases of volunteer work is proper training. In addition to the valuable training courses already operated by the American Red Cross, it is planned to establish a training program conducted by the Woman's Auxiliary and by the participating hospitals. In some instances volunteers will be centrally trained, and upon completion of training courses, will be referred to hospitals immediately. This will include the training of both men and women for volunteer work as switchboard and elevator operators, orderlies, dietary and housekeeping assistants, ambulance drivers, etc.

It is hoped that all members of the Auxiliary will actively participate in the success of this plan; and, when called upon by their local Chairman of War Participation, give aid wherever necessary.

AUXILIARY EVENTS — PAST AND PRESENT

Essex—An Executive Board meeting was held at The Academy of Medicine, Monday, September 27. Mrs. Harry Comando, President, presided. On Monday, October 25, at 1:00 p. m., the annual Fall Luncheon of the Auxiliary to the Essex County Medical Society will be held at the Academy of Medicine. The guests of the day are Mrs. Asher Yaguda, President of the Woman's Auxiliary to The Medical Society of New Jersey; Dr. John W. Gray, President of the Academy of Medicine, and Dr. J. Wallace Hurff, President of the Essex County Medical Society.

Hudson—The first meeting of the Woman's Auxiliary to the Hudson County Medical Society took place October 4 at the Y. W. C. A., 240 Fairmount Avenue, Jersey City. A Cafeteria Luncheon was served at one o'clock. At two there was a business meeting followed by a social hour. The President, Mrs. S. G. Scott, presided.

Middlesex—The first meeting of the Woman's Auxiliary to the Middlesex County Medical Society will take place Wednesday, October 20, at the home of the President, Mrs. Robert B. Walker, 29 Adelaide Avenue, Highland Park, at 8:30 p. m. Moving pictures are planned.

EXECUTIVE BOARD MEETING

The Executive Board of the Woman's Auxiliary to The Medical Society of New Jersey will hold its first fall meeting and luncheon at 10:30 a. m., Monday, October 11, at the Essex House, Newark. At this time all Chairmen will present written reports on the work of their committees, and all County Presidents will report on their plans for the year. Following this, Mrs. Asher Yaguda, President of the Woman's Auxiliary to The Medical Society of New Jersey, will outline the programs to be undertaken by the State Auxiliary this year.

The meeting will be open to all members from all counties, and all are urged to come and bring other members as guests.

BOOKS RECEIVED FOR REVIEW

ORAL DIAGNOSIS WITH SUGGESTIONS FOR TREATMENT. By Kurt H. Thoma, D.M.D. With contributions by Fred Trevor, D.M.D.; Henry Goldman, D.M.D., and David Weisberger, D.M.D. 2d ed. Pp. 495, with 666 illustrations, 63 in color. Philadelphia, W. B. Saunders Company. 1943. $6.75.

NERVOUSNESS, INDIGESTION AND PAIN. By Walter C. Alvarez, M.D. Pp. 488. New York, Paul B. Hoeber, Inc., Medical Book Department of Harper & Bros. 1943. $5.00.

MIND OF THE INJURED MAN. By Joseph L. Fetterman, M.A., M.D. Pp. 260. Chicago, Industrial Medicine Book Company. 1943. $4.00.

BOOK REVIEWS

Handbook on Diseases of Children, Including Dietetics and the Common Fevers. By Bruce Williamson, M.D., F.R.C.P. 3d ed. Pp. 364. Baltimore, A William Wood Book. The Williams & Wilkins Company. 1942. $4.50.

The third edition of this handbook of diseases presents again in compact, readable form a wealth of pediatric information. The text has been thoroughly revised and several new illustrations have been added, notably those in color presenting the rashes of the more common contagious fevers. It is unfortunate the same illustration is used to illustrate two different conditions.

The latest innovations in drug therapy are briefly outlined although but scant mention is made of the newer compounds. The appearance of a new edition is most opportune since much of the pediatric teaching and methods have been radically altered.

W. L. MITCHELL, JR., M.D.

Psychosomatic Medicine; the clinical application of psychopathology to general medical problems. By Edward Weiss, M.D., and O. Spurgeon English, M.D. Pp. 687. Philadelphia, W. B. Saunders Company. 1943. $8.00.

This is a volume of 687 pages, dealing with the Clinical Application of Psychopathology to General Medical Problems. It is the outcome of the association of two physicians, an internist and a psychiatrist, the authors of this book, who had adopted the psychosomatic conference method of teaching senior medical students.

It is based upon the biologically oriented psychology of Freud and his followers.

Of the 23 chapters, the first two and the last four deal with the generalities of psychosomatic medicine, personality development and psychopathology, the general principles of psychotherapy, "normal" problems in psychotherapy, special therapeutic procedures, and training in psychosomatic medicine.

Briefly, the prevalent idea is the bringing together of the facts of general medicine, psychoanalysis and psychiatry for the diagnosis and treatment of sick persons who seek the services of the physician.

The authors have succeeded in presenting a wealth of material in these directions, which should be very valuable to every physician.

"Psychosomatic medicine", which we assume is a correlated physical and mental approach in the treatment of the sick, has been coming more and more into the foreground. In many diseases, emotional and physical components of diseases are inextricably mingled. Unfortunately psychiatry and psychoanalysis cannot discover the link between the emotional or mental disturbances and the physical disorders.

The products of the medical press along this line have to be scrutinized by fundamental facts of psychic and somatic relationships, as far as they are known to us. So far the advances made by neurophysiology do not afford us any more definite knowledge of the basis of conditions, such as "anxiety".

The gap which separates psychiatry and physiology is due to the fact, as Sherrington has stated it, that "the mental is not examinable as a form of energy". The book is a good one to read and to study. It will serve to orientate the general practitioner and the specialist regarding the necessity of considering the sick person as a whole and not as an individual attached to a diseased organ or system.

We are indebted to the authors for a valuable contribution in the field of medicine.

C. C. BELING, M.D.

Obstetrical Practice. By Alfred C. Beck, M.D. 3d ed. Pp. 938. Baltimore, Williams & Wilkins Company. 1942. $7.00.

Essentially a text book for the medical student in his study of obstetrics, this greatly improved third edition is of value to the specialist and general practitioner who also does obstetrics. The highlighting of important subject matter by heavy typing is a most excellent feature. The original drawings and diagrams are well done, and in such profusion as to make clear, beyond any question, the accompanying text.

The newer concepts of the physiology of menstruation and pregnancy, with the application of our knowledge of the endocrines as they may be applied in the treatment of abnormal states, is excellently presented, and what is most to be desired, in a concise manner. The section on operative obstetrics has been extended advantageously.

This is an excellent book and one which can be highly recommended.

NORMAN J. QUINN, M.D.

Nutrition and Diet in Health and Disease. By James S. McLester. 4th ed. Pp. 849. Philadelphia, W. B. Saunders Company. 1943. $8.00.

Just another book on nutrition so far as the practicing physician is concerned. Dr. McLester, an outstanding authority and pioneer in the field of nutrition, failed to bring to the doctor a practical understanding and application of the principles of nutrition in everyday practice. However, as a text book for college students, it may well be accepted since much is devoted to the physiological and metabolic processes of man and his foods.

Considerable advancement and progress has been made in the field of nutrition in the last few years. Unfortunately, many of the important chapters are treated with brevity and do not receive an adequate explanation befitting their importance. Tables and graphs are copied from other authors and have not been brought up-to-date. One gets the impression that these tables with numerous menus and recipes were included to make 850 pages in a book which could have been written in 400 pages.

The chapters on vitamins, minerals and water are brought up-to-date and are briefly described. The past few years have witnessed rapid progress on diet and old age, yet the author covers the whole subject in two pages. The chapters on deficiency diseases and diabetes mellitus are good. The author proves to be at his best and succeeds in giving a broad view of these subjects. The section on obesity and leanness is well treated. However, the author omitted to explain the use of sympathetic stimulants (amphetamine, proprodine, etc.) which are being used universally by physicians in the treatment of obesity. Food poisoning and allergy are briefly but well described. In diseases of the kidney and digestive organs, the author succeeded in bringing forth a broad and comprehensive viewpoint of the subjects. The chapter on febrile diseases are sugar-coated with recipes. More data should have been given on diseases of the skin from a nutritional point of view. That part of the book written by Dr. Robert S. Goodhart on *Nutrition in Industry* is timely.

The book, on the whole, is valuable to a college student who is desirous of obtaining a didactic viewpoint and a comprehensive bibliography dealing with nutrition. If the book had been written in a more practical manner, it would have enhanced its value as a useful reference to the average practicing physician.

S. WILLIAM KALB, M.D.

Your Arthritis: What You Can Do About It. By Alfred E. Phelps, M.D. With an introduction by R. Garfield Snyder, M.D., illustrations by James Macdonald. Pp. 192. New York, William Morrow and Company. 1943. $2.00.

Some good handbooks for the instruction of the laity have appeared recently and are filling a great need. Among them may be numbered this little book on arthritis which contains specific and trustworthy information for people suffering from the disease, on how to help care for themselves. It is hoped physicians will recommend it to the patients.

M. V. N.

Gynecology, with a Section on Female Urology. By Lawrence R. Wharton, Ph.B., M.D. Pp. 1006 with 444 illustrations. Philadelphia, W. B. Saunders Company. 1943. $10.00.

The author has presented a book on gynecology with a section on female urology that is worthy of the attention and study of the student and general practitioner as well as the specialist. The inclusion of the section on female urology in the volume is a convenient and helpful addition since the urinary organs and their diseases are so closely associated with the reproductive organs.

The book is clearly and concisely written with attention directed to medical as well as surgical treatment. Preventive treatment, chemotherapy and endocrinology receive appropriate attention. The text is interspersed with illustrations, many of which are helpful and not found in other volumes of similar scope. Altogether, this is a satisfactory book to have in one's library.

GEORGE KNAUER, M.D.

A Guide to Practical Nutrition; A Series of Articles on Nutrition, Sponsored by the Committee on Nutrition and Deficiency Diseases of the Philadelphia County Medical Society. Edited for the Committee by Michael G. Wohl, M.D., and John H. Willard, M.D. Reprinted from Philadelphia Medicine, 1941-1942. Philadelphia, The Philadelphia County Medical Society. 1943.

The average practicing physician, medical student or nurse who is seeking quick and practical information on this subject will find this to be a handy reference. The subjects of deficiency diseases, carbohydrates, fat metabolism, minerals, nutrition in everyday diets, diet in pregnancy, nutrition in childhood, nutrition in old age, vitamin deficiencies, dental diseases, war and public health, vitamin and mineral requirement charts, and tables of food composition are adequately covered in a short and concise manner.

S. WILLIAM KALB, M.D.

Pain Mechanisms: A Physiologic Interpretation of Causalgia and Its Related States. By W. K. Livingston, Lieut. Comdr. M.C., U.S.N.R. Pp. 253. New York, Macmillan Company. 1943. $3.75.

For many years Dr. Livingston has been interested in pain and has been one of the chief proponents of the use of procaine injected in various locations along the sensory pathways. He has now correlated his previous publications in the literature and, with additional remarks, has given us a book on pain mechanisms.

The entire concept of pain from both physiological and psychological angles is intensely interesting and sometimes confused. The treatment of intractable causalgias is very difficult and at times discouraging. Dr. Livingston's approach to the subject is logical as is his plea for early therapy. His theory of multifidus triangle pain in low back disorders is interesting and deserves attention although one may not entirely agree. The reviewer has formed the impression that very little is generally known regarding referred pain of somatic

and sympathetic type and would therefore recommend a thorough study of this work on pain mechanisms to the general practitioner and the specialist alike, with particular attention to the said mechanisms and methods interrupting pain reflexes.

C. Abbott Beling, M.D.

New and Nonofficial Remedies, 1943. Containing descriptions of the articles which stand accepted by the Council on Pharmacy and Chemistry of the American Medical Association on Jan. 1, 1943. Cloth. Price, postpaid, $1.50. Pp. 772. Chicago: American Medical Association, 1943.

The current volume of New and Nonofficial Remedies continues, with minor improvements, the convenient and informative system of classification adopted for the 1942 volume. The terminology of the official drugs has been revised to conform to the U. S. P. XII and the N. F. VII. One notes that the valuable bibliographic index now appears on white instead of "India Tint" paper, a wartime necessity no doubt. This index appears before the general index which is now more properly placed at the end of the book. To one accustomed to the old format of New and Nonofficial Remedies the new arrangement appears at first somewhat awkward but with a little use the wisdom and convenience of the changes becomes more and more apparent.

Textual changes and revisions do not appear to be as numerous as in some previous editions. The chapter, Digitalis and Digitalis-like Principles and Preparations, has been extensively and somewhat radically revised to keep pace with the changing attitude toward this drug. It is understood that in this revision the Council had the aid of the foremost digitalis authorities, pharmacologists and clinicians alike. Other revisions have been made obviously to keep the book up to date with medical knowledge. To cite a specific revision indicating the increasing skepticism of the Council concerning a drug, it is interesting to contrast the following sentence in the 1942 general article on Chaulmoogra Derivatives, "The therapeutic properties of chaulmoogra oil appear to be due to these optically active unsaturated fatty acids of the chau'moogric series." which in the 1943 edition reads, "Any therapeutic properties chaulmoogra oil may possess would appear to be due to these optically active unsaturated fatty acids of the chaulmoogric series."

No such spectacular new additions as the appearance in a previous volume of the sulfonamides is to be noted. Among the more noteworthy of the new additions are Nikethamide, the central nervous system stimulant which was first introduced as Coramine; Diethylstilbestrol, the synthetic estrogen; Trichinella Extract for the diagnosis of trichinosis; and Zephiran Chloride, a mixture of alkyl dimethyl benzyl ammonium chlorides, an interesting new anti-infective agent.

No one can examine the successive volumes of New and Nonofficial Remedies without increasing his profound respect for the faithful and unselfish work of the Council on Pharmacy and Chemistry in the cause of rational therapeutics. Each volume represents a progressive milestone on the road of medical science.

Reports of the Council on Pharmacy and Chemistry. Issued under the direction and supervision of the Council on Pharmacy and Chemistry of the American Medical Association. Cloth. Price, $1.00. Pp. 207. Chicago: American Medical Association, 1943.

Through the years the size of this volume has grown with the increased work of the Council on Pharmacy and Chemistry until the present edition has the same number of pages as the book published in 1908, which covered the Council's first four years of activity. Some of the functions of this group are well known, but a more thorough understanding of the Council's scope may be gained from the annual reprint. This volume epitomizes that phase of the Council's work which may be said to be collateral to the "acceptance" of drugs,—the informative consideration of current medical problems in the interest of rational therapeutics. It contains reports of studies by private investigators which were originally published in The Journal under the sponsorship of the Council such as preliminary discussions of new developments in therapeutics and timely articles on the status of recognized agents as well as reports of omission or rejection of products from New and Nonofficial Remedies. It also offers a record of current decisions on matters of Council policy.

Several of the reports are of particular interest for various branches of medical science: the use of bulk ether in anesthesia, the absorption of surgical gut (catgut), the higher types of antipneumococcus rabbit serum, the surgical and medical treatment of animals with experimental hypertension and the status of racemic epinephrine solutions for oral administration. The reports in this small, compact volume represent expert medical consensus and are proffered to aid in the consideration of the value of therapeutic agents.

A Venture in Public Health Integration. The 1941 Health Education Conference of the New York Academy of Medicine. Pp. 56. New York, Columbia University Press. 1942. $1.00.

The New York Academy of Medicine is noted for the firm stand it takes in upholding the best ethical standards for medical practice, and for being in the forefront on current health topics. This book of addresses is another instance of the Academy's splendid contribution toward better health for all. Of particular note is the opinion advanced that increased health, adding years to life, carries with it the responsibility of making the added years useful years, by keeping patients not only alive but active and able to uphold their end of life.

These are interesting, timely, and thought-producing lectures.

M. V. N.

Tuberculosis Abstracts

A Review for Physicians

ISSUED MONTHLY BY THE NATIONAL TUBERCULOSIS ASSOCIATION

Vol. XVI **October, 1943** **No. 10**

"THERE is great satisfaction to the physician, and great benefit to the community, in having made an early diagnosis and instituted treatment in a case of tuberculosis, and having perhaps found a second case among the family contacts." So says Dr. Sartwell in his thoughtful article discussing the opportunity confronting the private practitioner as a result of the growing popular mass chest X-ray surveys of American men and women. The danger inherent in purely roentgenographic diagnoses is stressed, but primary emphasis is rightly laid upon the painstaking follow-up and supervision the family doctor owes to every patient about whose lungs the X-ray has raised even a suggestion of doubt.

THE FAMILY PHYSICIAN HOLDS THE ACE CARD

Increasingly, family physicians may expect to see numbers of men and women who have been told that they have tuberculosis and referred to their own doctors for advice, treatment or further study.

These cases are the product of widespread and ambitious programs of mass chest X-raying in Army and Navy inductions, in industrial plants, in college and among other groups. In Massachusetts the Army alone has rejected for military service more than 2,000 men because of actual or suspected pulmonary tuberculosis.

A system has been set up in Massachusetts that works very well and that has its counterpart, with various modifications, in many areas of the United States. The names and addresses of rejectees are forwarded from the examining station to the Department of Public Health. The state district health officer, working through the local board of health, pursues a follow-up that attempts to secure answers to important questions on each such rejectee.

> Has the patient been X-rayed again? If so, by whom? What were the findings? Was the diagnosis of tuberculosis confirmed? If so, has the case been reported? What further study or treatment has been recommended, and is it being carried out? If the diagnosis was confirmed, how many household contacts have been X-rayed and what are the names of any found to have tuberculosis?

In the case of industrial surveys, with the patient's coöperation a roentgenographic report is sent by the Department of Public Health to the designated family physician. Only in instances where the patient says he has no regular physician or does not intend to consult one is attendance at a tuberculosis clinic suggested as an alternative to private care.

Cases reaching the doctor through these channels of reference fall into several groups:

1. *Active tuberculosis:* This is the simplest, perhaps, as these people need prompt sanatorium care, possibly collapse therapy as well. Repetition of the X-ray may be unnecessary, if the diagnosis is clear-cut. Three necessary steps include: reporting the case, arranging for admission to a sanatorium and examining by X-ray all household contacts. It should be emphasized, however, that diagnosing and reporting tuberculosis solely on the basis of X-ray evidence can result in serious errors.

2. *Suspected tuberculosis:* In the light of an X-ray opinion this usually means that the roentgenologist has seen a small hazy or infiltrative shadow but is not sure enough of its presence or significance to label it pulmonary tuberculosis. Invariably these patients need another film. Improved technic may be sufficient to settle the question. Disappearance of the suspicious lesion may indicate it was of acute pneumonitic origin. Generally, however, this new film—since the original is rarely available—becomes the first of a progress series by means of which a suspicious area is to be observed. Symptoms and physical signs are more likely to be lacking than elicited in such early cases. Exhaustive clinical and laboratory

study is indicated. While a sputum or gastric sediment containing tubercle bacilli is sometimes found and is clinching evidence of tuberculosis when confirmed by culture or animal inoculation, such things as a shift in the differential leukocyte count, accelerated red blood cell sedimentation rate and slight rise in temperature late in the day are of confirmatory value only, as they are not specific for tuberculosis, nor is their absence proof that a lesion is either non-tuberculous or inactive. Most valuable aid in following and evaluating all such cases is the procedure of serial X-ray filming at appropriate intervals.

3. *Inactive or healed tuberculosis:* Most of the measures advocated for Group 2 above apply with equal force to this third category. An initial film is always advisable and full study and periodic filming is essential whenever there is the slightest doubt about the true status of the lesion, especially in young subjects or where a lesion is beyond the minimal limits. It should be recalled that the classification of minimal, moderately advanced or far advanced refers solely to the extent of the involvement, not to the activity of the process. Physicians should acquaint themselves with the groupings of patients according to clinical status as set forth in "Diagnostic Standards," published by the National Tuberculosis Association. However, it must be realized that no such exact classification as apparently cured, arrested, apparently arrested, inactive and active can or should be attempted from examination of a single X-ray film. Even to try to grade cases as active or inactive on such a basis leads to many errors, although the visualization of cavities allows no question that activity is present.

4. *Primary phase tuberculosis:* This diagnosis is common but clinically not important in adults. Rarely is it active, usually being of the calcified primary complex type. Nevertheless, it is essential that the physician make certain his case is clearly in this category before so dismissing it.

5. *Pleurisy with effusion:* This is rarely discovered in mass surveys. Evidence of old attacks commonly shows up, but means little if none has occurred within five years.

6. *Non-tuberculous conditions:* These are fairly frequently encountered. A few may be mistaken for tuberculosis, but careful study will usually reveal the true nature of shadows caused by such conditions as atypical pneumonia, bronchiectasis, atelectasis, suppurative lung abscess, lymphoma, sarcoid, cystic disease of the lung and primary or metastatic lung cancer. Emphysema, generalized pulmonary fibrosis and spontaneous pneumothorax should not be too difficult of recognition. Abnormal cardiac silhouettes often give the clue to unsuspected heart lesions, while developmental anomalies of visceral or skeletal nature are of passing interest.

* * * *

It should be remembered that tuberculosis is a disease of adults and is seldom found in children after infancy and before adolescence; that its prevalence tends to increase with age from adolescence on; that the frequency of inactive disease also increases with age; that the majority of reinfection-type lesions found in young persons are unstable; and that many lesions in older persons are a greater source of danger to their associates than to themselves.

It is highly important that private practitioners make the early diagnosis that confers greatest benefit on the patient, his family and the community. Unfortunately, sanatorium records show that the proportion of far-advanced cases admitted for the first time has not yet declined, nor has the proportion of minimal cases risen, in spite of the wider use of X-ray. Surveys cannot reach everyone; the public must be educated to consult a physician earlier, and the physician must be on the alert.

New case-finding methods have initiated a large scale attack on unsuspected tuberculosis among apparently healthy people. It is the duty as well as the opportunity of the family physician to carry it through.

Roentgenographic Surveys for Tuberculosis in Massachusetts and Their Importance to the Physician, Philip E. Sartwell, M.D., New England Journal of Medicine, June 3, 1943.

SUPPLIED BY

New Jersey Tuberculosis League

15 East Kinney Street, Newark, New Jersey



for the management of constipation

Habit Time for Bowel Movement in convalescence is decidedly a valuable factor which contributes to the patient's well-being and comfort.

A weakened system, recovering from the ravages of disease, must be aided gently and persistently in the restoration and ultimate maintenance of physiological activity.

After years of professional use, Petrogalar stands established as a reliable, efficacious aid for the establishment of comfortable bowel action.

Petrogalar Laboratories, Inc.
8134 McCormick Blvd. Chicago, Illinois

Copyright 1943, by Petrogalar Laboratories, Inc.

ACCEPTED AMERICAN MEDICAL ASSN.

Petrogalar
REG. U.S. PAT. OFF.

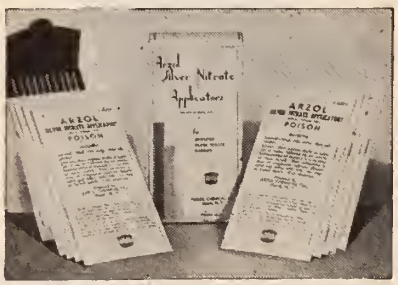
Constant uniformity assures palatability —normal fecal consistency. Five types of Petrogalar provide convenient variability for individual needs.

Petrogalar is an aqueous suspension of pure mineral oil each 100 cc. of which contains 65 cc. pure mineral oil suspended in an aqueous jelly.



ARZOL

Silver Nitrate Applicators



- Six inch wood applicators are tipped match-like with 75% Silver Nitrate.
- Ten applicators are individually assembled for easy withdrawal.
- Each unit provides a pocket-size container with a closing flap.
- The De Luxe package contains ten units (100 applicators).
- Price $1.50 per package.

ORDER FROM YOUR DEALER

ARZOL CHEMICAL CO.

Nyack, N. Y.

IN THE TREATMENT OF

Varicose Ulcers

IT'S

CRURICAST

Ready-to-Use

UNNA'S BOOT BANDAGE

EFFECTIVE—ECONOMICAL

AMERICAN MEDICAL ASSN. ACCEPTED AS CLINICAL OR PHYSICAL THERAPY



BEFORE TREATMENT



AFTER TREATMENT

Clinical Pictures Courtesy of Dr. I. A. Brunstein, N. Y.

UNNA'S PASTE in ready-to-use bandage form—no heating, no painting, no messiness. Simple and easy to apply. Combines support and local dressing.

The soft but effective support of CRURICAST bandages stimulates granulation of the ulcer margin. Also effective in treatment of eczema, lymphedema, phlebitis, chronic thrombophlebitic induration. Excellent for partial immobilization.

Made by

E. K. DEMMEL COMPANY

59-11 67th Avenue, Brooklyn, N. Y.

INFORMATION FOR READERS AND CONTRIBUTORS

The Journal is the official organ of The Medical Society of New Jersey, published monthly under the direction of the Committee on Publication. *The Journal* is released on or about the tenth of each month, and a copy is sent to each member of the Society.

Change of Address: Notice of change of address should be sent promptly to The Medical Society of New Jersey, 222 West State Street, Trenton 8, New Jersey.

Communications: Members are invited to submit to *The Journal* any suggestions for the welfare of the Society, as well as comments or criticisms of any material in *The Journal.* All such communications should be directed to the Editorial Office of *The Journal.* The Publication Committee reserves the right to publish, reject, edit or abbreviate any communicatlons submitted to it.

Contributions: Manuscript submitted to *The Journal* should be typewritten, double-spaced on letter-size (about 8½ by 11 inch) paper, and forwarded to the Editorial Office at the address below. The Publication Committee expressly reserves the right to reject any contributions, whether solicited or not; and the right to abbreviate or edit such contributions in conformity with the needs and requirements of *The Journal.* Galley-proofs of edited or abbreviated manuscripts will be submitted to authors for approval before publication. Every care will be taken with the submitted material, but *The Journal* will not hold itself responsible for loss or damage to manuscripts. Authors are required to submit original copies only, and are urged to keep carbon copies for reference. It is understood that material is submitted here for exclusive publication in this *Journal.*

Illustrations: Authors wishing illustrations for their articles will submit glossy prints or original sketches, from which cuts or plates will be made by *The Journal.* The cost of making such cuts will be borne by the author, who will, after publication, receive the cuts for his own use. The cost of these cuts varies with size and type of the illustration, but averages about five dollars for a 3-by-3-inch plate. An estimate of the cost will be submitted to authors before the cuts are ordered.

THE JOURNAL OF THE MEDICAL SOCIETY OF NEW JERSEY

Editorial Office, 222 West State Street, Trenton 8, New Jersey

RECOGNIZED BY PHYSICIANS AS A

Fine Energy Food . .



Abbotts Ice Cream is rich in high-quality proteins, calcium and Vitamin A. It also contains Vitamins B_1, C, D and G.

We make it from our own deluxe Cream, produced under strict bacteriological laboratory control at our Country Creameries.

ABBOTTS DAIRIES, INC., *Philadelphia, Pa.*

REPRESENTATIVE FUNERAL DIRECTORS

OF THE STATE OF NEW JERSEY

Special and Dependable Service Day and Night. Special Attention Given to Hospital Calls, Train and Express Shipments.

Place	Name and Address	Telephone
BLOOMFIELD	Peter J. Quinn Funeral Service, 320 Belleville Ave.	BLoomfield 2-1260
ELIZABETH	Aug. F. Schmidt & Son, 139 Westfield Ave.	ELizabeth 2-2268
MORRISTOWN	Raymond A. Lanterman & Son, 126 South St.	MOrristown 4-2880
NEWARK	Peoples Burial Co., 84 Broad St.	HUmboldt 2-0707
PATERSON	Robert C. Moore & Sons, 384 Totowa Ave.	SHerwood 2-3914
RED BANK	The Wordens—Albert, Harry & James, 60 E. Front St.	Red Bank 557
RIVERDALE	George E. Richards, Newark Turnpike	Pompton Lakes 164

The DAILY LOG



Ideal Help for "Pay-as-You-Go" Tax Reporting

Just examine this one-volume office bookkeeping system. See for yourself how its simplicity, brevity and completeness keep the financial side of your practice right "on top". Now's the time to investigate. Write for your copy of the "Log" today. It's guaranteed to satisfy. Or, ask for literature. Price $6.00 postpaid.

COLWELL PUBLISHING CO., 229 University, Champaign, Ill.

Orange Publishing Co.

•

PRINTERS

•

12 SO. DAY STREET
ORANGE, N. J.

The NEW YORK POLYCLINIC
MEDICAL SCHOOL AND HOSPITAL
(ORGANIZED 1881)
THE PIONEER POST-GRADUATE MEDICAL
INSTITUTION IN AMERICA

For the
General Practitioner
Intensive full time instruction in those subjects which are of particular interest to the physician in general practice. The course covers all branches of Medicine and Surgery.

Proctology,
Gastro-Enterology
and ALLIED SUBJECTS

For Information Address
MEDICAL EXECUTIVE OFFICER
345 West 50th Street New York City 19

PHYSICIANS AS ARTISTS

"From time immemorial, medicine and art have been closely associated. The same skill that makes the surgeon's fingers deft with scalpel and ligature is at work in the beautiful examples of sculpture and carving shown in this book. The eye that so quickly and accurately evaluates the gradations in color and texture between normal and pathologic tissue coördinates the hand that wields the painter's brush. The man who chooses medicine as his life's work is largely motivated by a love for his fellow man, else he would select a vocation offering greater monetary reward. From the beginning, he is trained to exercise his powers of observations, and in time develops imagination, sympathy, understanding, philosophy and reverence, all of which are the very essence of art. Moreover, he deals with that most exquisite form of divine art and beauty, the human body.

"An artist-physician has said: 'The tendency of most persons is to regard the artist with awe as a superman endowed with talents not vouchsafed to the ordinary mortal. Most doctors have a latent artistic sense which may be developed to a remarkable degree by constant practice. When opportunity affords, slip away to the park or country, sit down on a camp-stool and practice sketching from nature. At first the results may not be satisfying, but in course of time you will be gratified to notice a marked improvement. An ample sketching kit may be purchased for a small sum and any local artist will be glad to give you instruction.'

"At the least, every physician is able to develop a sensitiveness to and an appreciation for fine art. He can also cultivate a hobby, which, if not one of the fine arts, is in the class of 'work by the side of work'. Dr. Charles A. Dana, who has always stressed the value of cultural medicine, has advised: 'Be a collector, for example, of stamps or automobiles, or old books, or neckties or pins; or find diversion in some collateral branch of science; the lore of birds, of fishing and shooting. Make a garden or cultivate shrubs and flowers. These kinds of activities will make your life happier and your professional character more attractive and effective.'"—Quoted from "Parergon," published by Mead Johnson & Company, Evansvile, Ind. Free copy available to physicians on request.



AURORA

Founded by Robert Schulman, M.D.
(Since 1920)

A RESORT FOR HEALTH

For cardiovascular, metabolic, endocrinological and neurological disturbances. Resident physician. Complete physiotherapy department.

May we send you literature?

BENJAMIN SHERMAN, M.D., Medical Director
Morr. 4-3260 — On Route 24 MORRISTOWN, NEW JERSEY

Mountain View Rest, Inc.

Established 1927

Roseland, New Jersey
P. O. Box 158

A HOMELIKE NEUROPSYCHIATRIC SANITARIUM, where reliable and individual care and treatment are available.

Descriptive Booklet on Request

Phones: Caldwell 6-1651
6-1652

MRS. DONALD ST. CLAIR, Directress

FAIR OAKS

SUMMIT NEW JERSEY

DR. THOMAS P. PROUT, Medical Director
DR. CAMELLA A. LOSADA
DR. CARROLL S. THOMSON

A sanatorium equipped with many of the facilities of the hospital, minus the hospital atmosphere, for the modern treatment and management of problems in neuropsychiatry. We have finished our fortieth year.

PSYCHO-THERAPY
PHYSIO-THERAPY
CLINICAL LABORATORY
BASAL METABOLISM
DIETETICS
HYDRO-THERAPY
OCCUPATIONAL THERAPY
ELECTRIC SHOCK THERAPY

Telephone: Summit 6-0143



WHIPPANY REST

(Formerly Whippany River Health Farm)

Licensed by State Department of Institutions and Agencies

Ideal for Chronic and Elderly Patients

Phone Whippany 8-0311

THERESA CUDDY SCOLA, R.N.
Directress

Whippany Road, Whippany, N. J.

Next Door to Seeing Eye

CHARLES B. TOWNS HOSPITAL

Serving the Medical Profession for Over 40 Years

For Alcoholism and Drug Addiction Exclusively

Definite Treatment • Fixed Charges • Minimum Hospitalization

293 CENTRAL PARK WEST, NEW YORK, N. Y. — Tel. SChuyler 4-0770

(Hospital Literature)

"INTERPINES"

GOSHEN, N. Y. Phone 117

ETHICAL — RELIABLE — SCIENTIFIC

Disorders of the Nervous System

BEAUTIFUL QUIET HOMELIKE WRITE FOR BOOKLET

FREDERICK W. SEWARD, M.D., Director
FREDERICK T. SEWARD, M.D., Res. Physician CLARENCE A. POTTER, M.D., Res. Physician

"The Glenwood" Sanitarium

Licensed for the care and treatment of

Nervous and mental disorders, alcoholism and drug addiction

Homelike surroundings, good nursing, psychiatric treatment and excellent food.

R. GRANT BARRY, M.D.
2301 NOTTINGHAM WAY
TRENTON, N. J.
Tel. 2-8053

Wage Taxes Boost Collections

The new tax law permits the deduction of amounts paid on old bills from the Income Tax.

By telling debtors how to make this deduction, we are getting miraculous results on accounts that our clients considered uncollectible. We welcome a chance to handle your bills for a modest percentage of the amount recovered.

Send card or prescription blank for details.

National Discount & Audit Co.

Herald Tribune Bldg. New York, N. Y.

The leading reliable collection service.

ZEMMER

PRESCRIBE or DISPENSE ZEMMER PHARMACEUTICALS

Tablets, Lozenges, Ampoules, Capsules, Ointments, etc. Guaranteed reliable potency.

Our products are laboratory controlled. Write for catalogue. *Chemists to the Medical Profession*

THE ZEMMER COMPANY ★ OAKLAND STATION ★ PITTSBURGH, PENNSYLVANIA

Zone 13, NJ 10-43

Belle Mead Sanatorium

BELLE MEAD :: NEW JERSEY

Under State License Since 1910

Sanatorium Phone BELLE MEAD, N. J. 21

● **For the individual care and modern treatment of nervous, mental, alcoholic, drug patients and general invalidism.**

FULL COOPERATION WITH REFERRING PHYSICIANS
RATES VERY REASONABLE FOR ATTRACTIVE ACCOMMODATIONS

●

J. C. Kindred, M.D., *Consultant*
L. R. Harrison, M.D., *Consultant*
Mason Pitman, M.D. Russel N. Carrier, M.D.*
Medical Directors Military Service

COOK COUNTY
Graduate School of Medicine

(In affiliation with COOK COUNTY HOSPITAL)
Incorporated not for profit

Announces Continuous Courses

SURGERY—Two Weeks Intensive Course in Surgical Technique starting November 1st, 15th, and 29th, and every two weeks throughout the year.
MEDICINE—Courses to be announced in January.
FRACTURES & TRAUMATIC SURGERY—Courses to be announced in January.
GYNECOLOGY—Two Weeks Intensive course starting February 7th. One Week Personal Course in Vaginal Approach to Pelvic Surgery starting November 1st. Clinical and Diagnostic Courses.
OBSTETRICS—Two Weeks Intensive Course starting February 21st.
ANESTHESIA—One Week Course in Continuous Caudal Anesthesia for Obstetrics.
OPHTHALMOLOGY—Clinical Course.
OTOLARYNGOLOGY—Special and Clinical Courses.
ROENTGENOLOGY—Courses in X-Ray Interpretation, Fluoroscopy, Deep X-Ray Therapy every week.
UROLOGY—Two Weeks Course and One Month Course available every two weeks.
CYSTOSCOPY—Ten Day Practical Course every two weeks.
GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND SPECIALTIES.

TEACHING FACULTY
Attending Staff of Cook County Hospital

Address: Registrar, 427 So. Honore St., Chicago 12, Ill.

Accident, Hospital, Sickness
INSURANCE
For Ethical Practitioners Exclusively
[57,000 Policies in Force]

$5,000.00 ACCIDENTAL DEATH $25.00 weekly indemnity, accident and sickness	For $32.00 per year
$10,000.00 ACCIDENTAL DEATH $50.00 weekly indemnity, accident and sickness	For $64.00 per year
$15,000.00 ACCIDENTAL DEATH $75.00 weekly indemnity, accident and sickness	For $96.00 per year

ALSO HOSPITAL EXPENSE FOR MEMBERS, WIVES AND CHILDREN

41 Years Unaer the Same Management

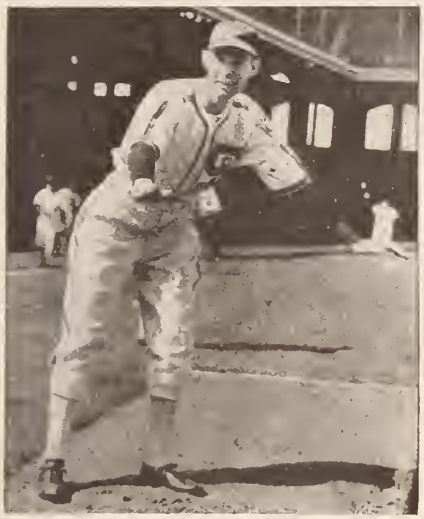
$2,418,000.00 INVESTED ASSETS
$11,750,000.00 PAID FOR CLAIMS

$200,000 deposited with State of Nebraska for protection of our members.

Disability need not be incurred in line of duty—benefits from the beginning day of disability.

86c out of each $1.00 gross income used for members' benefit

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION
400 First National Bank Bldg. Omaha 2, Nebr.



Monty Stratton says: "I am getting along fine on my Hanger Leg. I have never worn any other make."

Monty Stratton

Famous White Sox Pitcher

WEARS A HANGER LIMB

For 81 years we have been making, wearing, fitting and improving artificial limbs. The knowledge and skill we have gained during this time enables us to give every advantage of construction, fit, and comfort.

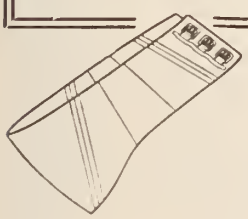
The Hanger name guarantees complete satisfaction.

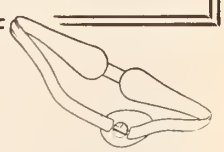
J. E. HANGER, INC.

104 FIFTH AVENUE New York 11, N. Y. — **Established 81 years** *Inventors and Manufacturers* — **334 NO. 13th ST.** Philadelphia 7, Pa.

ENGLISH WILLOW AND DURAL LIGHT METAL ARTIFICIAL LIMBS

POMEROY surgical appliances are sold on prescription and are obtainable only at POMEROY shops. This guarantees correct fit, comfort, and lasting satisfaction to both physician and patient.

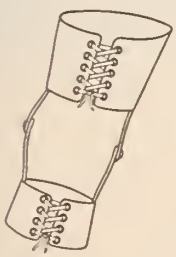




SURGICAL APPLIANCES

In the matter of surgical appliances the patient must trust his physician and the physician must have confidence in the dealer. • For more than seventy-five years POMEROY has been designing and making surgical appliances to conform to the physician's specifications and fitting them to meet the particular requirements of the individual patient.

In specifying POMEROY the physician assures his patient correct design, fit and lasting comfort.





Pomeroy

901 BROAD STREET **NEWARK 2, N. J.**

NEW YORK — BROOKLYN — BOSTON — SPRINGFIELD — DETROIT — WILKES-BARRE

PRESCRIPTION PHARMACISTS

TO THE MEMBERS OF

THE MEDICAL SOCIETY OF NEW JERSEY

PLACE	NAME AND ADDRESS	TELEPHONE
AUDUBON	W. H. Tegeler, 315 Atlantic Ave.	Audubon 1037
CRANFORD	J. Walter Seager, 103 Union Ave. N.	CRanford 6-0700
ELIZABETH	Kerner's Prescription Pharmacy, 504 Court St.	ELizabeth 3-9497
HARRISON	Squier's Pharmacy, 234 Harrison Ave.	HArrison 6-2127
JERSEY CITY	Smith & Williams Prescription Phar., 343 Jackson Ave.	BErgen 3-2616
MONTCLAIR	Wm. J. McNulty, So. Fullerton Ave. & The Crescent	MOntclair 2-2014
MORRISTOWN	Carrell's Pharmacy, Inc., 31 South St.	MOrristown 4-0143
NEWARK	Marquier's Pharmacy. Sanford & So. Orange Aves.	ESsex 3-7721
NEW BRUNSWICK	Hoagland's Drug Store, 365 George St.	New Brunswick 49
SOUTH ORANGE	Taft's Pharmacy, 2 So. Orange Ave.	SOuth Orange 2-0063
WEST NEW YORK	The Owl Pharmacy, 6611 Bergenline Ave.	UNion 5-0384

CHANGE OF ADDRESS COUPON

In the event of a change of address or failure to receive the Journal regularly fill out this coupon and mail it at once to

THE MEDICAL SOCIETY OF NEW JERSEY, 222 W. State St., Trenton 8, N. J.

Change my address on mailing list

From

To

Journal is not being received

My correct address is

Date..... *Signed*....., *M.D.*



Wyeth's Phosphaljel is supplied in 12-fluidounce bottles*

PHOSPHALJEL WYETH'S ALUMINUM PHOSPHATE GEL

Effective in the treatment of gastrojejunal ulcer and other cases of peptic ulcer associated with a relative or an absolute deficiency of pancreatic juice, diarrhea, or a low phosphorus diet.

ACCEPTED AMERICAN MEDICAL ASSOCIATION

*Reg. U. S. Pat. Off.

Phosphaljel contains 4% aluminum phosphate.

JOHN WYETH & BROTHER • INCORPORATED • PHILADELPHIA

Remember in 1932 we brought out Pablum? A new concept of cereal nutrition, easy of preparation, non-wasteful, fore-runner of present-day widely practised principles of food fortification — remember?



Remember we have gone a step further in Pabena, similar in nutritional and convenient features to its father-product, Pablum, different in flavor because of its oatmeal base. If our pioneer work and ethical conduct meet with your approbation, remember, please, to specify Pablum and Pabena.

Mead Johnson & Company, Evansville, Indiana, U.S.A.

THE N.Y. ACADEMY OF MEDICINE
NOV 23 1943

THE JOURNAL

OF

THE MEDICAL SOCIETY OF NEW JERSEY

Place of Publication, Printing and Mailing:
12 SOUTH DAY STREET, ORANGE, NEW JERSEY

Entered as second-class matter, September 5, 1906, at the post office at Orange, New Jersey, under Act of March 3, 1879.

VOL. 40, NO. 11 — NOVEMBER, 1943 — Subscriptions, $3.00 per Year; Single Copies, 30 Cents

CONTENTS—Pages 413-452

EDITORIALS— Page

1944 ANNUAL MEETING . . . 413
DO WE NEED FEDERAL MEDICINE? 414

THE WAR—

PROCUREMENT AND ASSIGNMENT SERVICE—Intern-Resident Plan—January 1, 1944, to September 30, 1944 . . . 415

MEDICAL-SURGICAL PLAN OF NEW JERSEY . . . 417
With New Jersey Medical Authors . . . 417

ORIGINAL ARTICLES—

FACTORS IN PERIPHERAL LESIONS FOLLOWING CARBON MONOXIDE POISONING—Edwin A. Seifert, M.D., Glen Ridge, N. J. . . . 418

Dr. Fischelis Honored . . . 420

TUBERCULOSIS SCREENING EXAMINATIONS OF INDUSTRIAL WORKERS—Martin H. Collier, M.D., F.A.C.P., Superintendent and Medical Director of the Camden County Tuberculosis Hospital, Lakeland, and William H. MacDonald, Chief, Local Health Administration, State Department of Health, Trenton, N. J. 421

ARTHUR WALTER BINGHAM, B.S., M.D., F.A.C.S., 1872-1943—Maternal Welfare Article No. 84—Walter B. Mount, M.D., Montclair, N. J. 424

A LESSON FROM A DEATH CERTIFICATE . . . 425

STATE ACTIVITIES— Page

Board of Trustees' Meeting . . . 426
Meeting of Welfare Committee . . . 428
Report of Committee on Social Security . . . 431
Preliminary Report on Post-War Planning, Article III . . . 433
Medical Care Program for Wives and Children of Enlisted Men . . . 436
Report on Cardio-Vascular Deaths Among Physicians . . . 439
Meeting of Industrial Physicians and Surgeons . . . 440
Supplementary List of Members . . . 440

COUNTY SOCIETY REPORTS—

Cumberland, Hudson, Passaic . . . 441
Union . . . 442

WOMAN'S AUXILIARY—

President's Message . . . 443
Mrs. Oscar W. Friske . . . 444
Auxiliary Events—Past and Future . . . 444
Executive Board Meeting . . . 445
"A" Is for Atlantic County . . . 446
"B" Is for Burlington County . . . 446
"C" Is for Camden County . . . 447
Hygeia . . . 447

THE BOOK SHELF—

Books Received . . . 447
Book Reviews . . . 448

TUBERCULOSIS ABSTRACTS . . . 451

Roster of Officers, Advertising Page 3A

Editorial and Executive Offices of the Society
222 WEST STATE STREET
TRENTON 8, N. J.
Tel. 5776

Acceptance for mailing at special rate of postage provided for in Sec. 1103, Act of Oct. 3, 1917, authorized July 29, 1918.

Copyright 1943 by
The Medical Society of New Jersey

PHYSICIAN'S INCOME PROTECTION

Our Physicians Special Policy—endorsed by the State Medical Society—will appeal to you also, if you investigate. Elimination of excessive acquisition costs and economy of operation makes possible our rate which is far below that of equally broad and dependable insurance.

Brief Outline of Coverage

Accident Benefits—from 1st day for 60 months for total disability.
Half benefits for partial disability, limit 6 months.
Dismemberment benefits up to $10,000.

Sickness benefits—from 8th day for 12 months, full benefits, *house confinement not required.*

Rate for $100 Monthly Benefit, up to age 50, $7.40 quarterly.

Slightly higher rates to age limit of 65. Policies available from $100 to $300 monthly. Additional provisions for accidental death benefit and hospital expense insurance.

Your State Medical Society Insurance Committee are sole arbiters for handling any claim requiring arbitration.

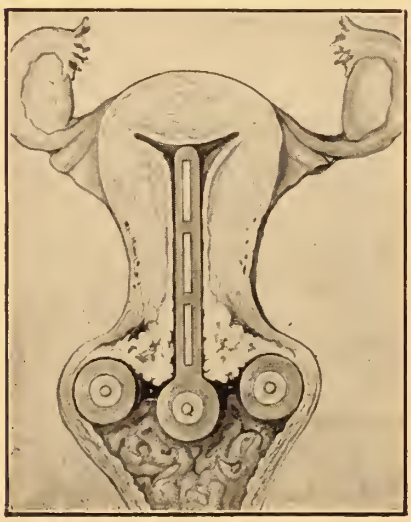
E. and W. BLANKSTEEN, Mgrs.

Authorized Representatives of The Medical Society of New Jersey

76 MONTGOMERY STREET JERSEY CITY, N. J.

Tel. Bergen 4-6051

IMPROVE YOUR RESULTS IN CANCER OF THE CERVIX



CONSISTENTLY high percentages of 5-year cures in Carcinoma of the Cervix are reported by institutions employing the French technique illustrated here. Ametal rubber applicators encase the heavy primary screens and provide ideal secondary filtration to protect the vaginal mucosa. Radium or Radon applicators for the treatment of Carcinoma of the Cervix and provided with Ametal filtration are available exclusively through us. Inquire and order by mail, or preferably by telegraph or telephone reversing charges. Deliveries are made to your office or hospital for use at the hour you may specify.

THE RADIUM EMANATION CORPORATION

GRAYBAR BUILDING Tel. MUrray Hill 3-8636 NEW YORK, N. Y.

THE MEDICAL SOCIETY OF NEW JERSEY

Founded July 23, 1766

PLACE OF PUBLICATION, PRINTING AND MAILING, 12. SO. DAY ST., ORANGE, N. J.

EXECUTIVE AND EDITORIAL OFFICES, 222 WEST STATE ST., TRENTON 8, N. J. TEL. 5776

EDITH L. MADDEN, *Acting Executive Officer*.....Trenton
HENRY A. DAVIDSON, *Editor, in Service A. U. S.*.....Trenton

MEDICAL SERVICE ADMINISTRATION OF NEW JERSEY
MEDICAL-SURGICAL PLAN OF NEW JERSEY
} **31 CLINTON ST., NEWARK, N. J.**
Tel. Mitchell 2-0675

NORMAN M. SCOTT, *Medical Director*
Executive Assistant, The Medical Society of New Jersey

OFFICERS

President, RALPH K. HOLLINSHED Westville
President-Elect, JOSEPH F. LONDRIGAN Hoboken
First Vice-President, SAMUEL ALEXANDER.....Park Ridge
Second Vice-President, FRANK G. SCAMMELL.....Trenton
Secretary, ALFRED STAHL Newark
Treasurer, GEORGE J. YOUNG Morristown

TRUSTEES

THOMAS B. LEE, *Chairman* (1945) Camden
ALDRICH C. CROWE, *Secretary* (1944) Ocean City
RALPH K. HOLLINSHED Westville
JOSEPH F. LONDRIGAN Hoboken
SAMUEL ALEXANDER Park Ridge
FRANK G. SCAMMELL Trenton
ALFRED STAHL Newark
GEORGE J. YOUNG Morristown
WILLIAM F. COSTELLO (1944) Dover
GEORGE W. FITHIAN (1944) Perth Amboy
JOSEPH G. COLEMAN (1944) Hamburg
DAVID W. GREEN (1945) Salem
HARRY R. NORTH (1945) Trenton
JAMES F. NORTON (1945) Jersey City
E. ZEH HAWKES (1946) Newark
J. HOWARD HORNBERGER (1946) Roebling
ANDREW F. MCBRIDE (1946) Paterson

COUNCILORS

First District (Union, Warren, Morris and Essex Counties).....CHRISTOPHER C. BELING, Newark (1945)
Second District (Sussex, Bergen, Hudson and Passaic Counties).....VINCENT P. BUTLER, Jersey City (1944)
Third District (Mercer, Middlesex, Somerset and Hunterdon Counties).....BARCLAY S. FUHRMANN, Flemington (1946)
Fourth District (Camden, Burlington, Ocean and Monmouth Counties).....S. EMLEN STOKES, Moorestown (1945)
Fifth District (Cape May, Cumberland, Atlantic, Gloucester and Salem Counties).....CHESTER I. ULMER, Gibbstown (1944)
President (Ex-Officio) RALPH K. HOLLINSHED, Westville

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

Delegates

WELLS P. EAGLETON (1944) Newark
HILTON S. READ (1944) Ventnor
THOMAS K. LEWIS (1944) Camden
ANDREW F. MCBRIDE (1945) Paterson
LUCIUS F. DONOHOE (1945) Bayonne

Alternate Delegates

ELMER P. WEIGEL (1944) Plainfield
LANCELOT ELY (1944) Somerville
CLARENCE W. WAY (1944) Fort Monmouth
SPENCER T. SNEDECOR (1945) Hackensack
RALPH K. HOLLINSHED (1945) Westville

The finest food source of VITAL CALCIUM

Milk contains several times as much calcium as any other common food. This valuable mineral regulates the irritability of tissue and relaxes muscles. It also teams up with phosphorus and vitamin D to help build sound teeth and bones.

All three of these important food elements are contained in Supplee Sealtest Homogenized Vitamin D Milk . . . ready to be absorbed by the body. Recommend this fine milk to your patients. They'll like its tastier flavor.

SUPPLEE

NATIONAL DAIRY Sealtest PRODUCTS CORP.

HOMOGENIZED VITAMIN D MILK

For infants and for children



Milk diffusible VITAMIN D *preparation*

DRISDOL in Propylene Glycol makes it possible to secure the benefits obtainable from combining vitamin D with the daily milk ration. This preparation is simple, convenient and easy to use, and relatively little is required for prophylaxis and treatment of rickets—*only two drops daily.*

DRISDOL IN PROPYLENE GLYCOL
DOES NOT FLOAT ON MILK • DOES NOT ADHERE TO BOTTLE
DOES NOT HAVE A FISHY TASTE • DOES NOT HAVE A FISHY ODOR

Drisdol in Propylene Glycol—10,000 units per Grom—is avoiloble in bottles containing 5 cc. ond 50 cc. A speciol dropper delivering 250 U.S.P. vitomin D units per drop is supplied with each bottle.

D R I S D O L

Reg. U. S. Pat. Off. & Conada

I n P R O P Y L E n E G L Y C O L

***Brand of* Crystalline Vitamin D from ergosterol**

ARMY NAVY

WINTHROP CHEMICAL COMPANY, INC.

NEW YORK 13, N. Y. *Pharmaceuticals of merit for the physician* WINDSOR, ONT.

Full-Motioned, Lifelike
ARTIFICIAL HUMAN EYES





We have the Enviable Reputation of "Really Knowing How" to produce that "Pleasing Cosmetic Effect" so desired by one wearing an Artificial Eye.

REFERRED CASES CAREFULLY ATTENDED

IT IS OF VITAL IMPORTANCE TO THE PATIENT'S FUTURE APPEARANCE THAT THE FIRST ARTIFICIAL EYE BE PROPERLY FITTED. IT IS IN THESE NEW CASES, WHERE UTMOST ATTENTION MUST BE GIVEN—AND OF WHICH WE HAVE MADE A SPECIAL STUDY.

Especially Made to Order Eyes by Skilled Artisans.
Also Eyes Fitted from Stock

SELECTIONS SENT ON MEMORANDUM UPON REQUEST.

FRIED AND KOHLER, INC.

"Specialists in Artificial Human Eyes Exclusively"

665 FIFTH AVENUE
near 53rd St.
NEW YORK, N. Y.
Tel. Eldorado 5-1970

"Pleasing Particular People for Over Forty Years!"



An extra reason for giving infants Walker-Gordon milk

FOR YEARS Walker-Gordon Certified Milk has been considered by many physicians to be the finest milk in the world . . . both for babies and adults.

And today, when there are shortages in evaporated and certain other types of milk, more doctors than ever before are prescribing Certified for their infant feeding cases . . . *for there's no wartime shortage of Walker-Gordon!*

Walker-Gordon Certified is an almost sterile milk, and provides extra richness and an extra-high vitamin content. (For example, it has more Vitamin A than most milks.) Also it's delivered *fresher!*

And today your patients can buy WALKER-GORDON CERTIFIED-HOMOGENIZED MILK at the same price as Vitamin D milk! (Homogenized milk, as you know, has a low curd tension—it's easier to digest.)

Walker-Gordon Milks can be purchased from local dairies

WALKER-GORDON

"The World's Finest Milk"



OFFICE ADDRESS *FOXHOLE No. 9*

VALIANTLY, without thought of personal safety, American men of medicine give skill, priceless knowledge... life itself.

They work in tropical swamps, on sun parched deserts. Office hours are twenty-four a day, seven days a week. Waiting rooms are shallow trenches where patients are usually heroes and where often a second grim battle is fought with death. These are the men we serve and we are proud of their respect and their confidence in the things we make.

Throughout the Americas, the Western World, and in many other lands we are known as the "MERCHANTS OF LIFE." For ours has been the tradition of anticipating requirements of the medical profession in peace and in war. Ours is the task of supplying vital medical products that may mean life to those who fall wounded . . . or renewed health for those who fall before the ravages of disease.

Ciba Pharmaceutical Products, Inc., pledges itself to march on in the service of the gallant men of medicine. Now we go forward to the trumpets of freedom resounding throughout the civilized world . . . planning for postwar development and research to supply modern medical products for the prevention and control of disease.

MORE THAN A HALF-CENTURY OF METICULOUS, INTELLIGENT RESEARCH AND PRECISE SUPERVISION GUARD EVERY CIBA PRODUCT.

CIBA

Pharmaceutical Products, Inc.

SUMMIT • NEW JERSEY

Copr. 1943—Ciba Pharmaceutical Products, Inc., Summit, N. J.

PROFESSIONAL LIABILITY PROTECTION

Afforded Members of

THE MEDICAL SOCIETY OF NEW JERSEY

Since 1921

FAULHABER & HEARD, INC.

Authorized broker to negotiate professional liability contracts for The Medical Society of New Jersey

CONSULT US

For Protection and Specialized Service

31 Clinton Street Newark, N. J.

Telephone MItchell 2-1294

FAULHABER & HEARD, Inc.

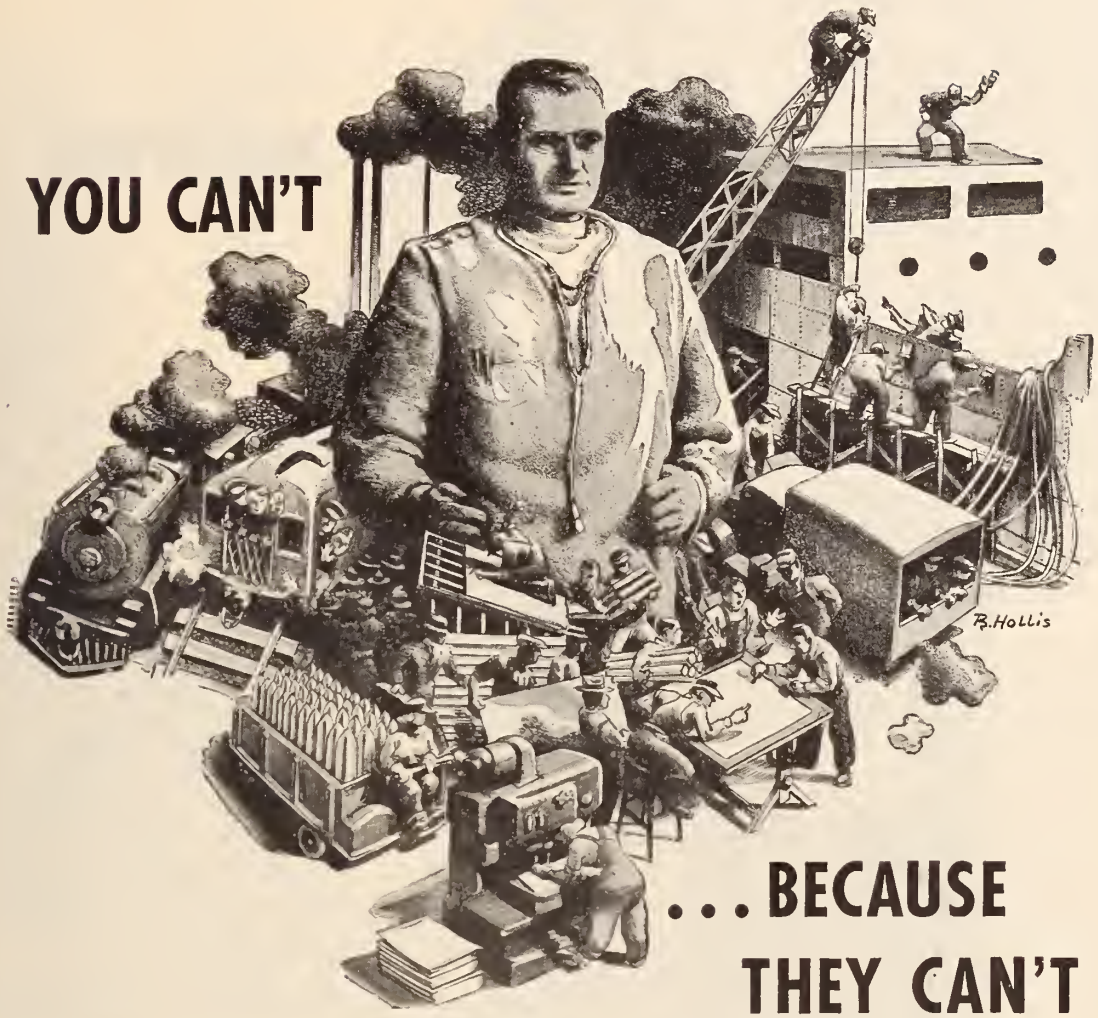
31 CLINTON STREET **NEWARK, N. J.**

Kindly send information on limits and costs of Society Professional Policy.

Name

Address

.....



...BECAUSE THEY CAN'T

Often, today, the physician can't get his head-cold patients to go to bed—because they can't, or feel they can't, absent themselves from essential war work. But he *can* do much to help these patients. He can give them marked comfort and relief by prescribing BENZEDRINE INHALER.



Benzedrine Inhaler is so outstandingly convenient that the physician may overlook the fact that it is, first and foremost, a highly effective therapeutic agent.

BENZEDRINE INHALER

A VOLATILE VASOCONSTRICTOR

In a Modern Plastic Tube

Each tube is packed with racemic amphetamine, 250 mg.; oil of lavender, 75 mg.; menthol, 12.5 mg.
Benzedrine is S.K.F.'s trademark, Reg. U. S. Pat. Off.

SMITH, KLINE & FRENCH LABORATORIES, PHILADELPHIA, PA.

ANESTHESIA OF SHORT DURATION



Each Vinethene package is supplied complete with dropper-cap and folder describing technic of administration and precautions in use.

Vinyl Ether for Anesthesia Merck

VINETHENE

Reg. U. S. Pat. Off.

An Inhalation Anesthetic for Short Operative Procedures

COUNCIL ACCEPTED AMERICAN MEDICAL ASSN ACCEPTED

Rapid induction, prompt, complete recovery, and infrequent nausea or vomiting make Vinethene an admirable anesthetic for home, office, or hospital use. *Literature on request.*

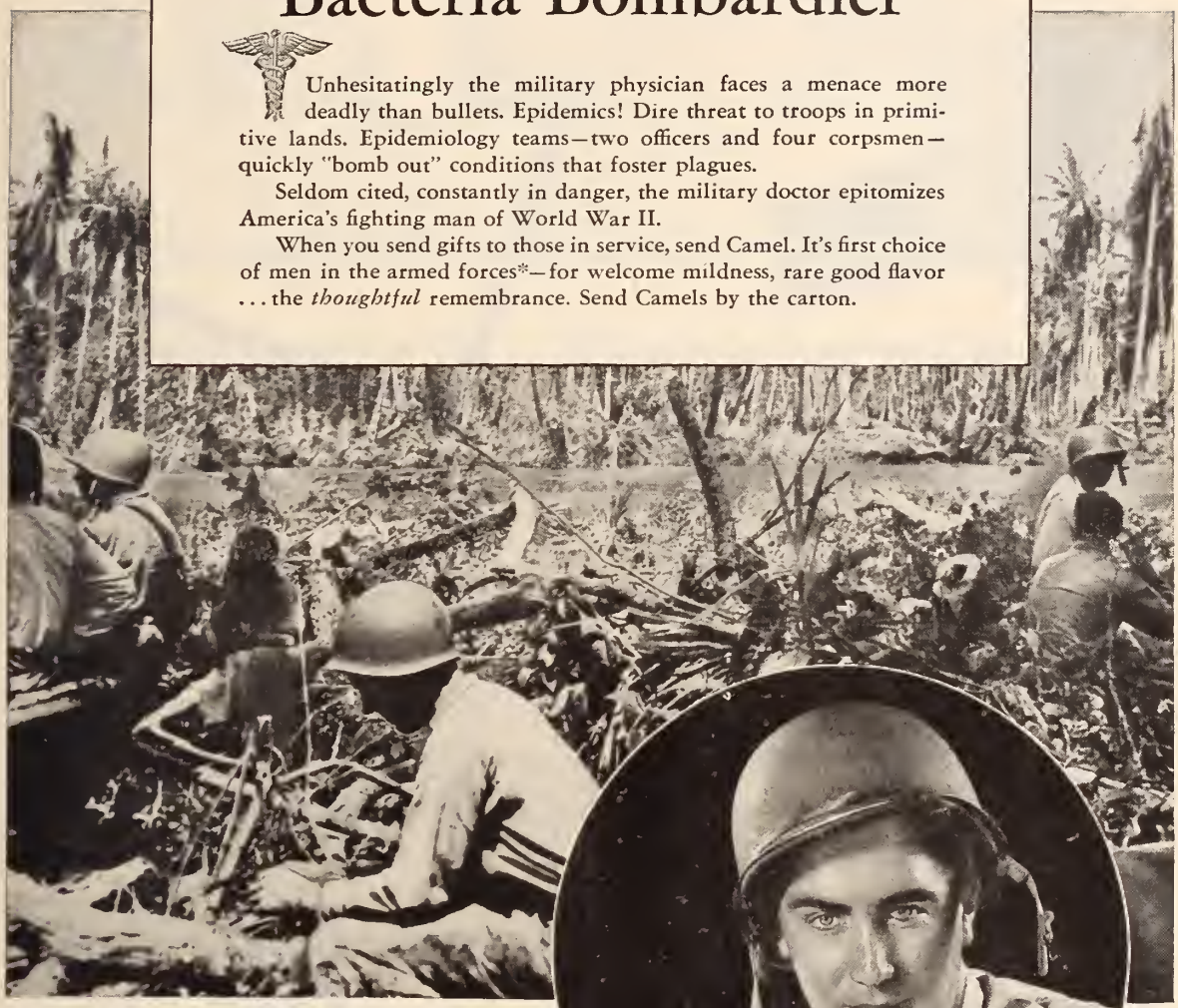
MERCK & CO., Inc. *Manufacturing Chemists* RAHWAY, N. J.

Bacteria Bombardier

Unhesitatingly the military physician faces a menace more deadly than bullets. Epidemics! Dire threat to troops in primitive lands. Epidemiology teams—two officers and four corpsmen—quickly "bomb out" conditions that foster plagues.

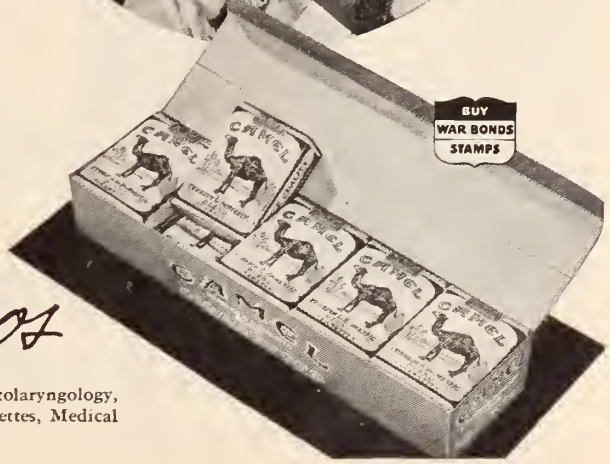
Seldom cited, constantly in danger, the military doctor epitomizes America's fighting man of World War II.

When you send gifts to those in service, send Camel. It's first choice of men in the armed forces*—for welcome mildness, rare good flavor ... the *thoughtful* remembrance. Send Camels by the carton.



FIRST in the Service

*With men in the Army, Navy, Marine Corps, and Coast Guard, the favorite cigarette is Camel. (Based on actual sales records.)



Camel

Costlier Tobaccos

New reprint available on cigarette research—Archives of Otolaryngology, March, 1943, pp. 404-410. Copies on request. Camel Cigarettes, Medical Relations Division, 1 Pershing Square, New York 17, N. Y.

Excellence in War Production



FOR supplying Mercurochrome and other drugs, diagnostic solutions and testing equipment required by the Armed Forces, for developing and producing Sterile Shaker Packages of Crystalline Sulfanilamide especially designed to meet military needs, and for completing deliveries ahead of contract schedule—these are the reasons for the Army-Navy "E" Award to our organization.

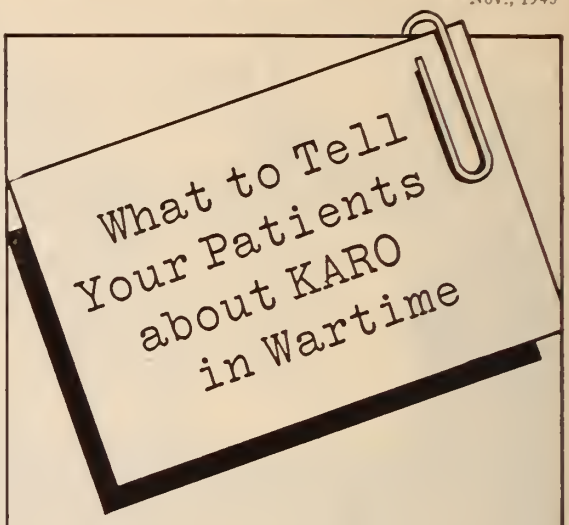
The effectiveness of Mercurochrome has been demonstrated by more than twenty years of extensive clinical use.

For the convenience of physicians Mercurochrome is supplied in four forms—Aqueous Solution for the treatment of wounds, Surgical Solution for preoperative skin disinfection, Tablets and Powder from which solutions of any desired concentration may readily be prepared.

Mercurochrome (H. W. & D Brand of dibrom-oxy-mercuri-fluorescein-sodium) is economical because stock solutions may be dispensed quickly and at low cost by the physician or in the dispensary. Stock solutions keep indefinitely. Literature furnished to physicians on request.



HYNSON, WESTCOTT & DUNNING, INC.
BALTIMORE, MARYLAND



The exigencies of wartime production have not affected the purity, quality and effectiveness of KARO as a milk modifier.

However, some grocers may be temporarily short of either *Red* label or *Blue* label KARO.

Since *both* types *are* practically identical in dextrin, maltose and dextrose content, *either may be used* in all milk mixtures. The slight difference in flavor in no way affects KARO's essential value for prematures, newborns and infants.



How much KARO for Infant Formulas?

The amount of KARO prescribed is 6 to 8% of the total quantity of milk used in the formula—one ounce of KARO in the newborn's formula is gradually increased to two ounces at six months.

CORN PRODUCTS REFINING CO.
17 Battery Place • New York, N. Y.

P. I. *and* A.

PROTECTS INVESTMENTS IN FINE X-RAY EQUIPMENT

For more than thirteen years General Electric's *Periodic Inspection and Adjustment Service* has been demonstrating its value and importance to owners of fine x-ray equipment everywhere. For this personalized field service was instituted with these objectives:

To keep apparatus tuned up to its highest operating efficiency

To detect and correct electrical and mechanical deficiencies as they arise, and thereby preclude costly repairs due to inadvertent neglect

To minimize loss of valuable time due to inoperative equipment undergoing repair

To further assure a consistently high quality of professional service

Today, operators of hundreds of x-ray laboratories where *P. I. and A. Service* is contracted for year after year, deem it more important than ever, since it not only continues to protect their investment in equipment, but also helps them to carry out the government's desire: That all available x-ray equipment be maintained at its best, so that it may be utilized to full working capacity, to meet the abnormal demands for diagnostic service on our home front.

The idea of *P. I. and A. Service* was conceived years before the War, and will carry on long after this emergency period is past. G-E's permanently established, nationwide organization of branch offices justifies this assurance to present and future x-ray users.

The next time your local G-E representative calls, ask him to tell you more about "P. I. and A."

ARMY E NAVY

Today's Best Buy — U. S. War Bonds

GENERAL ELECTRIC X-RAY CORPORATION

2012 JACKSON BLVD. CHICAGO (12), ILL., U. S. A.

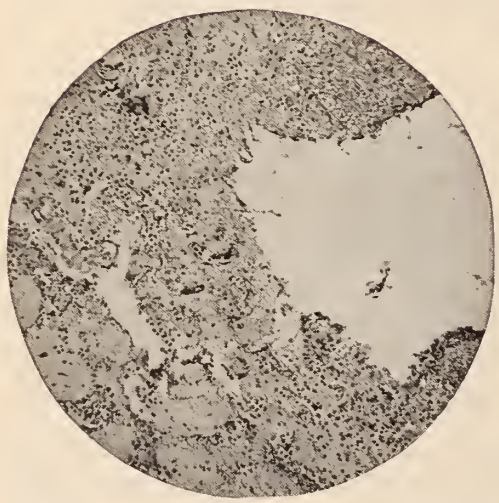
Bacillary Dysentery in Adults . . .

SULFAGUANIDINE

Lederle

THE SERIOUS PATHOLOGY of the colon and rectum, frequently found following severe acute bacillary dysentery in adults, may be averted by the early oral administration of sulfaguanidine.

The use of sulfaguanidine for the treatment of dysentery carriers has been suggested.



Photomicrograph showing cytological detail in acute lesion of mucosa of colon. Magnification x 650.

REFERENCES:

LYON, G. M.; FOLSOM, T. G.; PARSONS, W. J., and SPROUSE, I: West Virginia M. J. 38:19 (Jan.) 1942.

LYON, G. M.: U. S. Nav. M. Bull. 40:601 (July) 1942.

BREWER, A. E.: Brit. M. J. 1:56 (Jan. 9) 1943.

FAIRLY, N. H., and BOYD, J. S. K.: Brit. M. J. 2:673 (Dec. 5) 1942. (Proc., Royal Society of Tropical Medicine and Hygiene, Nov. 4, 1942).

BULMER, E., and PRIEST, W. M.: J. Roy. Army M. Corps 79:277 (Dec.) 1942.

RANTZ, L. A., and KIRBY, W. M. M.: J. A. M. A. 118:1268 (Apr. 11) 1942.

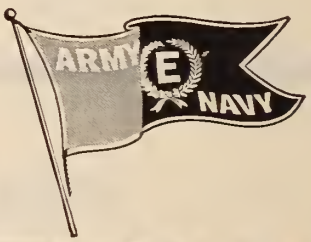
OPPER, L., and HALE, V.: J. A. M. A. 119:1489 (August 29) 1942.

KUHNS, D. M.: South. M. J. 36:393 (June) 1943.



Photomicrograph of Dysentery Bacillus—Flexner—(*Shigella paradysenteriae*) Initial magnification x 1300.

PACKAGES: Bottles of 50, 100, and 1000 tablets, 0.5 Gm. (7.7 grains) each.



LEDERLE LABORATORIES A UNIT OF AMERICAN CYANAMID COMPANY INC.

30 ROCKEFELLER PLAZA, NEW YORK 20 NEW YORK

Note to an overworked doctor



BIOLAC is a complete liquid infant formula which saves you valuable time because there are no extra ingredients to calculate.

Biolac provides completely for all nutritional needs of young infants except vitamin C.

Prescribing Biolac reduces the possibility of errors or contamination in formula preparation since it requires simply dilution with boiled water as you direct.

NO LACK IN BIOLAC

Borden's complete infant formula

• *Biolac is prepared from whole milk, skim milk, lactose, Vitamin B_1, concentrate of Vitamins A and D from cod liver oil, and ferric citrate. It is evaporated, homogenized, and* sterilized. *For professional information, write Borden's Prescription Products Division, 350 Madison Avenue, New York City.*

ACCEPTED COUNCIL ON FOODS AMERICAN MEDICAL ASSN.

"Till He Comes Marching Home"





THE lonely lad sleeping in a faxhale remembers Mather as she was when he chaked back the lump in his throat ta kiss her gaodbye far the last time. He daes nat realize that she may change, physically and psychically. Ta him she remains the same . . . always.

When he returns a great part af his dream can come true because THEELIN, an estragen with a brilliant recard af effectiveness, gives ta many mothers in the climacterium cantinued relief from menopausal symptams aften intensified by the stress and warry af wartime living. Psychatic manifestations and somatic disturbances associated with avarian hypafunction usually respond ta the governing influence af this pure, crystalline estragenic substance abtained fram pregnancy urine. Its record of therapeutic usefulness and camparative freedam fram undesirable side reactians has been proved by millions of dases and hundreds af published papers.

Far sustained therapy between injections and for cantralling milder menapausal symptams THEELOL Kapseals* and THEELIN Suppasitaries are supplied. The latter may also be used in gonorrheal vaginitis in children.

Supplied as: THEELIN AMPOULES—in 1000, 2000, 5000 and 10,000 I. U. in ail, ar in 20,000 I. U. in aqueaus suspensian • THEELOL KAPSEALS—in .12 and .24 mg. of Theelal • THEELIN SUPPOSITORIES—in 2000 I. U. af Theelin.

*Trade-Mark Reg. U. S. Pat. Off.

THEELIN

A product of modern research offered to the medical profession by

PARKE, DAVIS & COMPANY

DETROIT, MICHIGAN

TESTED...
AND PROVED



*measurably
LESS IRRITATING
to the Nose and Throat

** Reprints of studies on the irritant properties of cigarettes are available. Address your request to Philip Morris & Co. Ltd., Inc., 119 Fifth Avenue, New York.*





LACTOGEN

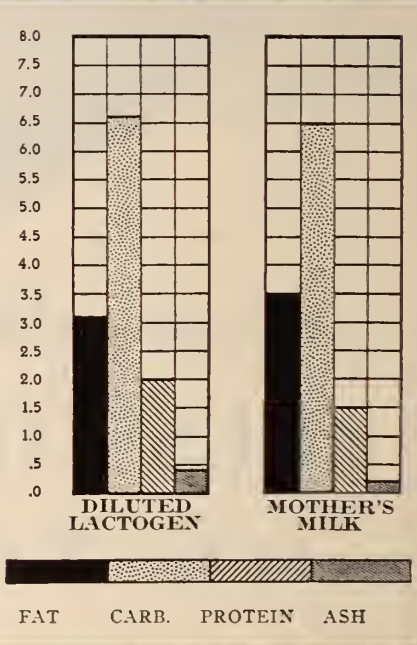
approximates women's milk in the proportion of food substances

THE COWS' MILK used for Lactogen is scientifically modified for infant feeding. This modification is effected by the addition of milk fat and milk sugar in definite proportions. When Lactogen is properly diluted with water it results in a formula containing the food substances — fat, carbohydrate, protein, and ash — in approximately the same proportion as they exist in women's milk.

No advertising or feeding directions, except to physicians. For feeding directions and prescription blanks send your professional blank to "Lactogen Dept.," Nestlé's Milk Products, Inc., 155 East 44th St., New York, N. Y.

"My own belief is, as already stated, that the average well baby thrives best on artificial foods in which the relations of the fat, sugar, and protein in the mixture are similar to those in human milk."

John Lovett Morse, A.M., M.D.
Clinical Pediatrics, p. 156.



NESTLÉ'S MILK PRODUCTS, INC.

155 EAST 44TH ST., NEW YORK, N. Y.



Bismuth Subsalicylate, N. N. R.

(IN OIL WITH CHLOROBUTANOL 3%)

Intramuscular Bismuth therapy is usually well tolerated by patients who react unfavorably or are resistant to arsenicals. It has been found effective in many other cases, when alternated with arsphenamine or as a substitute for mercury compounds. Average dose: One cc. weekly.

ACCEPTED AMERICAN MEDICAL ASSN.

Bismuth Subsalicylate in Oil with Chlorobutanol 3% is supplied:

Special wide mouth ampule, 1 cc.;
2 gr. (0.13 gm.) in oil.
In boxes of 12, 25 and 100.
Wide mouth bottles, 60 cc.; 100 cc.; 480 cc.

Catalogue and Prices on Request

"ACCEPTED STANDARDS AT AN ACCEPTABLE COST"

CHEPLIN BIOLOGICAL LABORATORIES, INC.

(Division of Bristol-Myers)

Syracuse, New York

FAMILY PHYSICIAN -- EYE PHYSICIAN

and

GUILD OPTICIAN

are three indispensable factors in the care of eyes

FAMILY PHYSICIAN—is generally aware of when his patients' eyes are in need of the attention of his colleague, the Eye Physician.

EYE PHYSICIAN———prescribes for glasses and gives the necessary medical attention.

GUILD OPTICIAN——provides the correct interpretation of the Eye Physician's prescription through precisely made eyeglasses.

Guild of Prescription Opticians of New Jersey, Inc.

ASBURY PARK
ANSPACH BROS.
552 Cookman Ave.

ATLANTIC CITY
ATLANTIC OPTICAL CO.
2146 Atlantic Ave.
FOERSTER OPTICAL CO.
1708 Pacific Ave.
FREUND BROS.
1006 Pacific Ave.

CAMDEN
E. F. BIRBECK CO.
Fifth & Cooper Sts.
HARRY N. LAYER
106 N. 5th St.
J. E. LIMEBURNER CO.
535 Cooper St.
PELOUZE & CAMPBELL
116 N. Broadway

EAST ORANGE
ANSPACH BROS.
533 Main St.
HAROLD C. DEUCHLER
541 Main St.

ELIZABETH
BRUNNER'S
277 N. Broad St.

ENGLEWOOD
FRED G. HOFFRITZ
30 Park Pl.

HACKENSACK
HOFFRITZ & PETZOLD
315 Main St.

JERSEY CITY
WILLIAM H. CLARK
26 Journal Sq.

MONTCLAIR
STANLEY M. CROWELL CO.
26 S. Park St.
RALPH E. MARSHALL
5 Church St., Hinck Bldg.

MORRISTOWN
JOHN L. BROWN
57 South St.

NEWARK
ANSPACH BROS
1212 Raymond Blvd.
JAMES J. KEEGAN
33 Central Ave.
J. C. REISS
10 Hill St.
CHARLES STEIGLER
11 Central Ave.
EDWARD ANSPACH
20 Central Ave.

PATERSON
JOHN E. COLLINS
241 Market St.

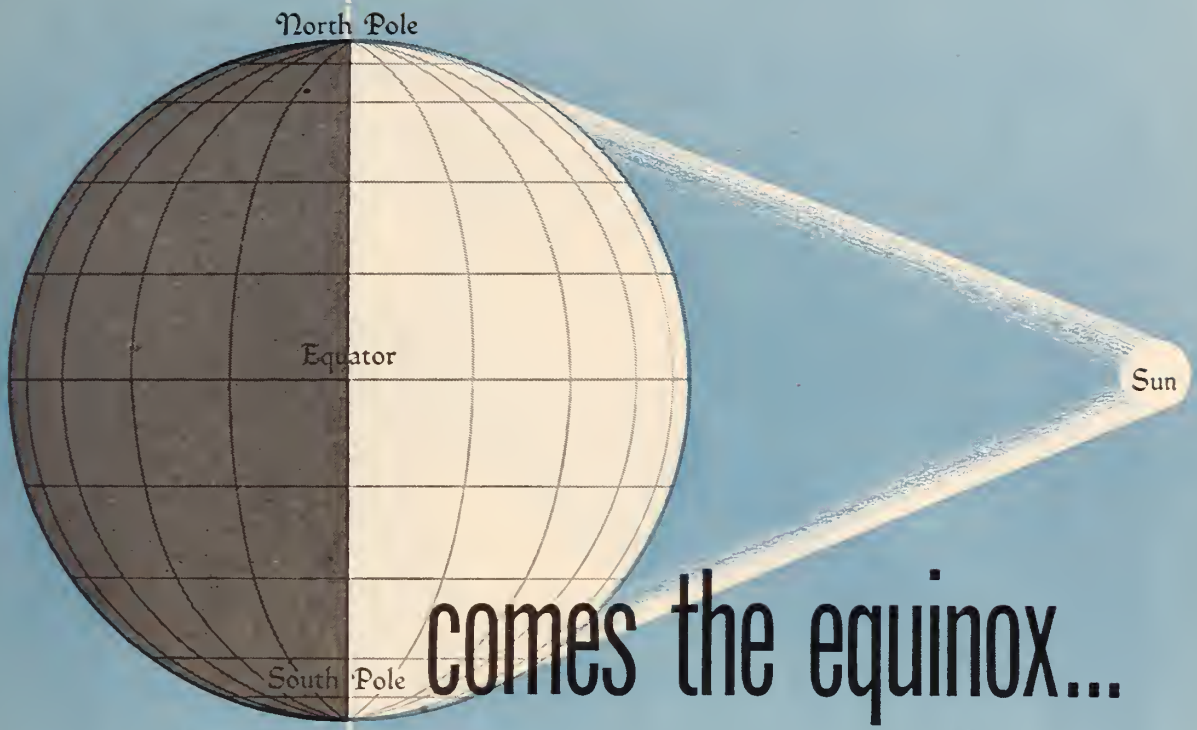
PLAINFIELD
GALL & LEMBKE
633 Park Ave.
LOUIS E. SAFT
628 Park Ave.

RIDGEWOOD
RAY GRIGNON, OPTICIAN
17 N. Broad St.

SUMMIT
ANSPACH BROS.
382 Springfield Ave.
Room 212, Bassett Bldg.
HAROLD C. DEUCHLER
344 Springfield Ave.

UNION CITY
ARTHUR VILLAVECCHIA
1017 Summit Ave.

WESTFIELD
BRUNNER'S
206 Broad St.



comes the equinox...

and with the change of season comes an increased need for the vitamins of cod liver which are provided in

White's cod liver oil concentrate

White's Cod Liver Oil Concentrate presents the *natural* vitamins A and D derived only from cod liver oil itself—in the proportions found in U.S.P. cod liver oil.

Free from excess fatty oils and bulk, it provides three pleasant, simple dosage forms for prescribing the A and D vitamins of cod liver oil for your various patients—infants, growing children, adults:

Liquid—for drop dosage to infants.

Tablets—pleasantly flavored—children may chew them.

Capsules—where larger dosage is indicated.

Economical—In contrast to the high current retail cost of plain cod liver oil, White's Cod Liver Oil Concentrate provides potency at an economical price. Prophylactic antirachitic dosage for infants costs less than a penny per day.

Ethically promoted—not advertised to the laity. White Laboratories, Inc., Pharmaceutical Manufacturers, Newark 7, N. J.

ACCEPTED
AMERICAN MEDICAL ASSN
Council on Pharmacy and Chemistry

White's PRESCRIPTION *vitamins*



Uniformly GOOD
INFANT FEEDING RESULTS

The weight curves above show the normal, uneventful progress of 75 infants fed Similac for six months or longer — not a select group, but 75 *consecutive* cases. In no instance was it necessary to change the feeding because of gastro-intestinal upset. These curves were taken from hospital (name on request) records. Similarly good results are constantly being obtained in the practice of the many physicians who prescribe Similac routinely for infants deprived, either wholly or in part, of mother's milk.

A powdered, modified milk product especially prepared for infant feeding, made from tuberculin tested cow's milk (casein modified) from which part of the butter fat is removed and to which has been added lactose, olive oil, cocoanut oil, corn oil and cod liver oil concentrate.



SIMILAC } SIMILAR TO BREAST MILK

M&R DIETETIC LABORATORIES, INC. • COLUMBUS, OHIO



"Always tired" is a common enough complaint, but when accompanied by markedly low resistance to infections, low muscular tone and vascular weakness, by mental apathy and depression, the cause may be adrenal cortical insufficiency.

ADRENAL CORTEX EXTRACT (UPJOHN) offers potent replacement therapy with which to combat this syndrome. So carefully are the active steroids extracted to make this *natural* complex, so pure is the final cortical extract, that there is practically no trace of epinephrine, the hormone of the adrenal medulla.

Upjohn pioneering and research have resulted in the potent, reliable preparation many physicians use when a characteristic "syndrome of lowness" points to adrenal cartical insufficiency.

Adrenal Cortex Extract (Upjohn)

Sterile solution in 10 cc. rubber-capped vials for subcutaneous, intramuscular and intravenous therapy

Upjohn
KALAMAZOO, MICHIGAN

ANOTHER WAY TO SAVE LIVES . . . BUY WAR BONDS FOR VICTORY

Step toward Perfection



CRUDE DRUGS and chemicals procured for the preparation of Lilly products must measure up to highest standards. Assays from outside sources, no matter how reliable, never are accepted without confirmation from the Lilly control laboratories.

Lilly

ELI LILLY AND COMPANY

INDIANAPOLIS 6, INDIANA, U. S. A.

BUY WAR BONDS AND STAMPS

THE JOURNAL
OF
THE MEDICAL SOCIETY OF NEW JERSEY

Published Monthly Since September, 1904
Whole Number of Issues, 471

Under the
Direction of the
Committee on Publication

Henry C. Barkhorn, M.D., Chairman

Henry A. Davidson, M.D., Editor
In Active Service A. U. S.

Place of Publication, Printing and Mailing—12 South Day Street, Orange, N. J.
Editorial and Executive Offices of the Society—222 West State Street, Trenton 8, N. J.; Tel. 5776
Each member of the State Society is entitled to receive a copy of The Journal every month.

Vol. 40, No. 11 November, 1943 Single Copies, 30 Cents
Subscriptions, $3.00 per Year

1944 ANNUAL MEETING

The 178th Annual Meeting of The Medical Society of New Jersey will be held at the Claridge Hotel, Atlantic City, on Tuesday, Wednesday and Thursday, April 25th, 26th and 27th, 1944.

Meetings of the House of Delegates, General Sessions, some Scientific Sections, the Registration Desk and the Exhibits—Commercial and Society Committee—will be located on the new Convention Floor, one flight above the main lobby. Other Scientific Sections, the Woman's Auxiliary and Reference Committees will meet in rooms assigned on other floors.

PROGRAM

Monday, April 24, 1944

Evening Board of Trustees
Judicial Council

Tuesday, April 25, 1944

Morning House of Delegates

Afternoon General Session—"Post-War Planning"

Evening Nominating Committee

Wednesday, April 26, 1944

Morning Scientific Sections

Noon House of Delegates (Election)

Afternoon Scientific Sections

Evening Banquet and Dance

Thursday, April 27, 1944

Morning General Session

Afternoon House of Delegates

EXHIBITS

Due to the limited available space the Committee has eliminated the Arts, Hobby and Medical History Exhibit of the Auxiliary. This and other factors have necessitated the elimination of the Scientific Exhibits also.

The Exhibits of the Society Committees, though small, will show some of the main activities of the Society. Booth space has been assigned to the Advisory Committees on Industrial Health and Hygiene, Maternal Welfare, the Joint Committee on Professional Relations of The Medical Society and the New Jersey

Pharmaceutical Association, the Medical Service Administration and the Medical-Surgical Plan, the New Jersey Office of Procurement and Assignment, the Committee on Child Care Centers for Children of Working Mothers, and the Library of the Academy of Medicine of Northern New Jersey.

The Commercial Exhibits have been reduced to 60 per cent of our usual number. Continued interest in our Annual Meeting has been shown by the commercial exhibitors through their prompt response to our invitation to participate. Within three days after the mailing of the floor plan and contracts, all booth space had been reserved. We regret that the facilities will not permit more booths to accommodate the sixteen firms whose applications for space we had to return.

Special Convention Rates at the Claridge will be allowed to the members and guests at the Annual Meeting. Those desiring accommodations at the Claridge are urged to make reservations early.

By action of the Board of Trustees, the final plans and program for the Annual Meeting were left in the hands of the President and the Annual Meeting Committee with power to act. The program and plans have been very carefully arranged to insure an interesting and successful meeting.

Mark these dates on your calendar NOW —

April 25th, 26th and 27th, 1944

Harrold A. Murray, M.D., Chairman,
Annual Meeting Committee.

DO WE NEED FEDERAL MEDICINE?

Editorial, The Saturday Evening Post, September 25, 1943

When Congress gets round to debating the new social-security bill, one item likely to encounter particularly heavy weather is the section entitled Federal Medical Hospitalization and Related Benefits. This section provides for a Federalized system of hospitalization and outside medical care which would be financed by a tax of 3 per cent on all wages and salaries up to $3000 a year—one quarter of the total social-security tax. The proceeds of this tax will, of course, vary with conditions in industry. The income available for medical care has been estimated as high as $3,000,000,000 a year. Make it $2,000,000,000, and the Government could still hire every doctor in the United States at $5000 a year, rent every bed in all non-Government hospitals and have a goodly sum left over for subsidized research, administration and other uses certain to occur to the gigantic bureaucracy which would have to be set up.

From the ambitious nature of the scheme, one might conclude that American medicine had never done anything for the indigent and that the one thing necessary to guarantee good health to all was the creation of a vast scheme for state medicine with more billions to spend than was considered necessary to run the whole country fifteen years ago. Actually, of course, the facts are just the opposite. Although so-called "organized medicine," as represented by the AMA bureaucracy, has often failed to respond to the demand for wider distribution of medical care, the actual history of American medicine is a consistent record of expanded service, scientific advance and social responsibility. All the way from the country doctor, who needs no Federal salary to get him out on a baby case at three in the morning, to group schemes like the Blue Cross hospital-payment plan, American medicine is trying to meet the health needs of the country. There is still need for progress in rural communities and among the poorer groups, and some medical societies still fail to see the advantages to the profession in prepaid medicine. But the trend is unmistakable and it would be tragic to divert it into politico-bureaucratic channels.

The question is whether the undoubted needs of people who lack adequate medical care cannot be taken care of at a social cost lower than the "coordination" of all medical service under Government aegis. Well, if we can manage to keep our shirts on, the United States will shortly have plenty of group medicine, and with no fear that professional standards, local responsibility and enthusiasm in experiment will be engulfed in a wave of bureaucracy. The Blue Cross plan already protects something like 15,000,000 Americans against emergency hospital expenses. Group medical service is growing rapidly around hospitals, business and industrial establishments, local political entities, and so on. To us, such schemes, with Federal support where needed, seem the reasonable way to bring about whatever changes are necessary in medical practice—natural evolution as opposed to some New Deal miracle having the typical political characteristics of unlimited promise and meager performance.

THE WAR

PROCUREMENT AND ASSIGNMENT SERVICE

INTERN-RESIDENT PLAN—JANUARY 1, 1944 TO SEPTEMBER 30, 1944

For an outline of the plan please read the announcement in the A. M. A. Journal of September 11, 1943 (page 98), or the announcement distributed to all hospitals by the Wartime Service Bureau of the American Hospital Association.

Briefly, the plan provides for nine-month Internships, and deferments of a limited number of commissioned Interns for two additional periods of nine months to act as Assistant Residents and Residents.

All general and special hospitals approved for Intern and Resident training have been allocated a quota of Interns and Residents for the first nine-month period beginning January 1, 1944. The plan for tuberculosis and mental disease hospitals (State Hospitals) will be announced later.

The quotas were established by the Directing Board of Procurement and Assignment Service. They were determined on a national level, based upon the number of Intern personnel available and the needs of individual hospitals. On a national level they represent 66 2/3 per cent of the Intern-Resident population of hospitals in 1940.

In determining the quotas for individual hospitals the Board considered the increase in hospital days and bed expansion of each hospital since 1940.

The quota for New Jersey is 272 Interns and 47 Residents. Of the 47 Residents 22 may be procured by deferment of commissioned Interns now serving in our hospitals. The remaining number of Residents must be procured from among physicians not eligible for military service and women physicians.

Quotas for the general hospitals and special hospitals of New Jersey are as follows:

City & Hospital	Interns	Residents	Total House Staff
Atlantic City—Atlantic City	5	2	7
Bayonne—Bayonne Hospital	4	1	5
Belleville—Essex County	..	3	3
Camden—Cooper	7	2	9
West Jersey Homeopathic	6	..	6
East Orange—E. Orange Gen.	3	..	3
Elizabeth—Alexian Brothers	3	..	3
Elizabeth General	5	..	5
St. Elizabeth	5	..	5
Englewood—Englewood	6	..	6
Hackensack—Hackensack	6	1	7
Hoboken—St. Mary's	4	2	6
Jersey City—Christ	10	1	11
Jersey City	50	11	61
Margaret Hague	20	6	26
St. Francis	6	..	6
Long Branch—Monmouth	6	..	6
Montclair—Mountainside	7	1	8
Morristown—All Souls	1	..	1
Morristown Memorial	4	..	4
Mount Holly—Burlington Co.	2	1	3
Neptune—Fitkin Memorial	4	2	6
Newark—Home for Crippled Children	..	1	1
St. Barnabas	4	1	5
Newark Beth Israel	16	2	18
Newark City	12	1	13
Newark Memorial	2	1	3
St. James	2	..	2
St. Michael's	5	1	6
New Brunswick—St. Peter's General	4	2	6
Orange—N. J. Orthopedic	..	2	2
Orange Memorial	5	1	6
St. Mary's	2	..	2
Passaic—Passaic General	3	..	3
St. Mary's	3	..	3
Paterson—Nathan & Miriam Barnert	3	..	3
Paterson General	5	..	5
St. Joseph	8	..	8
Perth Amboy—Perth Amboy General	3	..	3
Plainfield—Muhlenberg	7	..	7
Teaneck—Holy Name	6	..	6
Trenton—Mercer	5	..	5
St. Francis	5	2	7
Wm. McKinley Memorial	3	..	3
Weehawken—North Hudson	5	..	5

The most casual examination of the above list will indicate many problems for solution at a State level. Adjustments in the above quotas may be possible, but only under exceptional circumstances, by the Directing Board, upon recommendation of the State Chairman. The problem of the small hospital and the hospital which has not qualified for Intern-Resident training is not solved by the plan.

The State Chairman has a sincere desire to be of assistance to all hospitals and hospital staffs, but will be limited by many factors. The State Chairman cannot assign Interns. They must be procured by the hospital in the usual manner. The assignment of a quota is in no way a guarantee that the hospital will be able to procure its quota.

After January 1, 1944, all new graduates who are physically fit will be under military control of the Army or Navy. Deferment is applicable only to commissioned Interns, and at the discretion of the Army or Navy. In the past about 40 per cent of deferment requests have been granted.

Selective Service will have control only in case the graduate is not eligible for a commission or is physically disqualified for a commission, but eligible for induction.

The quota for each hospital comprises all Interns and all Residents, and includes all those serving as commissioned Interns or commissioned Residents, those physically disqualified and women physicians.

To assure maintenance of adequate staffs, hospitals should retain as many physically disqualified Interns and women Interns as possible.

Failure to limit staffs to allocated quotas will result in preventing Procurement and Assignment Service from requesting the Surgeons General to defer commissioned Interns to fill Residencies.

Commissioned Interns cannot be deferred to continue as Interns after serving their initial nine-month Internship. They can be deferred only to serve as Residents and only to fill recognized Residencies.

The Interns who may be deferred form a national pool. Of these, one-third may be deferred for an additional nine-month period. This does not mean that one-third of commissioned Interns serving in your particular hospital may be deferred for a second nine-month period. Remember, the number of these men who may be deferred in New Jersey is only 22.

Since, of the 47 Residents allocated to the State, only 22 may be procured by deferment of commissioned Interns, it will not be possible for the State Chairman to approve deferments covering more than 50 per cent of allocated Residents for any hospital. The remainder must be physicians not eligible for a commission.

Deferment requests (revised form # 218) for Interns to serve as Residents after January 1, 1944, must be in Washington by November 15th to be effective. Such requests should be sent to the State Chairman as soon as possible.

The plan is considered by the Directing Board of Procurement and Assignment Service as the best arrangement by which they can protect and assist hospitals on a national basis. If the plan is to be successful it must be adhered to in all states. Certain adjustments will be possible on a State level, but at this early date it is not possible to state how these adjustments are to be accomplished. The statements in this article express basic facts which must guide future activities of the State Chairman.

October 23, 1943.

MEDICAL-SURGICAL PLAN OF NEW JERSEY

The following data will be of interest to physicians interested in medical economics and the evolution of medical service plans.

1. As of August 31 there were 13,190 persons enrolled. Some of these were new enrollments during the month and not protected for the entire month. The average number under protection for the 30 days of the month was 11,366. The earned income for the month of August was $7,221.11 or $0.64 per person.

2. Experience during first year, July 1, 1942-June 30, 1943: Earned income, $36,-661.10; claims, $17,947.00 (49%); operating expenses, $13,104.27 (36.7%); reserves from earned income, $5,609.83 (15.3%).

3. Experience during first eight months of 1943—January 1-August 31: Earned income, $39,086.68; claims, $21,578.00 (55.2%) operating expenses, $10,194.29 (26.1%) reserves from earned income, $7,314.30 (18%).

4. Experience during September, 1943: Earned income, $8,675.08; claims, $6,560.00 (75.61%); operating expenses $1,410.28 (16.27%); reserves from earned income, $704.28 (8.13%).

This summary indicates how claims are increasing as the plan gets under full operation and services for tonsillectomy and obstetrical care become eligible.

The percentage of earned income necessary to cover operating costs decreases in ratio to the increase in volume of earned income, making a higher percentage of income available for physicians' fees. It emphasizes the necessity for increasing our volume if we are to enjoy a successful experience.

FARM SECURITY ADMINISTRATION MEDICAL PLAN

This Plan paid 100 per cent, according to its schedule of benefits, on all bills received during September. During the two preceding months we were forced to reduce payments by 20-25 per cent. We still consider this Plan as one of our most important experiments and we urgently request our participating physicians to continue their coöperation as part of our post-war planning program.

CITY OF NEWARK PLAN

This Plan, to provide payment for care rendered persons whose names appear on the relief rolls of Newark, while confined to their homes because of illness, was approved by Essex County Medical Society on October 14 and will be placed in operation on November 1, 1943.

WITH NEW JERSEY MEDICAL AUTHORS

It is requested that any New Jersey physician who publishes an article outside the state, notify the Editorial Office in Trenton, giving the title of the paper and the name of the periodical, as well as the month, date, volume and page number. It would also be helpful to this office if members would notify us of articles published by their colleagues.

BROWN, HERBERT R., JR., and PHILIP LEVINE (Newark)
The Rh factor and its importance in transfusion for the anemias of erythroblastosis and other causes. J. Pediat. 23: 290-296, Sept. 1943.

CAMAGNI, LILLIAN A. B. (Nutley)
On the use of fireproof cotton in bacteriological work. J. Lab. & Clin. Med. 28: 1475-1476, Sept. 1943.

HULETT, ALBERT G. (East Orange) (in service)
Survey of an epidemic of acute respiratory cases in the activating and training area, Fort Lawton, Washington. Mil. Surgeon 93: 265-274, Sept. 1943.

KESSLER, HENRY H. (Newark) (in service)
Cineplastic operation in rehabilitation of amputation cases. Mil. Surgeon 93: 281-285, Sept. 1943.

LEVINE, PHILIP—see Brown, Herbert R., Jr.

MAREN, THOMAS H., A.B. (New Brunswick)
Simple and accurate method for the determination of mercury in biologic material. J. Lab. & Clin. Med. 28: 1511-1514, Sept. 1943.

STEIN, GEORGE H., Capt. (M. C.) (Sioux Falls, S. D.)
Spontaneous pneumothorax. War Med. 4: 324-330, Sept. 1943.

STRELINGER, ALEXANDER (Elizabeth)
Major resection for functional gastrointestinal disease; report and evaluation of 2 cases. Am. J. Surg. 62: 72-79, Oct. 1943.

WAKSMAN, SELMAN A. (Rutgers University, N. J. Experimental Station)
Production and activity of streptothricin. J. Bact. 46: 299-310, Sept. 1943.

ORIGINAL ARTICLES

FACTORS IN PERIPHERAL LESIONS FOLLOWING CARBON MONOXIDE POISONING

Edwin A. Seifert, M.D., Glen Ridge, N. J.

In patients affected by carbon monoxide poisoning, either through attempted suicide or accidental means, mild cases frequently result in uneventful recovery but severe cases more often result fatally.

Dilutions as low as 0.05 per cent carbon monoxide have resulted in symptoms such as the typical cherry-red tint to the lips, mild cyanosis and temporary mental instability. One-quarter of one per cent dilutions have been known to result fatally.[1] Severe carbon monoxide poisoning will show profound coma, cold clammy skin, extreme cyanosis, cherry-red lips, rapid and shallow respirations, evidence of pulmonary edema and finally death.

Shillito and his investigators, in making a survey of 21,143 cases of gas poisoning in New York City, list 14,572 recoveries. Among the latter, 43 cases showed nervous and mental changes. This recording did not specifically cite any cases which developed vascular damage or gangrene of the extremities. Many investigators have described lesions in the brain and heart. Wilson and Carey[2] (1940) reported a case of gangrene of a foot. McLean[3] (1911) reported a case of carbon monoxide poisoning with gangrene in both legs. Kurlander[4] (1924) reported a case with paralysis of one leg following illuminating gas poisoning.

Martland[5] in 1934 reported the usual common autopsy findings in his investigations, including pink to cherry-red color of the blood, the right heart and large veins of the mediastinum as being distended with bright red fluid blood containing no clots and the muscles, stomach, intestines, liver, kidneys and brain showing a bright pink color. The lungs showed evidence of pulmonary edema and bright pink foam in the air passages. Those cases which had been given methylene blue intravenously showed bluish discoloration in the organs of the urinary tract. He describes the action of carbon monoxide on the human organism thus, "In carbon monoxide poisoning there is no cessation of breathing except as a terminal event. The tissues are primarily deprived of oxygen but carbon dioxide continues to be eliminated and may be greatly depleted as breathing with even more vigor takes place. To the anoxemia is added a condition of 'acapnoea'. Its fatal action is due chiefly to the replacement of oxygen by carbon monoxide."

Pathology

The usual vascular changes are hemorrhage, thrombosis, perivascular infiltration, softening and focal necrosis. In the capillaries punctate hemorrhages are seen.

CASE REPORTS

This report includes two individuals both of whom attempted suicide by inhalation of carbon monoxide gas with recovery.

Case 1. This patient, F. J., a male, age 20, was admitted to the Mountainside Hospital, Montclair, N. J., July 3, 1940, in coma which lasted about three hours. The temporary coma was followed by confusion and restlessness which lasted several additional hours. After recovery of his orientation and mental faculties, the most prominent complaint was pain down the right leg and instability of the right foot. Orthopedic consultation was called for on August 10th and at examination the patient showed a right foot drop with moderate atrophy of the calf muscles. Tactile stimulation of the skin of the dorsum of the foot demonstrated a sizable area of hyperesthesia. The Achilles reflex was absent. This patient was last examined in April, 1941, and at that time his leg pain had subsided. The foot drop was no longer in evidence and normal recovery of the calf muscles was noted. Sensation of the skin on the dorsum of the foot was normal. The Achilles reflex was present but diminished.

Case 2. This patient, W. F., a male, age 27, was admitted to the same hospital October 6, 1941, by ambulance after having been found in a parked automobile with the motor running and the windows closed. He was in profound coma with the usual classical symptoms and signs of cherry-red lips, extreme cyanosis, rapid shallow respirations, rapid pulse (140), blood pressure 124 over 78 and temperature 104.8° F. He was treated for shock and the blood typed. Fifty cc. methylene blue were given intravenously and a short time later 250 cc. of citrated blood were given. Continuous intranasal



Case 2—W. F. Scalp lesions following carbon monoxide poisoning.



Case 2—W. F. Lesions of heels following carbon monoxide poisoning.



Case 2—W. F. Scalp after treatment.



Case 2—W. F. Feet after treatment.

oxygen with carbon dioxide was administered. One hour after admission to the hospital, 250 cc. of whole blood were given to the patient.

About seven hours after admission the patient recovered consciousness. The day after admission the pulse dropped between 80 and 90, the temperature ranged between 99° and 101° F. and the respirations were slower and softer.

Within 48 hours after admission bright cherry-red areas developed on the buttocks, heels and scalp and small blebs appeared on the fingers of both hands. The reddened erythematous-like areas persisted on the scalp and heels. These in turn changed to soft areas after 72 hours. After six days the soft areas of the scalp were covered with a scab-like formation and soon loss of hair was noted. Meanwhile the soft tissue covering the heels took on the appearance of a hematoma and loss of sensation in the skin of the involved areas was noted. Finally, the soft tissue became necrotic and gangrenous and began to slough on the tenth day. Each area of the heels covered approximately four square inches and sloughed out to a depth of one-quarter inch. Also about ten days after admission the patient complained of pain in the lower part of the right chest. The area over the lower lobe of the right lung was percussed and the sounds over this area were flat and breath sounds were absent, indicating an infarct. Normal breath sounds were reëstablished at the end of five weeks. The scalp lesions healed and regrowth of hair on the scalp was seen at the end of three months after x-ray therapy.

The patient was ambulatory 19 days after admission and insisted on resuming his occupation. After this he walked on his toes, gradually overcoming the slight discomfort he was experiencing in the heels. Despite intensive therapy on the heels these lesions required about six months to heal by granulation. Various applications, including 10 per cent tannic acid, 10 per cent nitrate of silver and 2 per cent gentian violet were used until the skin lesions of the heels recovered.

CONCLUSIONS

Extensive peripheral lesions occurring as a result of carbon monoxide poisoning are few in number, considering the large number of cases involved and the case reports coming through the literature.

A few of those surviving severe poisoning show some degree of impairment of motor or sensory function. In a still fewer number of cases, areas of necrosis result.

BIBLIOGRAPHY AND REFERENCES

1. Martin, H. A.: Carbon Monoxide Poisoning. Ohio State Medical Journal, Vol. 34, Nov. 1938, p. 1251-1253.
2. Wilson, J. Alfred, and Carey, Wm. C.: Gangrene of a Foot Following Carbon Monoxide Poisoning. Industrial Medicine, Vol. 9, April 1940, No. 4.
3. McLean, J.: Carbon Monoxide Poisoning with Gangrene in Both Legs. J. A. M. A., Vol. 56, 1911, p. 1455.
4. Kurlander, J. J.: Paralysis of a Leg Following Illuminating Gas Poisoning. J. A. M. A., July 26, 1924, p. 271.
5. Martland, Harrison S.: Carbon Monoxide Poisoning. J. A. M. A., Vol. 103, Sept. 1, 1934, pp. 643-648.

Sanger, E. B., and Gilliland, Wm. L.: Toxicity of Carbon Monoxide, J. A. M. A., Vol. 114, Jan. 27, 1940, p. 324.

Beck, Harvey G.; Schulze, Wilmer, and Suter, George: Carbon Monoxide Poisoning. J. A. M. A., Vol. 115, July 6, 1940, pp. 1-8.

Bell, Milton: Methylene Blue in Carbon Monoxide Poisoning. J. A. M. A., May 6, 1933.

Mackay, R. P.: Neurologic Changes Following Carbon Monoxide Poisoning. J. A. M. A., May 31, 1930, p. 1733.

McNally, Wm. D.: Carbon Monoxide Poisoning. Journal of Michigan State Medical Society, Vol. 38, Oct. 1939, p. 871.

McNally, Wm. D.: Carbon Monoxide Poisoning. American Journal Medical Jurisprudence, Oct. 1938, p. 89.

Raskin, Naomi, and Mullaney, Owen C.: The Mental and Neurological Sequellae of Carbon Monoxide Poisoning. Journal of Nervous and Mental Diseases, Vol. 92, Nov. 1940, p. 5.

Maxwell, M. H.: Carbon Monoxide Poisoning. W. Va. Medical Journal, Oct. 1933, pp. 428-432.

Beck, Harvey G.: Medico-Legal Aspect of Carbon Monoxide Poisoning. American Journal Medical Jurisprudence, Nov. 1938, pp. 177-180.

Public Health Bulletin, No. 195, 1936 Revision. Review of Carbon Monoxide Poisoning.

Shillito, F. H.; Drinker, Cecil, and Shaughnessy, Thomas J.: The Problem of Nervous and Mental Sequellae in Carbon Monoxide Poisoning. J. A. M. A., Vol. 106, Feb. 29, 1936, p. 669.

Beck, Harvey G.: Slow Carbon Monoxide Poisoning. J. A. M. A., Vol. 107, Sept. 26, 1936, p. 1025.

Beck, Harvey G.: Chronic Carbon Monoxide Anoxemia, Clinical Syndromes. Southern Medical Journal, Aug. 1937, p. 824.

Beck, Harvey G.: Clinical Manifestations of Chronic Carbon Monoxide Poisoning. Annals of Clinical Medicine, June 1927.

State of New York, Department of Labor, Bulletin 1930. Carbon Monoxide Poisoning in Industry.

Sievers, R. F.; Edwards, T. I.; Murray, A. L., and Schrenk, H. H.: Effect of Exposure to Known Concentrations of Carbon Monoxide. J. A. M. A., Vol. 118, Feb. 21, 1942, p. 585.

DOCTOR FISCHELIS HONORED

The New York Branch of the American Pharmaceutical Association, which annually confers on "the man or woman who has done most for American pharmacy during the preceding year or during a longer period of outstanding activity and of fruitful achievement," the Remington Honor Medal, has awarded this honor for the current year to Dr. Robert P. Fischelis of Trenton, New Jersey.

Dr. Hugo H. Schaefer, Secretary of the Medal Award Committee and Dean of the Brooklyn College of Pharmacy, Long Island University, in announcing the award, cited Dr. Fischelis' work in support of more effective food and drug laws, and as chairman of the Joint Committee of the American Pharmaceutical Association and the American Social Hygiene Association on venereal disease control. Dr. Fischelis, former Dean of the New Jersey College of Pharmacy, is head of the chemicals, drugs and health supplies branch of the War Production Board; he is also a member of the American Social Hygiene Association's Board of Directors.

TUBERCULOSIS SCREENING EXAMINATIONS OF INDUSTRIAL WORKERS*

Martin H. Collier, M.D., F.A.C.P.
Superintendent and Medical Director of The Camden County Tuberculosis Hospital.
William H. MacDonald, Chief
Local Health Administration, State Department of Health.

Tuberculosis, in time of war, threatens to increase in prevalence and presents an added challenge to agencies particularly concerned in the control of this disease. During the World War of 1918, special steps taken in New Jersey, directed toward the further reduction of this disease, were very limited. In the present war, due to increased knowledge, opportunities and facilities, more definite steps are being taken to meet the added challenge brought about by war conditions. A basic step in this work is the search for and recognition of new cases of this disease.

In addition to examinations made of military personnel and men called before the Selective Service Administration, industrial groups present an opportunity for special activities designed to locate cases of this disease. Locating cases of tuberculosis among industrial workers, in addition to its public health aspects, is also of advantage from the standpoint of industrial efficiency and production. To the end of discovering cases of tuberculosis in industrial workers, the State Department of Health has taken advantage of an opportunity to secure, for service in New Jersey, a movable x-ray unit furnished and manned by the United States Public Health Service. This unit has been operating in New Jersey for several months and, as a result of the examinations made by the unit in industrial plants, cases of tuberculosis are being discovered whose existence was not previously known. In addition to the x-ray equipment, the personnel necessary to operate this equipment is furnished, namely: a physician, a technician and a clerk. Furthermore, valuable assistance was given by the various local organizations.

In carrying on the work, it is the general plan to arrange with the labor group and with management of a specific industry for the x-ray equipment to be set up in the plant and used in screening tests of as many of the employed personnel at the plant as will volunteer for this type of examination. Experience has shown that plant managements are interested in this work from the standpoint of efficiency of the organization and welfare of the workers. In the plants so far reached, management has been very coöperative in permitting the workers to leave the production lines long enough to have the x-rays taken. Experience has also shown that the workers' organizations in the plants reached approve of this type of screening examination and encourage the workers to take advantage of it. They are somewhat solicitous, and rightly so, as to the disposition of those found to have tuberculosis. They greatly prefer, and sometimes insist, that the results of the examination of any individual remain with the State Health Department or health agencies coöperating with such Department, and not be made available to the plant management.

The nine plants in which such examinations have been made are located in seven counties of New Jersey; no plant selected has had an employed personnel of less than 1000. In actual operation, it is the practice to take as a routine a 35 mm film of each person; with proper planning these are taken very rapidly and require the worker to be away from the production line for only a short period. After development, these films are carefully examined and any showing signs at all suggestive of tuberculosis are set aside and these individuals are recalled from the production lines for a 14x17 film.

At the nine plants completed, a total of 40,092 workers accepted the screening examination provided by the 35 mm film; the number of retakes on a 14x17 film was about 1,-

* Read before the Spring Conference of the New Jersey Tuberculosis League Thursday, April 29, 1943.

115. In the examinations at the plants, in order to speed up the work, it, of course, is not possible to make any physical examination of the workers. Any opinion as to whether the worker has tuberculosis must, of course, be based upon the examination of the x-ray alone. Of the 40,000 workers so far examined, the number of x-ray films which, in the opinion of the physician examining the films, showed signs suggestive of tuberculosis is 507. Of this number, based on the x-ray examination alone, 26 were classified as showing signs indicative of Far Advanced Tuberculosis, 100 as Moderately Advanced Tuberculosis, 190 as Minimal Tuberculosis and 7 as Miliary Tuberlosis. No attempt was made by the person originally examining the films to classify, even roughly, the remaining 184 showing some signs suggestive of tuberculosis, or at least worthy of further examination. The figures given above are, of course, to be considered only as gross indicative findings and are not to be considered definite classification of cases, nor even as definite diagnoses. As a matter of fact, the follow-up of individuals discovered in such a screening examination as showing some signs suggestive of tuberculosis, and having such persons carefully and more completely examined to establish a definite diagnosis, is a much greater and more time consuming program than is the screening examination itself.

Up to this time, it has been the practice in the screening examination to secure from the worker his address and the name of his family physician, if any, at the time he is recalled from the production lines to have the 14-17 film taken. This information, together with the observations of the physician who reads the 14x17 films, is forwarded to the Central Office of the State Department of Health for the individuals whose retakes show signs sufficiently suggestive of tuberculosis to warrant follow-up and more careful subsequent examination. Upon receipt of these records at the Office of the State Health Department, the names are first checked against the names of persons already recorded in the normal manner as cases of tuberculosis. A communication is then sent directly to the individual urging him to consult his physician promptly and a communication is also sent to the physician, telling of the screening examination made of the worker, advising the physician that the worker has been urged to report to him promptly, and requesting the physician to notify the Office of the State Health Department immediately on a postal card provided him, when the worker consults him. The physician is also requested to fill out and return to the State Health Department a special report sheet on which is recorded the results of his more complete examination of the individual. Should the worker at the time of the screening examination give no name of a family physician or should the State Health Department not receive information to show that the worker consulted his stated physician promptly after notification, the name of the worker is referred to some local agency, with the request that the worker be seen and urged to consult a physician or attend a clinic for subsequent and more thorough examination.

Obviously a great many of the persons found in the screening examinations and referred to local agencies are reaching directly or indirectly the workers in County Tuberculosis Leagues. Your coöperation in following up these cases is very greatly appreciated by the State Health Department and is, I am sure, a line of work the value of which you appreciate. Unavoidably, there is a delay in having the follow-up examinations carefully made and reported upon. Up to April 12, 1943, 129 of the group of 507 persons recorded as sufficiently suspicious to warrant subsequent examination have been reported upon. The reports of these 129 persons show that 91 were definitely classified as tuberculosis, 20 of which were definitely classified as active; 19 showed some evidence of disease other than tuberculosis; 378 are still listed in the files of the State Health Department as under investigation. Many of the latter are known to have consulted physicians or to have had examination made at clinics, but have not yet been recorded as positive or negative for tuberculosis.

Table showing results of follow-up of industrial workers whose screening x-ray showed signs suggestive of tuberculosis:

1.	Reinfection Tuberculosis (active)	20
2.	Reinfection Tuberculosis (arrested)	70
3.	Primary Tuberculosis (arrested)	1
4.	Diagnosis Doubtful	2
5.	Periodic Check-up	1
6.	No Apparent Evidence of Tuberculosis Disease	12
7.	Pathology Other Than Tuberculosis	19
8.	Unable to Locate	4
9.	Under Investigation	378
		507

Conditions other than Tuberculosis found:

1.	Pleurisies	233
2.	Pneumoconiosis	24
3.	Cardiacs (from slight enlargement to huge enlargement)	581
4.	Scoliosis	117
5.	Pneumothorax	8
6.	Neoplasm	12
7.	Bronchiectasis	42
8.	Azygos lobes	11

The unit is still in operation in New Jersey and screening examinations are being made in other plants as rapidly as possible. The results so far obtained, both in locating cases of tuberculosis so that they may be followed up and treated and also as a means of locating families in which x-ray examination of the members thereof are particularly indicated, justifies the continuance of this work, both during the present war time emergency and also as a future long range policy in the campaign against tuberculosis.

TREATMENT OF ANKLE SPRAIN

More than 200 patients with ankle sprain were treated with injection of procaine hydrochloride and more than 200 with adhesive tape strappings. Others received no treatment, while still others were put to bed for cold and hot applications. Irrespective of the type of treatment, patients who returned immediately to normal activity and used and moved the foot and ankle improved much more rapidly than those who did not.

Injection with 2 per cent procaine hydrochloride solution into the injured ligaments followed by normal activity gave uniformly the best results. These patients, following complete elimination of pain and tenderness by injection continued immediate use of the part, avoiding only especially strenuous activity as hard running or jumping.

CONCLUSIONS

Immediate and continued active motion and use of a sprained ankle and foot almost irrespective of any local treatment definitely hastens recovery.

The most satisfactory adjunct in the treatment of ankle sprain in order to maintain motion and use of the part is the complete elimination of pain by the injection of 2 per cent procaine hydrochloride solution into the injured ligaments.—McMaster, J.A.M.A., Vol. 122, No. 10, p. 660.

"VIRUS PNEUMONIA"

In recent years an increasing number of cases of acute infection of the respiratory tract associated with atypical pulmonary lesions have been reported. These infections have been variously described as acute influenzal pneumonia, pneumonitis, acute interstitial pneumonitis, atypical pneumonia, atypical bronchopneumonia of unknown etiology and most frequently "virus pneumonia". In spite of the meager positive results of laboratory studies, the latter name is now quite generally used both by the practitioner in verbal discussions and in many written reports. The diagnosis "primary atypical pneumonia, etiology unknown", recently suggested in an official statement to the Surgeon General of the Army, appears to be the most suitable designation for this fairly well defined clinical syndrome and implies that an effort has been made to rule out the known bacterial as well as nonbacterial etiologic agents. The nonbacterial agents refer particularly to the viruses of influenza, psittacosis and Q fever. Although a number of attempts have been made to isolate the causative agent, the etiology of primary atypical pneumonia is by no means established at the present time and hence no specific laboratory test is now available.—Sulkin and Harford, J.A.M.A., Vol. 122, No. 10, p. 648.

ARTHUR WALTER BINGHAM, B.S., M.D., F.A.C.S., 1872-1943*

MATERNAL WELFARE ARTICLE NUMBER EIGHTY-FOUR

WALTER B. MOUNT, M.D., Montclair, N. J.
Attending Obstetrician, Mountainside and Community Hospitals

Arthur Walter Bingham was born on May 19th, 1872, in Milwaukee, Wisconsin, the son of Webster Adams and Fanny Bird Bingham. His early education was in the schools of Milwaukee and of West De Pere, Wisconsin. He went to Cornell University, where he received the B.S. degree in 1893. His M.D. degree was obtained in 1896 from the College of Physicians and Surgeons, Columbia University, New York. Then he spent two years as an intern at the old General Memorial Hospital at 106th Street and Central Park West, and in 1898 he also served as intern at the New York Infant Asylum and at the Sloane Hospital for Women (then the Sloane Maternity Hospital), all in New York. On January 1st, 1899, he started in general practice in East Orange, New Jersey, where he remained all his life. As his obstetrical work increased he gradually relinquished his general practice. In 1900 he married Miss Mary Condit Dodd, who died less than two months before his own death. She had been a fine companion and help to him.

Dr. Bingham had a noteworthy connection of over forty years with the Orange Memorial Hospital, starting in the Clinic and before long becoming Attending Obstetrician. The obstetrical facilities of that hospital had been unpretentious; but in 1914 Dr. Bingham reorganized the Obstetrical Department and he was largely, almost entirely responsible for the erection of the separate Maternity Building, finished in 1920. This is still a model building. This Obstetrical Department he skillfully directed till the close of the year 1937, and after that date was made Consulting Obstetrician, but he always maintained a deep interest in the department and in the hospital. For twenty years he was on the Medical Board and its President for six years. Also, he was Consulting Obstetrician to the Dover General Hospital, Dover, New Jersey, and the Presbyterian Hospital, Newark, New Jersey. In 1921 he organized the Maternity Center of the Oranges and Maplewood, and served on its Executive Committee. He was on the Medical Advisory Board of the Visiting Nurses' Association of the Oranges. He was President of the Board of Directors of the Medical Building Corporation, which manages the Professional Building in East Orange. He was a Trustee of the Munn Avenue Presbyterian Church and a director of the Essex County Trust Company.

He was a Fellow of the American College of Surgeons (1923), of the American Medical Association, and a Non-resident Fellow of the New York Obstetrical Society, and a member of The Medical Society of New Jersey and of The Society of Surgeons of New Jersey (1928). He had been President of The Academy of Medicine of Northern New Jersey (1933-1935), the Essex County Medical Society (1929-1930), the Orange Mountain Medical Society and the William Pierson Medical Library Association. In 1935 he became a Diplomate of the American Board of Obstetrics and Gynecology.

His interest in and work for maternal welfare won him world-wide recognition. An original member (in 1923) of the Medical Commission for Maternal Welfare of Essex County, New Jersey, he had served as its President and in 1930 became Chairman of the newly organized Committee on Maternal Welfare of The Medical Society of New Jersey. He was Chief Advisory Obstetrician, Bureau of Maternal and Child Health, New Jersey State Department of Health. A good proportion of his 38 published papers were on the subject of maternal welfare and he maintained contacts with many of those interested in this work. He was ready to give and did give freely of his time to talk before many groups. Strangely enough, his first published paper was on nephritis in children. He had

* Read at a meeting of The New York Obstetrical Society, October 12, 1943.

several deep convictions, such as the importance of preventing toxemia of pregnancy by controlling the gain in weight by means of diet and exercise. His work was careful, sane, and conservative.

Several special honors were bestowed upon Dr. Bingham. In March, 1940, he was named the outstanding citizen of the Oranges by the Chamber of Commerce and Civics of the Oranges and Maplewood. On March 27th, 1940, he received a bronze plaque from The Medical Society of New Jersey, an Award of Merit "for Distinguished Service in the field of Public Health, an Outstanding Obstetrician whose contributions to Maternal Welfare in New Jersey and elsewhere are acknowledged and enthusiastically endorsed by his colleagues". On February 14th, 1943, The Academy of Medicine of Northern New Jersey presented him with The Edward J. Ill Award, a bronze medal inscribed—"Learned Obstetrician, Instructive Author, Public Spirited Citizen". More recently a tablet was placed in the Maternity Building of the Orange Memorial Hospital with the notation—"The Bingham Maternity Building. Dedicated in Honor of Arthur Walter Bingham, M.D., Nationally Recognized Authority and Pioneer in Prenatal Care and Obstetrical Practice, Through whose Untiring Efforts This Building was Erected in the Year 1920."

Dr. Bingham had a charming personality and he had a host of friends among his patients and his colleagues. He seemed always to remain calm and serene. With all his earnestness he made a delightful companion. He enjoyed golf and music and he had a good voice. In him one saw a fine combination of serious devotion to his chosen work, love of family, and consideration of his fellows. We miss him sorely.

On November 13th, 1928, Dr. Bingham discussed before this Society a paper by Dr. Harry W. Mayes on the use of mercurochrome as a vaginal antiseptic before cesarean section. Soon after he was elected a Non-resident Fellow, and until his illness a year ago he had rarely if ever missed a meeting unless prevented by professional duties. He enjoyed the meetings very much, had presented several case reports, and not infrequently entered into the discussions.

In the autumn of 1942 Dr. Bingham became ill, underwent an exploratory operation, and then bravely faced the inevitable with a clear mind and noble courage. His attitude during those long months was remarkable. He continued with his committee work, his planning, and his writing as long as he could. The death of Mrs. Bingham late in March was a sad blow to him. He died on May 18th, 1943, the day before his seventy-first birthday. He is survived by one son and two daughters, and five grandchildren. His son and daughters are: Mr. Walter Adams Bingham, Llewellyn Park, West Orange, N. J.; Mrs. Anne Bingham Norton, Llewellyn Park, West Orange, N. J., and Mrs. Mary Bingham Kennedy, 228 Irving Avenue, South Orange, N. J. He is also survived by a sister, Miss May H. Bingham, living in Los Angeles, California.

It is moved that this resolution be spread on the minutes of The New York Obstetrical Society and that a copy be forwarded to Dr. Bingham's family.

A LESSON FROM A DEATH CERTIFICATE

NUMBER FIFTY-FIVE

Patient 24 years of age. Grav. ii, para i. Gestation 2 months. Slight bleeding for 5 weeks with occasional cramps. Weight 260 lbs. Uterus slightly enlarged, small amount of resistance in the left adnexa. D. & C. done. Second day complained of pain in abdomen and back. Next day more cramps in abdomen and went into shock. Diagnosis: Ruptured ectopic. Immediate laparotomy. Ruptured ectopic of right tube found. Patient died on table.

Most of these patients die following a delay in diagnosis. In early pregnancy one should always realize the possibility of ectopic. Be "ectopically minded".

W. B. MOUNT, M.D.

STATE ACTIVITIES

BOARD OF TRUSTEES' MEETING

A regular meeting of the Board of Trustees was held in the Executive Offices, Trenton, Sunday, October 24, 1943.

ATTENDANCE

Those present were: Dr. Lee, Chairman, who presided; Drs. Hollinshed, North, Fithian, Hawkes, Londrigan, Coleman, Green, Crowe, Norton, Stahl, McBride, Scammell, Alexander, Costello, Hornberger and Young. Also present upon invitation were: Drs. Barkhorn, Quigley, Johnsen and Decker, and Judge Reiffin.

APPROVAL OF MINUTES

The minutes of the reorganization meeting, June 27, 1943, were approved as distributed.

ESSEX COLLEGE OF MEDICINE AND SURGERY

Judge Reuben H. Reiffin, Paterson, Counsel for the Essex College of Medicine and Surgery, appeared before the Board to discuss the establishment of a medical school in New Jersey. He stated it was a new effort to establish a school, the Society being consulted first, and believed the Society should coöperate in selecting the staff, including the dean, in setting up the curriculum and standards, and in determining the methods and character of admissions. Judge Reiffin also stated it was his belief that the school should be operated by the medical profession, and with the advice and consent of The Medical Society of New Jersey.

On motion which was duly seconded and carried, the Officers of the Society and the Chairman of the Board of Trustees were constituted a Committee to meet with a Committee representing the proposed Essex College of Medicine and Surgery.

COMMITTEE LISTINGS

The Board was informed by Dr. Henry C. Barkhorn, Chairman of the Publication Committee, that because of the paper shortage, it is not possible to print the full five pages of committees in each *Journal*. At the suggestion of the President, the Board authorized that reprints of the lists be made and sent to all Officers and Committee members for their information and files.

HEALTH COMMITTEE OF THE BOARD OF CHILDREN'S GUARDIANS

The Board approved the action of the President in appointing Dr. Harrold A. Murray, Newark, and Dr. Samuel Blaugrund, Trenton, as members of the Health Committee of the State Board of Children's Guardians.

ANNUAL MEETING, 1944

The Board approved the 1944 Annual Meeting plans and program. (See page 413.)

DRAFT BOARD PHYSICIANS

A letter from the War Manpower Commission, relative to the difficulty in obtaining the services of physicians for draft board work, stated that Selective Service requested the appointment of physicians living in New Jersey, but working outside the State, and not holding a New Jersey license.

The Board instructed the President to reply to the letter stating it is the opinion of the Board that only New Jersey physicians who are licensed in New Jersey should be used for local draft board examinations.

The Board also directed the Executive Offices to send the names of County War Participation Committee Chairmen to the War Manpower Commission for use in contacting local committees for the selection of local board physicians.

CORONER LAWS

A letter from Dr. Edgar T. Flint, Raritan, proposing that the Society draw up and sponsor legislation to unify the several county procedures and requirements relative to coroners, was laid over until the next meeting.

N. J. FORMULARY

A communication from Parke Davis and Company, calling our attention to an infringement on their patent in the formula for isotonic ephedrine solution, 4th Edition of N. J. F., was referred by the Board to our Counsel, Mr. Wall, with authorization to contact the Parke-Davis counsel.

STATE BOARD OF HEALTH

A letter from Dr. Stanley Nichols called the Board's attention to the expiring date—July 1,

1944—for the term of Dr. J. M. Carlisle on the State Board of Health.

Upon action by the Board the names of three physicians to be selected at a later date will be submitted to the Governor as candidates to fill the office; a copy of the communication to be sent to Dr. Nichols for the information of the Conference of Allied Medical Professions.

FELLOWS' MEETING

The Board approved the arrangement of a meeting of the Fellows of the State Society and the Social Security Committee with Dr. Louis Bauer, Chairman of the Council on Medical Service and Public Relations of the A. M. A., on November 4th in Newark.

TREASURER'S REPORT

The Board approved the conversion of $2,000, at present in a U. S. Treasury Bond on which interest has expired, into a Series G War Bond.

RUTGERS PLAN

Dr. Henry B. Decker, Chairman of the Rutgers Plan Committee, reported that after several conferences with Dean Miller of Rutgers University, relative to a course in graduate medical education through teaching in dispensaries, it was decided to request the various departments of Cooper Hospital, Camden, to set up such courses; to date only one plan has been received, that from the orthopedic department. This plan is the forerunner of a greater plan by which it is hoped that later Rutgers or Princeton could establish a pre-clinical course and the actual clinical training would be carried on in participating hospitals throughout New Jersey.

MEDICAL-SURGICAL PLAN

A meeting of the Board of Trustees of the Medical-Surgical Plan of New Jersey will be held on October 31, 1943, at which two proposed changes in the Enabling Act will be considered.

A report of a Special Committee of the Board and a recommendation from the Welfare Committee were laid over pending receipt of a report from the Medical-Surgical Plan.

The Special Committee was instructed to consult with the Banking and Insurance Commission to learn the details of the proposed changes should the changes be decided upon by the Medical-Surgical Plan.

SOCIAL SECURITY COMMITTEE

At the request of the Special Committee to Combat the Wagner Bill, the Board approved changing the name to the Committee on Social Security.

A report of the Committee, presented by Dr. Londrigan, was accepted by the Board. (See page 431.)

The Committee's recommendation that arrangements be made through a clipping bureau to have all newspaper material, articles and editorials bearing on the subject of the Wagner Bill or socialization of medicine be sent to Dr. Schaaf, was approved by the Board with the amendment that the arrangements be left in the hands of the President with power to act.

The Board endorsed the activities of the Special Committee on Social Security.

It was directed that the Component County Societies be informed that the activities of The Medical Society of New Jersey in regard to the Wagner-Murray-Dingell Bills are under the direction of the Special Committee on Social Security of the State Society. Publicity on the Wagner Bill, through the Subcommittee on Public Relations, shall be directed and approved by the Special Committee on Social Security.

MEDICAL SERVICE ADMINISTRATION

To fill a vacancy on the Board of Trustees of the Medical-Surgical Plan and on the Board of Governors of the Medical Service Administration created by the resignation of Dr. William J. Carrington, now in service, the Trustees approved the appointment of Dr. Samuel Cosgrove, Jersey City, to membership on the two boards. The Trustees also approved the appointment of Dr. Carrington as adviser to the two boards.

NEWARK MEDICAL PLAN

The program of the Medical Service Administration to provide payment to physicians for medical care rendered persons on relief rolls of the Newark Welfare Department, who are confined to their homes because of illness, was approved by the Board of Trustees.

SECTION ON GASTRO-ENTEROLOGY

The Board was informed that both the Chairman and Secretary of the Section on Gastro-Enterology were in service, and so directed the Chairman of the Scientific Work Committee, Dr. John W. Gray, to appoint an Acting Chairman and Secretary of the Section until the next meeting of the Section.

A. M. A. CONFERENCE OF SECRETARIES AND EDITORS

With the approval of the President and Chairman of the Publication Committee, the

Board sanctioned the attendance of the Acting Executive Officer, Mrs. Madden, at the A. M. A. Conference of Secretaries and Editors in Chicago, November 19th and 20th, 1943.

MEDICAL CARE PROGRAM OF WIVES AND CHILDREN OF ENLISTED MEN

Because of the time element and at the request of the Chairman of the Welfare Committee, Dr. Herschel S. Murphy, the following resolution adopted by the House of Delegates of the A. M. A. and concurred in by the Special Committee was presented by Dr. Quigley and adopted by the Board of Trustees:

That the action of the federal government in making funds available for maternity and infant care for the wives and infants of enlisted men be approved, and that adoption be urged of a plan under which the federal government will provide for the wives of enlisted men a stated allotment for medical, hospital, maternity and infant care, similar to the allotments already provided for the maintenance of dependents, leaving the actual arrangements with the wife and the physician of her choice.

A report of the Special Committee was received by the Board. (See page 436.)

RESOLUTIONS ON THE DEATH OF DR. MARSH

The Board appointed Dr. Andrew F. McBride and Dr. E. Zeh Hawkes as a Committee to draw up resolutions on the death of Dr. Elias J. Marsh, to be read at the next meeting of the Board, same to be properly engrossed and sent to the family.

ALDRICH C. CROWE, M.D.,
Secretary.

MEETING OF THE WELFARE COMMITTEE

The Welfare Committee met at the Hotel Hildebrecht in Trenton on Sunday, October 10, 1943, at 2:15 p. m. Dr. Herschel S. Murphy, Chairman, presided. Those present were:

ATTENDANCE

Herschel S. Murphy, Chairman
Chester I. Ulmer, Vice-Chairman
Ralph K. Hollinshed, Ex-officio
Alfred Stahl, Ex-officio

Bergen County—Harrison B. Wilson
Burlington County—S. Emlen Stokes
Camden County—Henry B. Decker, H. Wesley Jack
Cumberland County—Millard F. Sewall, H. Burton Walker
Essex County—Harry N. Comando
Gloucester County—Wendell J. Burkett
Hudson County—J. Lawrence Evans, B. S. Pollak
Hunterdon County—Samuel B. English
Mercer County—L. Samuel Sica
Middlesex County—Jacob J. Mann, Ralph J. Faulkingham
Monmouth County—Stanley Nichols, Samuel W. Hausman
Ocean County—William E. Dodd
Passaic County—Sigurd W. Johnsen
Salem County—Harry F. Suter
Somerset County—Frank L. Field
Sussex County—Leo B. Drake
Warren County—William H. Varney
Technical Advisers—R. P. Fischelis, Emil Frankel, F. J. Quigley
Officers of State Society—Joseph F. Londrigan
Visitors—George Blackburne, J. M. Carlisle, William G. Herrman, Norman M. Scott, A. Charles Zehnder, Walter B. Mount, S. William Kalb, Julius Levy, Watson B. Morris, Abraham Jaffin, Miss Greta Axelson, Miss Louise Rogers

PRESIDENT'S REMARKS

Dr. Hollinshed stated he was very pleased with the attitude of the Committees whose Chairmen are on the job and working hard. Programs have been outlined and it is hoped that by March a very definite plan of action will be formulated for presentation to the House of Delegates.

Announcement of the plans for the 1944 Annual Meeting was made by the President. (See page 413.)

For the information of the Committee, Dr. Hollinshed read a letter from Dr. A. W. Adson, member of the A. M. A. Council on Medical Service and Public Relations, which presented a change in the attitude of the leaders of the A. M. A. and which Dr. Hollinshed described as "a breath of fresh air in the desert".

Dr. Adson's letter stated that at a meeting of the Council on September 9 and 10 certain very definite policies were adopted:

1. Taking an active part in federal legislation.
2. Attempting to integrate the activities of all state organizations so that a rather unified plan might be adopted to counteract unfavorable federal legislation.
3. Approving of the activities of the National Physicians' Committee without official connection.
4. Selecting a secretary who is a doctor and who is familiar with legislation.

Dr. Creighton Barker, Secretary of the Connecticut State Medical Society, was invited to become the new Council's first secretary.

The secretary's office will be in Chicago with the privilege of being in Washington as often and as long as he finds it necessary; he will attend various state meetings in order to familiarize himself with the activities of the various state groups.

The Council decided to secure the services of a journalist on one of the metropolitan newspapers in Washington which would permit the A. M. A. to obtain information long before matters became legislative suggestions, as a correspondent would have access to this information beforehand.

An Executive Committee of the Council was established — Dr. Louis H. Bauer, Chairman of the Council; Dr. Roger I. Lee, elected member from the Board of Trustees, and Dr. Adson.

The Council will call on outstanding men from all over the country to appear at legislative hearings in Washington.

State Societies should not hesitate to send suggestions to the new Council in order that a more or less national program can be created.

SUBCOMMITTEE REPORTS

Medical Practice

Dr. Sigurd W. Johnsen, Chairman, reported that the whole field of compulsory health insurance and also the many voluntary health insurance plans have been studied. Four installments of the report are being published in *The Journal,* September-December, 1943, issues.

The fundamental problem is two-fold: first, to try to meet the threat of a bureaucratic program of Federal Medicine; and second, to try to meet the needs and demands of the Post-War Medical Man. To accomplish these, various portions of the work have been delegated to the Advisory Committees. They are doing an amazing amount of work in giving their time and trying to bring about a common-sense proposal that will be acceptable.

Dr. Johnsen presented the following resolutions, adopted by his committee, to place New Jersey on record as coöperating with the A. M. A. and all other State Medical Societies in fighting Compulsory Health Insurance Plans:

1. We affirm the stand of the American Medical Association, as expressed in the resolution adopted by the House of Delegates in 1920:

"Resolved, That the American Medical Association declares its opposition to the institution of any plans embodying the system of compulsory contributory insurance against illness, or any other plan of compulsory insurance which provides for medical service to be rendered contributors or their dependents provided, controlled or regulated by any state or the federal government."

Upon motion by Dr. Johnsen, seconded by Dr. Ulmer and unanimously carried, the resolution was adopted.

2. We also affirm the action taken by the American Medical Association by its House of Delegates in 1942:

"Resolved, That the House of Delegates of the American Medical Association approves that principle of medical service plans on a service basis when sponsored by a constituent state medical association or a component county medical society in accordance with the recommendations relating to medical service plans adopted by the House of Delegates."

To fulfill this resolution, we urge the full support of The Medical Society of New Jersey and its component county medical societies be directed toward the successful operation of the Medical-Surgical Plan of New Jersey. We must act in unity and make a united effort to achieve success. Should the experimental operation of the plan prove detrimental to the best welfare of the people of New Jersey, or to the medical profession, then united action in rescinding this plan can be taken.

Upon motion by Dr. Johnsen, seconded by Dr. Ulmer and unanimously carried, the resolution was adopted.

AUXILIARY MEDICAL SERVICES

At. Dr. Johnsen's request, the Chairman of the Advisory Committee on Auxiliary Medical Services, Dr. William G. Herrman, presented the following recommendations, previously adopted by the Subcommittee on Medical Practice:

These recommendations are on Auxiliary Medical Services. The committee feels that Auxiliary Medical Services have become more or less the chattels of corporations, and that the problems now confronting them will tomorrow be the problems of all medical services. Most Medical Practice Acts now in effect state that corporations cannot sell medical services, but they are doing it just the same.

The committee is willing to give thought and study to the production of ethical contracts for the various Auxiliary Medical Services in hospitals, provided the Welfare Committee and the State Society will go on record as now determined to do their part to delete *all* medical services from hospital services—not just pass resolutions.

1. The committee is in favor of separating medical services from hospital services in all pre-

payment plans affording medical or hospital care. Medical services are any type of diagnostic or therapeutic aid rendered to the patient by physicians.

2. The committee recommends that in all Hospital Service Plans operating in the State of New Jersey, related to community hospitals and approved by The Medical Society of New Jersey, no diagnostic or therapeutic services be included. That in such plans now in operation, giving such services, these services be deleted — to be offered by the Medical-Surgical Plan as soon as practical, and Hospital Service Plans to reduce their premiums accordingly.

3. The committee recommends that our State Society go on record as strongly approving the resolution of the A. M. A. adopted at the 1943 House of Delegates which opposes the inclusion of any Medical Services in any hospital plan and the selling of such services by the hospital. (June 19, 1943, issue of the Journal of the A. M. A.)

4. The committee recommends that the State Society contact each County Society and request it to go on record also as approving the A. M. A. resolution and appoint a committee to study and to seek to change conditions if they conflict.

5. The committee feels it is imperative that the profession make an effort to be represented on the Governing Boards of Hospitals and their Executive Committees by staff members having voting powers.

Supporting recommendation number three, Dr. Herrman reported that the Blue Cross Plan of Connecticut does not include Auxiliary Medical Services. A letter from the Connecticut Medical Society Secretary states that the Medical Society was consulted concerning practically all the details of the contract written by the Plan and four or five members of the Society are on the Plan Board.

In support of recommendation number five, and for the information of the Committee, Dr. Herrman read a resolution adopted by the Monmouth County Medical Society in September recommending the appointment of the whole medical staff or chiefs of service to the Board of Governors of the hospital, believing this to be in the best interest of the hospital, its patients and physicians.

After discussion by several members on the merits of these recommendations, President Hollinshed stated that inasmuch as this policy has been approved by the A. M. A., he felt it would be perfectly proper for the Welfare Committee to adopt these recommendations in principle. This would open the way for discussion with the New Jersey Hospital Association and the Medical-Surgical Plan, the details to be worked out later.

Upon motion by Dr. Ulmer, seconded by Dr. Johnsen, the recommendations were unanimously adopted.

Public Health

Dr. Stanley Nichols, Chairman, reported that his committee had adopted the report of the Adult Health Supervision Committee on cardio-vascular deaths in the medical profession and presented it for publication in *The Journal*. (See page 439.)

The American Public Health Association meets October 12-14 in New York City; the New Jersey Welfare Council and the New Jersey Health and Sanitary Association on November 9-10, also in New York. The medical profession is not well represented in these organizations and since everything that is done in their meetings affects the health and welfare of the doctor's patient, Dr. Nichols urged all doctors to become members.

Additional representatives of organizations interested in public health work have been added to the committee as technical advisers—hospital, manufacturer, C. I. O. and Senate Public Health Committee.

The following recommendation of the Public Health Committee was referred to the Board of Trustees:

"That The Medical Society of New Jersey, as soon as feasible, hold a state-wide conference on Medical Care."

Public Relations

The June 20th report of the Public Relations Committee (page 285, July *Journal*) was referred to the Medical Practice Committee for study.

Dr. Johnsen reported that his committee had given the report very careful consideration, and adopted the following recommendation which was presented for the approval of the Welfare Committee:

"That the Board of Trustees be petitioned to reconsider its resolution adopted on March 22, 1942, with the idea of permitting the Medical-Surgical Plan to operate in any County where 51 per cent of the practicing physicians consent to participate."

Upon motion by Dr. Johnsen, seconded by Dr. Stahl, the recommendation was unanimously adopted.

MEDICAL CARE PROGRAM OF WIVES AND CHILDREN OF ENLISTED MEN

Dr. Walter B. Mount, Chairman, reported that his committee had met twice and discussed a number of details. One important phase is that there apparently will be provision made to pay the soldiers for additional family responsibilities and it may be wise to try to include the payment for maternity care in that same way.

At the request of the Special Committee, Dr. Murphy appointed Dr. Frederic J. Quigley and Dr. Norman M. Scott as technical advisers to the committee.

WILLIAMS REPORT ON THE STATE BOARD OF HEALTH

Dr. Harrison B. Wilson, Chairman of the Special Committee appointed June 20th to study the Williams Report and the recommendations of the State Board itself on the suggested reorganization of the Board of Health, presented the report of his committee.

At the request of the State Board of Health, which has formed a committee to study the Williams Report, the Welfare Committee was requested to take no action on Dr. Wilson's report until the findings of the State Board Committee had been reported.

In reply to Dr. Wilson, who asked of what value his report would be to the Board, Dr. J. M. Carlisle, President of the State Board of Health, replied that it had been very influential to date as far as the Board was concerned. The overall points of difference had been given Dr. Carlisle by Dr. Wilson and they have been very helpful to the Board in taking actions and arriving at conclusions. Dr. Carlisle stated the matter is far from being settled and the opinion of Dr. Wilson's Committee is very valuable. Dr. Carlisle endorsed the following action: The Welfare Committee instructed the Executive Offices to send to each individual member of the Welfare Committee, for careful study, a copy of Dr. Wilson's Committee Report together with a copy of the Williams Report.

SOCIAL SECURITY (WAGNER BILL)

For the information of the members, Dr. Joseph F. Londrigan, Chairman of the Trustees Special Committee on Social Security, read a brief report of the activities of his committee. (See page 431.)

TECHNICAL ADVISER

Chairman Murphy announced the appointment of Dr. Frederic J. Quigley, Executive Secretary to the Subcommittee on Legislation, as Technical Adviser to the Welfare Committee.

CONFERENCE ON PLANNING OF POST-WAR MEDICAL SERVICES

A brief report on the Conference on the Planning of Post-War Medical Services, sponsored by the National Physicians' Committee in New York on October 4th, was presented for the committee's information by Dr. Chester I. Ulmer. The conference was attended by leading physicians and representatives of pharmaceutical industries. Outstanding talks were given by Dr. Morris Fishbein and Mr. Raymond Moley, Editor of News Week, who closed his talk with "He who would destroy the rights of the people will come in the guise of one preserving their liberties."

The meeting adjourned at 4:15 p. m.

REPORT OF COMMITTEE ON SOCIAL SECURITY

JOSEPH F. LONDRIGAN, M.D., Chairman

Three meetings of the Committee have been held: July 4th, July 22nd, and October 20th. At the first meeting a program to combat title 9 of the Wagner Bill was formulated. The Committee, realizing that a letter from the President to various groups would be more influential than coming from the Committee itself, suggested to Dr. Hollinshed that letters be sent by him to the Presidents and Secretaries of each County Society, calling attention to the Bill, stressing briefly what it means to the practice of medicine and urging that County Society Executive Committees meet promptly to take adequate steps to inform their membership. Dr. Hollinshed sent such a letter to all County Societies. Accompanying this letter was a copy of the resolutions adopted by the Board of Trustees, as a framework for resolutions which it was suggested should be adopted by every County Society at the first meeting in the fall. It was also suggested that local publicity be secured regarding the adoption of these resolutions. He also addressed letters, enclosing copies of the resolutions approved by the Board of Trustees, to the following: Presidents of the Nursing, Pharmaceutical and Dental Societies, and the New Jersey Hospital Association, suggesting suitable action be taken by their groups. Letters and copies of the resolution also were sent to Dr. West and Mr. Holloway of the A. M. A. and to the members of the new Council on Medical Service and Public Relations of the A. M. A.

In addition President Hollinshed sent letters to the Presidents of the New Jersey Chapters of the American Federation of Labor and C. I. O., the State Chamber of Commerce, the New Jersey Manufacturers' Association, the New Jersey Taxpayers Association, the League of Women Voters, the Federation of Women's Clubs and the State Grange, advising of our attitude and action with respect to the medical features of the Wagner Bill. Replies were received from all but the American Federation of Labor; the President of the C. I. O. stated that he was in hearty sympathy with the Bill. The State Chamber of Commerce, the New Jersey Manufacturers' Association, the New Jersey Taxpayers Association and the State Grange indicated support of our position.

Dr. Hollinshed also sent a very well-worded mimeographed letter to all members of the Society with the Armed Forces, advising of this Bill, its import, and requesting that they write their Representatives and Senators in opposition. Enclosed with this letter was an analysis of the Bill which appeared as an editorial in the July issue of the State *Journal*.

The secretary of this Committee, subsequent to the initial letter from President Hollinshed to the County Society Presidents, wrote letters to all County Presidents suggesting that a conference, preferaby a dinner conference, with the Representative or Representatives from their Congressional District be held, and that this conference take place during the recess of Congress in August. Direct contacts were made by some of the County Societies with their Representatives through the Officers or members who are personally acquainted with them. Several County Societies adopted the suggestion of the Committee and held very satisfactory dinner conferences with their Representatives.

As a result of the contacts made and conferences held with the Senators and fourteen Congressional Representatives the situation appears to be as follows: Senator Hawkes, in a communication dated October 12th, states, "I am definitely opposed to the socialization of medicine and shall do everything within my power to prevent its being brought about." Senator Barbour has not made such a definite commitment, but several men who know him well and know his general attitude state that they feel Senator Barbour will oppose Title 9 of the Bill. As to the Congressmen we believe ten will definitely oppose Title 9. The three Democratic Representatives, Wene, Hart and Norton, are noncommittal as is also Congressman Canfield, Republican, of Passaic.

We have no means of knowing how many members of the Society in service, as a result of Dr. Hollinshed's letter, have written to their Congressmen and Senators, but from the comments of one of the Bergen County Congressmen, who stated that he had received twenty to thirty letters from Bergen County physicians in service, it may be assumed that quite a substantial number must have written to their Congressmen and Senators.

The Committee feels that the matter of timing in future efforts that may be made is important, and that some of these efforts had best be held in abeyance until shortly before hearings on this Bill are started. At that time it is planned to have speakers address various service clubs and other lay groups in each county of the state. This will be in the hands of the Committee on Public Relations of which Dr. Schaaf is Chairman. It was also decided to make arrangements through a clipping bureau to have all newspaper material, articles and editorials, bearing on the subject of the Wagner Bill or socialization of medicine, sent to Dr. Schaaf. In connection with the matter of publicity it was the feeling of the Committee that the resolutions adopted by the Board of Trustees should not be given to the press until later in the year, preferably at the time, or a little in advance, of committee hearings on these Bills.

We understand that this Committee will have an opportunity very soon to hear, through the Chairman, Dr. Bauer, what plans the new Council on Medical Service and Public Relations has in mind on a national basis. It seems logical to assume that some of the further steps that may be taken by this Committee will be dependent upon the national program. Apropos of this, however, it is the feeling of the Committee that an article or articles, in national magazines, written by a layman familiar with reporting medical events, in opposition to the medical features of the Wagner Bill should be published if possible. Such an article as the Committee has in mind recently appeared in the Saturday Evening Post, October 2, 1943, under the title "This Cross Is Blue", which describes the rapid progress of the hospital service plans throughout the United States.

PRELIMINARY REPORT ON POST-WAR PLANNING, ARTICLE III

SUBCOMMITTEE ON MEDICAL PRACTICE

Some of the compulsory health insurance plans proposed for adoption in the United States:

One of the first proposals to alter the basic system of free competitive private practice in the United States was made by Senator Lewis of Illinois, now deceased. Senator Lewis introduced in the Senate on July 22, 1937, Senate Joint Resolution 188, which proposed that every physician be made a civil officer of the United States, subject to the direction and control of the Federal Government. Any physician thereafter who refused to treat any impoverished individual, who had made application for such treatment, would be fined not more than $1.000 or serve a term of imprisonment of not more than three months. An identical penalty would be imposed on any hospital which refused care to any needy individual who had made application therefor.

This bill died with the adjournment of the 75th Congress.

A bill which has made its appearance annually in Congress since 1937 is the so-called Epstein Bill, proposed by the American Association for Social Security, Inc. The contents of this bill have been commented on by the Bureau of Legal Medicine and Legislation of the American Medical Association in the Journal of the A. M. A., March 25, 1940, page 1364.

Congress has never given serious consideration to any of these bills.

The Social Security Act approved by President Roosevelt on August 14, 1935, in the words of the act, proposes "To provide for the general welfare by establishing a system of federal old-age benefits, and by enabling the several states to make more adequate provision for aged persons, dependent and crippled children, maternal and child welfare, public health, and the administration of their unemployment compensation laws; to establish a Social Security Board; to raise revenue; and for other purposes."

Grants to the states, authorized for maternal and child welfare, include assistance in maintenance of maternal and child health services, care of crippled children, child welfare service and vocational rehabilitation.

Immediately after the passage of the Social Security Act, the President created the "Interdepartmental Committee to Coördinate Health and Welfare Activities", composed of the following members:

Chairman, Josephine Roche
Arthur J. Altmeyer, Chairman, Social Security Board
Oscar L. Chapman, Assistant Secretary of the Interior
Charles V. McLaughlin, Assistant Secretary of Labor
Milburn L. Wilton, Under Secretary of Agriculture

Appointed by the President, October, 1938:

Thomas Parran, M.D., Surgeon General, U. S. P. H. S.
Aubrey Williams, Deputy Administrator, Works Progress Administration
Secretary, George St. J. Perrott
Technical Consultant, E. L. Bishop, M.D.
Administrative Consultant, Fred K. Hoehler

The Committee appointed a number of technical committees, which undertook extensive studies of the health practices and the medical needs of the country.

The Committee on Medical Care was comprised of the following:

Technical Committee on Medical Care
Chairman, Martha M. Eliot, M.D., Children's Bureau
L. S. Falk, Social Security Board
Joseph W. Mountin, M.D., Public Health Service
George St. J. Perrott, Public Health Service
Clifford E. Walker, M.D., Public Health Service

This committee summarized its findings in a report entitled "The Need for a National Heath Program", and presented it to the Interdepartmental Committee on February 14, 1938, which approved and submitted it to the President.

The President suggested that the committee lay the report, including its recommendations, before a public conference. This conference was held in Washington, July 18-20, 1938.

The conclusions and recommendations presented to the conference by the Technical Committee on Medical Care were:

1. Preventive health services for the nation as a whole are grossly insufficient.
2. Hospital and other institutional facilities are inadequate in many communities * * *
3. One-third of the population, including persons with or without income, is receiving inadequate or no medical service.
4. An even larger fraction of the population suffers from economic burdens created by illness.

Recommendation I. Expansion of Public Health and Maternal and Child Health Services.

Recommendation II. Expansion of Hospital Facilities.

Recommendation III. Medical Care for the Medically Needy.

Recommendation IV. A General Program of Medical Care.

Recommendation V. Insurance Against Loss of Wages During Sickness.

No resolutions or recommendations were made by the conference. The entire proceedings were published as a report of the National Health Conference.

A special meeting of the House of Delegates of the American Medical Association was called in September, 1938, to consider the proposed National Health Program.

A reference committee under the chairmanship of Dr. Walter F. Donaldson presented the following report on the five recommendations made by the Technical Committee on Medical Care:

I. (1) Recommends the establishment of a federal department of health with a secretary who shall be a doctor of medicine and a member of the President's Cabinet.

(2) Recommends adoption of the general principles for the expansion of Public Health and Maternal and Child Welfare Services.

(3) Disapproves of any expenditures for actual treatment of disease.

II. The committee favors the expansion of general hospital facilities only when need exists.

III. The committee advocates recognition of the principle that the complete medical care of the indigent is a responsibility of the community, medical and allied professions and that such care should be organized by local governmental units and supported by tax funds.

IV. The committee approves the principle of hospital service insurance. The committee is not willing to foster any system of compulsory health insurance. The committee is convinced that it is a complicated bureaucratic system which has no place in a democracy.

V. The committee unreservedly endorses the principle of insurance against loss of wages during sickness.

On February 28, 1939, Senator Wagner introduced the "National Health Act of 1939", Senate Bill 1620, a proposed amendment to the Social Security Act of 1935.

The bill proposed to amend Title V of the Social Security Act—Grants to States for Maternal and Child Welfare, and Title VI—Public Health Work and Investigations. It also proposed to add to the Social Security Act certain new titles, namely Title XII—Grants to States for Hospital and Health Centers, Title XIII—Grants to States for Medical Care, and Title XIV—Grants to States for Temporary Disability Compensation.

The bill promoted insidiously the development of a complete system of tax supported governmental medical care; authorized an enormous expansion of governmental medical services and therewith ultimately unlimited appropriations for its health program; and provided for supreme federal control. Rules and regulations would be promulgated by the Chief of the Children's Bureau in the Department of Labor, the Surgeon General of the United States Public Health Service, the Federal Emergency Administrator of Public Works, and the Social Security Board. These federal agents would be given authority to disapprove plans proposed by the individual states.

At the Annual Meeting of the American Medical Association in St. Louis, Missouri, May 15-19, 1939, the bill was considered. On the report of a reference committee, the House of Delegates voted unanimously to oppose its passage.

The bill was never passed by Congress.

The next development was the introduction into the House of Representatives, September 9, 1942, by Representative Eliot of Massachusetts, of H. R. 7534, a bill to amend and extend the provisions of the Social Security Act.

This bill proposed the establishment of a Federal Social Insurance System, financed from a Federal Social Insurance Trust Fund consisting of the securities held by the Secretary of the Treasury for Federal Old Age and Survivors Insurance Trust Fund, together with funds to be made available by means of the contributions provided for in the bill.

Contributions to the Trust Fund to be paid by employers with respect to wages paid during the calendar years of 1943, 1944 and 1945 would be 5 per cent; for 1946, 1947, 1948, 5.5 per cent; and the rate thereafter, 6 per cent. Employees would be required to make contributions equal to the same percentages of wages received up to $3,000 per year. Self-employed individuals would make a contribution of 4 per cent for 1943, 1944, 1945; 5 per cent for 1946, 1947, 1948; and thereafter, 6 per cent up to $3,000 per year of income.

Federal Old Age, Survivors and Disability Insurance Benefits would be extended and broadened.

Unemployment insurance would be Federalized and Temporary Disability Benefits paid by reason of injury or illness. Maternity benefits also would be provided.

Hospitalization benefits were proposed for all employed insured persons and their dependents.

A National Advisory Hospital Benefits Council would be created, appointed by the Social Security Board.

The bill also proposed to protect the rights of individuals in the military service, in respect to old age and survivors insurance benefits, and to furnish unemployment compensation allowances on termination of military service.

This bill did not become a law.

Senator Lodge of Massachusetts introduced Senate Bill 3630 in the Senate on March 19, 1940. This bill proposed the enactment of a National Health Act of 1940. The Journal of the A. M. A. of March 30, 1940, page 1271, gives a summary of this bill.

It was in two parts. The first part proposed a revision of the Social Security Act to permit payments of cash benefits from the old age insurance fund on behalf of certain unemployed individuals in need of medical care.

The second part of the bill would add a new title to the Social Security Act to be captioned "Grants to States for Medical Services and Facilities". This provision would permit needy individuals to secure certain services and medical supplies which, because of their cost, are not easily available to many individuals.

This bill was referred to the Senate Committee on Education and Labor, where it died without further consideration.

Senate Bill 281 was introduced into the Senate by Senator Green on January 11, 1943, as an amendment to the Social Security Act. The purpose of the bill was "To Amend the provisions of the Social Security Act; to extend the coverage of Federal Old Age and Survivors Insurance; to provide insurance benefits for workers permanently and totally disabled; to provide hospitalization benefits; to provide special Federal aid to states for public assistance; to provide Federal grants to states for general public assistance; to amend the provision for Federal grants to states for old age assistance, aid to dependent children and aid to the blind; to amend the Internal Revenue Code, and for other purposes."

This bill was referred to the Committee on Finance.

On March 10, 1943, the President submitted to the Congress the report of the National Resources Planning Board. The report, covering three volumes, presents the results to date of the Board's work on post-war plans and a record of war-time planning activities.

The section dealing with post-war planning as it affects medical practice is found on pages 16-17 of Volume I. The following is quoted from the report:

2. Health, Nutrition and Medical Care

Assurance of high standards of health and adequate nutrition for all. As a nation we desire the conservation and improvement of the health of our people to avoid the wastage, through premature death, ill health, and accidents, of our most valuable national resource, and to eliminate the unnecessary costs of maintaining those who are rendered incapable by reason of neglect.

The Board recommends:

a. Health measures and adequate nutrition in order to eliminate all diseases, disabilities, and premature deaths which are preventable in the light of existing knowledge, through:

(1) The development of adequate public health services and facilities in every county within the country.

(2) The development of a health program for mothers and children ensuring remedial treatment as well as diagnosis and advisory services; maternal and child health clinics; and health services in the schools.

(3) Protection of workers whether in the factory or on the farm from unnecessary accidents, controllable occupational diseases, and undue fatigue.

(4) Continued support from public and private funds for public health research and education with a view to the progressive expansion of the frontiers of control over health hazards.

(5) Continued support for public and private agencies engaged in the dissemination of knowledge of sound nutritional principles and practices. Especial attention should be devoted to demonstration work in the schools, the factories, and farming areas.

b. Assurance of adequate medical and health care for all, regardless of place of residence or income status and on a basis that is consistent with the self-respect of the recipient, through:

(1) Federal appropriations to aid States and localities in developing a system of regional and local hospitals and health centers covering all parts of the country.

(2) Assurance of an adequate and well-distributed supply of physicians, dentists, nurses, and other medical personnel.

(3) Expansion and improvement of public medical care for needy persons through larger appropriations and through increased coöperation by and with the medical and dental professions.

(4) Immediate action by government in coöperation with the medical profession to formulate plans which enable the patient to budget expenses over a reasonable period and to contribute toward the costs of care according to his ability, and which at the same time assure to medical personnel a decent livelihood commensurate with the high costs of their professional training.

These recommendations are expanded and supported in the section beginning on page 60.

No action has been taken by Congress on the National Resources Planning Board Report, except that it may form the basis of future legislative proposals.

The latest development has been the introduction of the Wagner-Murray-Dingell Bills, introduced simultaneously in the Senate on June 3, 1943, by Senator Wagner for himself and Senator Murray of Montana, and in the House by Representative Dingell of Michigan —S. 1161 and H. R. 2861. (An abstract of S. 1161 appears on page 279 of the July 1943 *Journal*.)

To summarize, it is proposed to set up a compulsory Health Insurance System, covering all employees and their dependents.

This system will be administered by the Surgeon General of the U. S. P. H. S. with the advice of a National Council.

Complete socialization of the entire practice of medicine with all its related branches will result from the adoption of this bill.

The American people will relinquish their personal freedom in respect to all matters pertaining to sickness and health and will accept a system of Federal Medical Care administered by the Surgeon General.

The physicians who accept appointments under the Surgeon General become employees of the Federal Government and lose their status as independent and free practitioners of medicine.

The entire system of free competitive medical enterprise will be replaced by a Federal system of Compulsory Health Insurance.

The bills have been referred to the Finance Committee in the Senate, and to the Ways and Means Committee in the House.

Subcommittee on Medical Practice
SIGURD W. JOHNSEN, M.D., Chairman
ANDREW C. RUOFF, M.D.
J. MALLORY CARLISLE, M.D.
WILLIAM K. HARRYMAN, M.D.
GEORGE BLACKBURNE, M.D.
WATSON B. MORRIS, M.D.
WILLIAM G. HERRMAN, M.D.
A. CHARLES ZEHNDER, M.D.
CHESTER I. ULMER, M.D.
ROBERT M. GRIER, M.D.
HARRISON B. WILSON, M.D.
HENRY HAYWOOD, M.D.

MEDICAL CARE PROGRAM FOR WIVES AND CHILDREN OF ENLISTED MEN

A meeting of the Special Committee on the Medical Care Program for Wives and Children of Enlisted Men was held in Trenton, Sunday, October 10th, 1943, prior to the meeting of the Welfare Committee. Dr. Mount, Chairman, presided. In addition to the Committee members, Dr. Julius Levy, Consultant-in-Charge of the Bureau of Maternal and Child Health of the Department of Health, was also present.

The present program of the Children's Bureau of the Department of Labor and its relation to organized medicine of this State was reviewed in detail. It was the consensus of the meeting that the present program should be terminated, if possible, at the earliest possible moment.

For the purpose of drawing up a statement of the attitude of the Committee toward this program, and to formulate suitable resolutions, a subcommittee was appointed. This subcommittee met at the Essex Club, Newark, on October 13th, 1943. The meeting was called to order at 4:10 p. m. and adjourned at 6:40 p. m. Present were: Dr. Mount, Chairman; Drs. Murphy and Morris; Dr. Quigley and Dr. Scott, as Technical Advisers; and also Dr. J. Wallace Hurff and Dr. Lewis S. Herndon, President of the Essex County Medical Society and Chairman of the Maternal Welfare Committee of that Society, respectively.

As a preamble to the subjoined resolutions, and in an effort to make the reasons for them understandable, the Committee shall (1) relate in sequence the legislative history of the federal program for supplying obstetric and pediatric care to the wives and infants of servicemen, and (2) present the objections to the present program from the viewpoint of this Committee.

(1) HISTORY OF THE PRESENT PROGRAM

The federal program for supplying obstetric and pediatric care to the wives and infants of servicemen was initiated in August of 1941. The commanding officer at Fort Lewis, State of Washington, made an appeal to the State Department of Health for assistance in providing obstetric care to the wives of servicemen stationed at the Fort. The State Department of Health, in turn, communicated with the Children's Bureau, asking permission to use some of the funds that had been allotted to the department for maternal and child health services to take care of the situation that had been brought to its attention by the commanding officer. The Children's Bureau acquiesced and the program was put into effect

in that locality. Later on similar situations developed in other states in the vicinity of army camps. At that time there was in existence no specific federal appropriation to finance the program and the Children's Bureau set aside certain amounts from the regular appropriation authorized by the Social Security Act for maternal and child health activities. A total of $390,177 was set aside and allotted to various states. This was all done without any specific authorization on the part of Congress.

In August of 1942 companion bills were introduced in Congress, S. 2738, introduced by Senator Barkley of Kentucky for Senator George of Georgia, and H. R. 7503, introduced by Representative Doughton of North Carolina. This legislation proposed to amend title V of the Social Security Act, relating to grants to states for maternal and child welfare, by adding the following provision:

PART 6—WARTIME SERVICES

Sec. 531. For the purpose of extending and improving services authorized in parts 1, 2, and 3 of this title, by reason of conditions arising out of the present war, there are hereby authorized to be appropriated pursuant to sections 501, 511, and 521, and allotted pursuant to sections 502 (b), 512 (b), and 521, in addition to the sums specified in such sections, such sums as may be deemed necessary for each fiscal year during the period of the present war and six months following its termination. The Chief of the Children's Bureau is hereby authorized to detail under emergency conditions arising out of the present war such personnel as may be necessary to coöperate with State agencies in carrying out the purposes of this title.

This proposed addition to the Social Security Act, it is to be noted, mentioned no specific amount to be appropriated nor did it indicate in detail the purposes for which the money would be expended. The President, in transmitting the legislation to Congress, however, indicated that the sum of $7,500,000 would be required for the first year and a release issued by the Office of War Information, on August 26, quoted the Chief of the Children's Bureau as saying that $750,000 of the money would be used for maternity care for wives of servicemen. This legislation was not enacted and the obstetric and pediatric program was still financed by the amounts set aside by the Children's Bureau as above described.

Soon after the Seventy-eighth Congress convened, President Roosevelt asked Congress for an appropriation of $1,200,000 to continue the program. The House Committee on Appropriations refused to include that amount in a deficiency appropriation bill, H. R. 1975, primarily on the ground that there was no legislation authorizing the program and therefore no appropriation could be made to support it. Efforts were made on the floor of the House of Representatives to have the presidential estimate included in the bill but these efforts failed. When the bill reached the Senate, however, it was amended to include the following appropriations for the Children's Bureau:

Grants to States for emergency maternity and infant care: For grants to States, including Alaska, Hawaii, Puerto Rico, and the District of Columbia, to provide, in addition to similar services otherwise available, medical, nursing, and hospital maternity and infant care for wives and infants of enlisted men in the armed forces of the United States of the fourth, fifth, sixth, or seventh grades, under allotments by the Secretary of Labor and plans developed and administered by State health agencies and approved by the Chief of the Children's Bureau, fiscal year 1943, $1,200,000.

The House of Representatives thereafter accepted this amendment and the bill, known as the "First Deficiency Appropriation Act, 1943", was approved by the President March 18th, 1943.

About this time, shortly after the House Committee on Appropriations had refused to include the estimate in H. R. 1975, Representative Keefe of Wisconsin introduced, on March 2nd, H. R. 2041, proposing an appropriation for the fiscal year ending June 30, 1943, of $1,200,000 and for each fiscal year thereafter, during the period of the war and for six months thereafter, not to exceed the sum of $6,000,000 to provide obstetric and pediatric care for the wives and infants of enlisted men in the armed forces of the United States of the fourth, fifth, sixth, and seventh grades, under allotments by the Secretary of Labor and plans developed and administered by state health agencies and approved by the Chief of the Children's Bureau. This bill was referred to the House Committee on Labor. No action was ever taken on it because, it may be assumed, of the fact that Congress did through the deficiency appropriation bill make available federal funds for the purposes indicated.

The initial federal appropriation was soon exhausted and again an estimate was submitted to Congress and included in the regular appropriation bill for the Department of Labor, the Federal Security Agency, and related independent agencies, for the fiscal year ending June 30, 1944, H. R. 2935. This bill, which was approved by the President July 12th, 1943, made available an additional $4,400,000, extended the program to include as beneficiaries the wives and infants of enlisted

men of the first, second, and third grades, and restricted the Children's Bureau from promulgating regulations "relating to the care of obstetrical cases which discriminates between persons licensed under State law to practice obstetrics." (Public Law 135, 78th Congress.)

Although this additional appropriation was made available only last July, it was soon discovered that it was wholly insufficient and a presidential estimate was submitted to Congress on September 20th for additional federal funds. A joint resolution was formulated by the House Committee on Appropriations to which the estimate was referred, H. J. Res. 159, and introduced in the House on September 21. It passed the House the following day, September 22nd, authorizing an additional appropriation of $18,620,000. The joint resolution then went over to the Senate where it was referred to the Senate Committee on Appropriations and by that Committee reported favorably September 24th. The Senate was in recess on Saturday, September 25th, and Monday, September 27th. On Tuesday, September 28th, the joint resolution was called up for consideration on the floor of the Senate and after a very brief discussion was passed.

(2) OBJECTIONS TO THE PRESENT PROGRAM

The objective of the Congress in making available appropriations for the obstetrical and pediatric care of wives and infants of servicemen is, in our opinion, praiseworthy, and apparently viewed sympathetically by the medical profession throughout the country. Congress has recognized that a married serviceman has additional obligations which must be met and has made special appropriations in the form of allotments paid directly to the wives for their care and the care of dependent children. In the main these allowances were made to provide for their necessities: shelter, food and clothing. Those who supply these necessities and essential service are not compelled (a) to secure authorization from the government to furnish these necessities or services and (b) the government does not stipulate that the furnishing of these necessities or services shall be at amounts fixed by the government or one of its bureaus.

In making provision for the obstetric and pediatric care of wives and infants of servicemen an entirely different principle is applied.

a. The program is determined by a governmental bureau.

b. Authorization must be secured from a governmental agency by those who are to render obstetric or pediatric care.

c. The fee is determined and fixed by a governmental bureau.

This places government in control of the practice of medicine, at the moment to a limited degree and to a limited section of the population, but it does inaugurate a design and pattern of medical practice to which organized medicine is opposed, and which it is believed is not in the public interest.

We again affirm that organized medicine of this state is entirely sympathetic with the purpose of Congress in making funds available for the obstetric care of wives of servicemen. We believe that the same principle should apply here as Congress has applied in appropriating allotments for the other obligations of married servicemen: that the wives of servicemen in need of obstetrical care should receive an allotment for this purpose, and that the arrangements for such care should be made by the recipient of the allotment.

It should be emphasized that this program was inaugurated and imposed without consultation or approval of organized medicine of this country, and that during a period from August, 1941, to August, 1942, the Children's Bureau set aside certain amounts, totalling $390,177, for this purpose during that period without any specific authorization on the part of Congress. It was not until March 18th, 1943, that a specific appropriation for this purpose became law.

Many physicians in this state have patriotically participated in the present program. The basic objection to the program is the principle involved, but the experience of the physicians in the state who have participated in this program is an added reason for endeavoring to have the program terminated. The Children's Bureau of the Department of Labor is giving its own interpretation as to what constitutes obstetric care. It apparently includes everything that may happen to the pregnant woman from the time that the physician was authorized to take care of her up to and including six weeks' post partum care. Any intercurrent condition, whether it be meningitis, a broken bone or an appendectomy are interpreted by the Children's Bureau as "obstetric care", and attention to any of these services must be included in the fee fixed by the Children's Bureau.

With the purpose of terminating the present program and substituting for it allotments to be paid directly to the wives of servicemen we recommend to the Welfare Committee that this matter be brought promptly to the attention of the Board of Trustees. Inasmuch as

the present method of furnishing this care is a national program, to effect a change in the method will require new legislation by Congress. It is our thought that this matter should be promptly brought, because of its urgency, to the attention of the Council on Medical Service and Public Relations of the American Medical Association, with the idea of endeavoring to have the necessary legislation introduced before, or at the same time, that another appropriation by the Congress is enacted for the obstetric and pediatric care of wives and infants of servicemen.

The Committee does not believe that it can improve upon the resolutions introduced in the House of Delegates of the American Medical Association and adopted June 26, 1943, expressing approval of federal assistance to wives and children of servicemen. We, therefore, concur in the resolutions adopted, as follows.

Your reference committee recommends (a) that the action of the federal government in making funds available for maternity and infant care for the wives and infants of enlisted men be approved, and (b) that adoption be urged of a plan under which the federal government will provide for the wives of enlisted men a stated allotment for medical, hospital, maternity and infant care, similar to the allotments already provided for the maintenance of dependents, leaving the actual arrangements with the wife and the physician of her choice.

WALTER B. MOUNT, Chairman,
Special Committee of Welfare
Committee.

REPORT ON CARDIO-VASCULAR DEATHS AMONG PHYSICIANS

W. H. VARNEY, M.D., Representative, Adult Health Supervision, Committee on Tuberculosis and Adult Disease Control

At the last meeting of the Public Health Committee it was decided that the Adult Health Representative should undertake as his chief aim this year the study of cardiac deaths among physicians and the methods for lowering this mortality rate as much as possible. He has, therefore, made a study of the incidence of deaths from cardio-vascular disease among physicians with the following findings:

Statistics indicate that 40 per cent of all physicians are destined to die of heart disease, and of that number, one-half will develop some phase of coronary deficiency. Of the 3,633 deaths among members of the American Medical Association in 1940, 40 per cent were from heart disease, of which 46 per cent were of coronary origin.

These figures show a 50 per cent increase in cardiac deaths among physicians in the decade between 1930 and 1940. Contrasted with this 50 per cent increase from general cardiac causes is an apparent 600 per cent increase in coronary types (109 in 1930 to 691 in 1940).

Until 1934 no special figures were kept for coronary occlusion, so that the increase is more apparent than real; but the last five years show a steady yearly increase totalling 117 per cent, which can hardly be attributed to advances in diagnostic accuracy. Fashions in diagnostic trends help mold these statistics to some ex-

CENSUS OF DEATHS AMONG PHYSICIANS, ACCORDING TO FALK
ILLINOIS MEDICAL JOURNAL, AUGUST, 1941

Year	Average Age at Death	Total Deaths of Physicians from All Causes	All Cardiac Diseases	Percentage of Total	Coronary Deaths	Percentage of Cardiac Deaths Due to Coronary Artery Disease
1940	66.3	3633	1515	41	691	46
1939	66.1	3879	1583	40	676	42
1938	65.6	3768	1491	39	588	39
1937	65.4	3398	1358	37	387	28
1936	64.5	3581	1374	38	318	23
1935	64.2	4391	1343	38	366	28
1934	64.3	3393	1131	38	256	19
1933	64.4	3354	1351	33	107	9
1932	64.1	3142	1101	38	127	11
1931	63.8	2952	1065	39	114	10
1930	63.7	2943	1059	35	109	10

tent, but not enough to account for such a large increase as we find.

The remedy for such a situation must go back to the active earlier years of the doctor's medical career, in an attempt to prevent the development of disease in his cardio-vascular system. Most authorities writing on this subject stress the every-day trauma to the vascular system, which is the inevitable result of a busy physician conscientiously caring for a large practice. Among the principal causes usually mentioned are:

1. The repeated constriction of the vascular system from high emotional strains and anxiety states.

2. The increased use of tobacco—another frequently mentioned condition. Several studies have indicated a higher life expectancy in nonsmokers, and greater incidence of coronary disease among smokers.

3. Overweight—frequently found to contribute.

4. Economic conditions—resulting in mental anxiety.

5. Fatigue. This can only be remedied by urging the physician to take more frequent vacations and to shorten the length of his working day.

6. Excessive exercise—exercise in moderation is beneficial.

Many other factors of lesser importance may be mentioned.

It is apparent from the foregoing remarks that any attack upon this problem of cardio-vascular disease among physicians must have for its purpose the education of the physician to the dangers which threaten his cardio-vascular system, and the creation of a genuine desire on the part of the physician to ease the burden which his cardio-vascular system must carry. This is indeed a difficult undertaking, and it seems that the most that can be done with the problem is to recommend that a series of articles bearing on various phases of this problem be written and published in The *Journal* of The Medical Society of New Jersey. It is therefore recommended that the Public Health Committee authorize the publication of such articles in the State Journal to be written by Dr. Ewing's Committee, with the assistance of the Publication Committee.

MEETING OF INDUSTRIAL PHYSICIANS AND SURGEONS

The New Jersey Association of Industrial Physicians will meet in Newark at the Academy of Medicine on Friday, November 12, at 9:00 p. m. "The Problem of Venereal Disease Control in Industry" will be presented by Glenn S. Usher, M.D., Director, Bureau of Venereal Disease Control, State Department of Health. Dr. Usher's talk will be followed by industrial motion pictures.

SUPPLEMENTARY LIST OF MEMBERS NO. 6

The figures in parentheses refer to County Societies as follows: (1) Atlantic, (2) Bergen, (3) Burlington, (4) Camden, (5) Cape May, (6) Cumberland, (7) Essex, (8) Gloucester, (9) Hudson, (10) Hunterdon, (11) Mercer, (12) Middlesex, (13) Monmouth, (14) Morris, (15) Ocean, (16) Passaic, (17) Salem, (18) Somerset, (19) Sussex, (20) Union, (21) Warren.

ACTIVE MEMBERS

Arlitz, William J., 107 Newark st., Hoboken (9)
Bickner, Alvah W., 84 Park av., Rutherford (2)
Clinton, Joseph A., 339 Park av., Newark (7)
Dante, Pasquale, 393 Millburn av., Millburn (7)
Dresel, Irmgard, Far Hills (21)
Fessler, William, 31 Knox av., Grantwood (2)
Fialk, Harry, 4816 Hudson av., Union City (9)
Lefkovics, Sidney C., 41 Clinton pl., Newark (7)
Schwarzwald, Irving, 219 60th st., W. New York (9)
Weber, Laura E., 305 23rd st., Union City (9)

ASSOCIATE MEMBERS

Katz, Harry, 329 10th av., Paterson (16)
London, Leslie, Passaic (16)

COUNTY SOCIETY REPORTS

CUMBERLAND COUNTY

H. S. Branin, M.D., Reporter

The October meeting of the *Cumberland County Medical Society* was held October 12 at the Cumberland Hotel in Bridgeton.

Regular business of the Society was transacted, at which time there was much discussion regarding the pending Wagner Bill.

Following this, the Society was addressed by Dr. Harry Bacon of Philadelphia, whose subject was "Diagnosis and Treatment of the More Common Ano-Rectal Affections". His paper proved very interesting, and after discussion the meeting was adjourned.

HUDSON COUNTY

Harry J. Perlberg, M.D., Reporter

A regular meeting of the *Hudson County Medical Society* was held on October 5 at the Masonic Club, Jersey City. The meeting was called to order by the President, Dr. Maurice Shapiro.

The following members were elected: Dr. Louis A. Monica, Bayonne; Dr. Ralph U. Whipple, Jersey City, and Dr. Laura E. Weber, Union City.

The Wagner Bill was discussed as follows:

Dr. R. Stockfisch stated: "The National Physicians Committee is doing all it can to keep the medical man on the basis and pedestal on which he has been standing for many years. We are now confronted with a situation which is a little more serious than we have had before; it is national in scope, namely political or socialized medicine. There is a bill before the Senate known as the Wagner Bill. We have been told our Senators are in favor of the Bill. I would be glad to speak before any of the lay groups who would have the necessary influence in the State. If enough pressure is made from us as a medical group something might be done about it. Those of you who have not made a contribution to the National Physicians Committee should do so to help them to defend us."

Dr. V. P. Butler: "At the last Executive Committee meeting the Wagner Bill was discussed and the general opinion was that something concrete be done. We sent for the pamphlets from the National Physicians Committee and they did not arrive in time for the October Bulletin but will be inserted in the November issue.

"At the last meeting of the State Society there were some men who were not too much in favor of it and the Welfare Committee went on record as not being wholeheartedly in favor of the work of the National Physicians Committee. The general opinion of the Executive Committee is definitely in favor of the work that the National Physicians Committee is doing. Something more concrete might be done in offering this committee some financial help."

Dr. J. F. Londrigan: "The National Physicians Committee do need help. I don't think there is a man who should not contribute. They are doing a job and they have gotten up a pamphlet that entirely explains this Bill. The State Society appointed me Chairman of the Social Security Committee. That committee has already circularized the men in the Armed Services and requested that they write to their Congressmen and Senators. Dr. Stockfisch said he would be glad to speak to lay groups—that will come later. Letters have been received from some of the Hudson County physicians who are in the service expressing their appreciation of receiving from the State Medical Society notice of this Bill and also stated that they had written to the Senators and Congressmen of New Jersey. They received replies which are favorable to the medical profession. This Bill is in committee and it is a question as to whether there will be any public hearings at this time. The National Physicians Committee should be supported in their effort to combat the passage of this Bill."

Dr. L. Amdur stated that he has had these pamphlets in his office and the response of the patients has been very favorable to the physicians in this affair.

Dr. M. Shapiro appointed Dr. R. Stockfisch a member of the Medical Economics Committee in place of Dr. L. Dodson.

It was moved and seconded that the Wagner Bill be referred to the Medical Economics and Legislative Committees.

Lyman Weeks Crossman, M.D., F.A.C.S., F.I.C.S., spoke on "Refrigeration as a Means of Preserving Traumatized Tissues", illustrated by lantern slides.

Discussors: Drs. Londrigan, Benjamin, E. Halligan, Ruvane, Swiney, Sager and Pyle.

PASSAIC COUNTY

Theodore Rothman, M.D., Reporter

The regular monthly meeting of the *Passaic County Medical Society* was held Tuesday evening, September 21, 1943, at the Freeholders' Meeting Room in the Administration Building, Paterson, under the chairmanship of Dr. Charles J. Murn, President.

Dr. R. R. Goldenberg presented a paper on "The Diagnosis and Office Treatment of the Common Disorders of the Knee Joints". He discussed semilunar cartilage, lateral and cruciate ligaments, loose bodies in the knee joints caused by osteochondritis dessicans, osteochondromotosis and osteoarthritis. He also discussed infra-patellar fat pads, coronary ligaments and Osgood-Schlatter disease. He emphasized the office treatment. He stated that immobilization, aspiration and novocaine injections were the indicated early and conservative treatment. In this manner, many of the cases would be cured, thus avoiding more radical measures. The indications for surgery were given. His talk was enthusiastically received and much discussion followed. Dr. Barlow and Dr. Brooks made comments.

The business meeting concerned itself with the Wagner-Murray-Dingell Bill. Dr. Andrew F. McBride, Chairman of the Legislative Committee, presented his report. He attacked the bill energetically because it would not serve the best interests of the public. He revealed that American medicine has been superior and had developed under private enterprise. He showed that under this system the best interests of the health of the community were served. While he agreed that medicine will have to undergo changes with the changing world, he offered voluntary health insurance as an alternative plan to the compulsory government insurance. His talk was warmly discussed and a resolution was carried placing our County Medical Society on record against the bill.

A resolution on the death of Dr. Frank Ford McDede was passed.

The following were voted upon and accepted:

Active Membership: Drs. Carlo Mazzarella, Paterson, Kent Solms, Paterson, and William M. Fielding, Paterson.

Associate Membership: Drs. Leslie London, Passaic, and Harry Katz, Paterson.

The meeting had a large attendance and much interest was shown by the members present in the various discussions.

UNION COUNTY

Frederic B. Western, M.D., Reporter

The *Union County Medical Society* held its regular meeting on September 22, 1943, at St. Elizabeth Hospital in Elizabeth. Dr. Irving Lerman, the President, called the meeting to order.

It was moved to dispense with the reading of the minutes of the May 12, 1943, meeting as they were published in the September Bulletin. The minutes of the Executive Committee meeting of September 20, 1943, and the resolutions on the deaths of Dr. Harry C. Stillwell and Dr. Norman W. Currie were read and accepted.

Mr. Joseph Spitz, Assistant Director, New Jersey State Rehabilitation Commission, spoke on "Rehabilitation of Rejected Draftees" and detailed the various types of disabilities which have caused rejection of inductees.

A letter from Dr. Stanley Nichols, Chairman State Subcommittee on Public Health, requesting members to keep the State Board informed of any shortages of drugs and medical supplies, was read. (See page 374 of September *Journal*.)

A letter from Dr. Roland D. Roecker, Veterans Administration, Lyons, N. J., regarding possibility of a county member wishing to utilize his services on a part-time basis, was read.

Dr. Phelan, Chairman of the Legislative Committee, submitted the following resolution which was adopted by the Society:

Whereas, The Social Security Act Amendment of 1943, S. 1161, known as the Wagner Bill, was introduced in the Senate on June 3, 1943, and

Whereas, The Act as amended proposes to set up a system of compulsory medical care, which in the judgment of the Union County Medical Society would be inimical to public health and welfare and would inevitably lead to a lowering of both medical standards and medical care, and

Whereas, This Bill has been conceived in the chaos of world conditions without adequate consultation and advice duly considered and weighed with official representatives and the medical profession and related agencies, and

Whereas, Such system is of such wide and sweeping implications and totally destructive of the time-honored and progressive methods of medical practice in the country which has developed the highest standards of medical care and public health in the world, and

Whereas, The organized Medical Society of New Jersey has for many years made vigorous efforts to develop and operate plans for the distribution of medical care with the hope of contributing a national solution to the problem, and

Whereas, The Welfare Committee of The Medical Society of New Jersey has after due consideration and care gone on record as disapproving this measure;

Therefore, Be It Resolved, That the Union County Medical Society hereby expresses its emphatic disapproval and opposition to the above title IX of the Social Security Act as amended; and

Therefore, Be It Resolved, That copies of this resolution be made known publicly and in whatever channels it may be expedient.

Dr. Lerman reported on a meeting held in Plainfield with three of the Trustees of the Medical-Surgical Plan and with representatives from Middlesex, Somerset and Union Counties, and also on a conference with Representative McLean regarding the Wagner Bill.

Dr. Lathrop read the amendment to the Constitution, Article IX, Section 3 (printed in September Bulletin). This amendment will be voted on at the November meeting, as there was not a sufficient number of members present to vote on this matter.

Dr. Silverman brought up the question of osteopaths who have been appointed as school physicians. Dr. Phelan, who is a member of the Elizabeth Board of Education, was appointed by Dr. Lerman to report on this matter at the next meeting.

The status of osteopaths in the Armed Forces was also discussed and Drs. Blythe and Silverman were appointed to contact Dr. Schlichter of the Procurement and Assignment Office for full information on this matter.

Dr. Silverman introduced a brief discussion of the Medical Service Bureau.

WOMAN'S AUXILIARY

PRESIDENT'S MESSAGE

Report for the Period from May 26 to October 11, 1943*

Mrs. Asher Yaguda

Your President is most grateful for having had the opportunity of attending the annual meeting of our parent organization, the Woman's Auxiliary to The American Medical Association, in Chicago. It was apparent at this meeting that stress was being made on projects related to the war effort. There is a trend toward state unity rather than county individuality. Legislation is highlighted this year, with emphasis on the Wagner Bill. Many states are working on statewide war projects which are now in their second year of endeavor. Among successful state programs are the sectional meetings in California, designed to defeat the transportation problem. The Georgia State Auxiliary members explained their very helpful Doctors' Aide Corps Program. Interesting information was learned from doctor speakers regarding redistribution of physicians after the war. Many of the committee plans that you will hear later are based on suggestions from the National Committees. The New Jersey Delegates left the meeting with four places on the National Board. Mrs. Hornberger is Second National Vice-President, Mrs. Allman a director, Mrs. McDonnel, Finance Chairman, and the usual place on the Board for the State President.

In June, I attended the luncheon honoring Lord Beveridge of England and heard with interest the renowned Beveridge Plan. By invitation, I attended a meeting of the Advisory Committee to the Woman's Auxiliary of The Medical Society and outlined our plans for the year. They were endorsed by the Trustees on June 27. Your President has met six times with the Chairman of War Participation. Also present at the time were representatives of the State Civilian Defense Council, the tri-state American Red Cross and the Hospital Council of Northern New Jersey. I attended a conference at the office of Dr. Lynn Mahaffey, Director of the New Jersey Board of Health, with our Public Relations Chairman. This was to perfect plans for our Health Education Campaign. Other Committee meetings called and attended were with the Chairmen of Legislation, Press and Publicity, Organization, Public Relations and Program.

On October 5, your President attended a meeting of the Finance Committee called by Mrs. Ulmer and held in Camden. That day I had the privilege of going to a meeting of the Camden County Auxiliary at which there was a very excellent program of discussion on the Wagner Bill. On October 8, I journeyed to Atlantic City where I spoke for you at the meeting of the Atlantic County Auxiliary. Both of these visits, my first into the state, were interesting and encouraging. I found a keen interest in the work of the Auxiliary being capably applied.

In reply to a communication from Dr. Myles Standish of Hartford, Conn., who had inquired about the affairs of our organization, I invited Dr. Standish to send representatives to a meeting if he desired.

Each month I have writen an article for the State *Journal* under the heading of "President's Message". Constant contact has been made with state chairmen, setting up the plans for the year. I have consulted with the members of the Advisory Board and appreciate their coöperation and support. Mrs. Eben J. Carey, National President, has accepted our invitation to attend our annual meeting, subject to travelling conditions at the time.

Being your President is, I have found, a very active position as well as one which carries with it serious responsibility. Certainly you all agree with me that any effort made for the cause of the free practice of medicine in the American way is a worthwhile one.

* Read at the meeting of the Executive Board at Newark, October 11, 1943.

MRS. OSCAR W. FRISKE

It was indeed an honor for New Jersey to have at its first fall State Meeting of the Woman's Auxiliary to The Medical Society of New Jersey Mrs. Oscar W. Friske of Wisconsin, Program Chairman of The Woman's Auxiliary to the American Medical Association, and as such also Chairman of Health Education, and of Post War Planning for the National Auxiliary. We were able to enjoy such an honor due to the fact that Mrs. Friske was en route to Washington at the invitation of the Office of Civilian Defense to help in the organization of the Nurses Cadet Corps.

We were all impressed by her graciousness and charm. Her fluency in presenting her new project aroused our enthusiasm, and made us anxious to coöperate with her. We are proud to learn that since her visit with us the Office of Civilian Defense has made her a member of the National Committee for the formation of the Nurses Cadet Corps.

A salute to Mrs. Friske from New Jersey.

AUXILIARY EVENTS — PAST AND FUTURE

Atlantic—Mrs. Samuel Salasin, Chairman of Publicity.

At a meeting of the Woman's Auxiliary to the Atlantic County Medical Society on October 8, Mrs. Asher Yaguda, President of the Woman's Auxiliary to The Medical Society of New Jersey, was the guest of honor and the speaker of the day. She brought the members a very informative talk, giving the highlights of the National Convention in Chicago, which she attended with Mrs. David B. Allman, President-Elect of the State Auxiliary, and a member of the Atlantic County Auxiliary. After the meeting an informal tea and musical were given in Mrs. Yaguda's honor. Mrs. Ruffin G. Stamps, President of the Auxiliary, presided.

On November 12 there will be a luncheon at 1:00 p. m. in the main dining room of the Madison Hotel, Atlantic City, followed by a business meeting at 2:00 p. m. in the Dolly Madison Room of the Hotel. At 2:30 p. m. Dr. David B. Allman, Legislative Keyman and Chairman of the Legislative Committee of the Atlantic County Medical Society, will speak on the Wagner Bill. Mrs. James Mason, III, is the Program Chairman, and Mrs. Robert Bradley and Mrs. Anthony Merendino are co-chairmen for the luncheon. Mrs. Ruffin Stamps, President of the Auxiliary, will preside at the business meeting.

Bergen—On November 9 at 2:00 p. m. at the home of Mrs. Floyd E. Keer, 310 Engle Street, Englewood, the Woman's Auxiliary to the Bergen County Medical Society held a reorganization meeting.

Camden—Mrs. A. M. K. Maldeis, Chairman of Publicity.

The first meeting of the year of the Woman's Auxiliary to the Camden County Medical Society was held October 5, Mrs. Lester R. Wilson, President, presiding.

An interesting outline of the Wagner Bill and socialized medicine was given by Mrs. Max Weimann of Haddon Heights.

The group was honored by the presence of the President of the State Auxiliary, Mrs. Asher Yaguda of Marlboro. Other guests included Mrs. Howard Hornberger of Roebling, Past President of the State Auxiliary; Mrs. David B. Allman of Atlantic City, State President-Elect; and Mrs. Chester I. Ulmer of Gibbstown, State Finance Chairman.

The speaker of the afternoon was Mrs. Edgar L. Sanford of Moorestown, who spoke on "The Art of Healing".

Following the address, tea was served by Mrs. Gordon West and her Hospitality Committee.

Essex—Mrs. Frank A. Bien, Chairman of Publicity.

The Annual Fall Luncheon of the Essex County Woman's Auxiliary was held October 25 at the Academy of Medicine in Newark, with Mrs. Harry N. Comando, President, presiding. The guests of honor were: Mrs. Asher Yaguda, President of the Woman's Auxiliary to The Medical Society of New Jersey; Dr. J. Wallace Hurff, President of the Essex County Medical Society; Dr. John W. Gray, President of the Academy of Medicine of Northern New Jersey; and Dr. Harrold Murray, Chairman of the Child Welfare Committee of the Essex

County Medical Society, who spoke on "Milk Banks for Infants."

On November 23 at 1:30 p. m. all members of the Essex County Auxiliary are invited to attend a program of the Contemporary Club in Newark, arranged by the Health Committee, which is composed of the wives of doctors belonging to Contemporary. Dr. Frederic J. Quigley, a former President of The Medical Society of New Jersey and Executive Secretary to the State Society's Committee on Legislation, will speak on "Present Governmental Activity in the Field of Civilian Medicine." Mrs. Frank A. Bien and Mrs. Frank Forte are co-chairmen of the program.

Gloucester—Mrs. C. A. Bowersox, Chairman of Publicity.

The regular business meeting of the Woman's Auxiliary to the Gloucester County Medical Society was held October 21 at 9:30 p. m. at the Woodbury Country Club, with Mrs. A. Guy Campo, President, presiding.

A covered-dish luncheon was held October 29 at 1:00 p. m. at the home of Mrs. Paul M. Pegau of Woodbury.

Mercer—Mrs. A. F. Moriconi, Chairman of Publicity.

The first regular meeting of the Woman's Auxiliary to the Mercer County Medical Society was held during the last week of October, with Mrs. John R. Cottone of Trenton, President, presiding.

Middlesex—Mrs. Charles Merrill, Chairman of Publicity.

On October 19 at 8:30 p. m. at the home of Mrs. R. J. Faulkingham in New Brunswick, the first meeting of the Woman's Auxiliary to the Middlesex County Medical Society was held. Because the treasury was low each member was asked to bring a "white elephant", to be auctioned. A social hour followed the business meeting. The main project of the Auxiliary will continue to be the entertainment of the soldiers in nearby camps.

Warren—Mrs. Herman Baldauf, Chairman of Publicity.

On September 21 at the home of Mrs. Herman Baldauf in Belvidere the first meeting of the Woman's Auxiliary to the Warren County Medical Society was held. Mrs. Floyd A. Shimer, President, presided, and Mrs. Clyde Marlett and Miss Anna Barrie were the co-hostesses.

A check for $300 was presented to the Board of Trustees of the Warren County Hospital, to be used to furnish a de luxe room in the new wing of the hospital. This money was raised by the Auxiliary through a series of small card parties given by the members.

On October 19 the Auxiliary met with the Medical Society at the Hotel Belvidere. Refreshments were served and bridge was played.

EXECUTIVE BOARD MEETING

Mrs. Lodovico Mancusi-Ungaro, Chairman, Press and Publicity

A meeting of the Executive Board of the Woman's Auxiliary to The Medical Society of New Jersey was held on Monday, October 11, 1943, at the Essex House in Newark. Mrs. Asher Yaguda, the President, presided. Arrangements for the meeting were made by Mrs. Abraham Jaffin of Jersey City, and arrangements for the program were made by Mrs. Samuel Alexander of Park Ridge, Chairman of the Legislative Committee.

The guest of honor was Mrs. Oscar W. Friske of Wisconsin, Program Chairman of The Woman's Auxiliary to The American Medical Association. (See page 444 of this issue.)

Dr. William E. Dodd of Beach Haven, Chairman of the Advisory Committee to the Woman's Auxiliary, spoke on the responsibilities to be assumed in the community by the wives of physicians, especially in the present era of change.

Dr. Frederic J. Quigley of Union City, a Fellow of The Medical Society of New Jersey and Executive Secretary to the Legislative Committee of The Medical Society, spoke on the Wagner-Murray Bill (S. 1161), now in committee in the Senate, and the Dingell Bill (H. R. 2861), an identical bill now in committee in the House, and urged that wives of doctors familiarize themselves with these bills.

"A" IS FOR ATLANTIC COUNTY

Mrs. G. Ruffin Stamps, President

Conditions of the present day have affected almost all organizations, and as almost all organizations have found it necessary to make changes to fit these conditions, our County Auxiliary finds itself no exception. We have tried to make only such changes as will help our Auxiliary to serve more effectively, to attain the goals for which it is striving, and to justify its existence in days when every bit of time, money, and energy must be well spent.

Our first change has been in the form of our meetings. Instead of a program and business meeting every month, we are planning to have such a meeting every other month, and a luncheon at a hotel or restaurant, followed by a business meeting, in the alternate months. Therefore, in October, December, February and April will be held program meetings; and in November, January and March luncheon meetings. In May we will combine the annual meeting and the luncheon in honor of the incoming President. Monthly meetings of the Executive Board have been discontinued and will be called only at the order of the President, since almost all of our present active members are on the Board.

At our first meeting, which was held on October 8 in the Atlantic City Hospital, our State President, Mrs. Asher Yaguda, was the speaker. She brought to us the many suggestions that the State Auxiliary has prepared for the counties for the coming year, and gave us very practical ideas for working out these suggestions. We were particularly glad of the opportunity to have her speak to us so early in our Auxiliary year, since most of our chairmen have only recently received literature from their State Chairmen and are still in the process of formulating their plans. Consequently, Mrs. Yaguda's interpretation and explanation of their ideas will be of great help to our local chairmen.

At our November meeting, Dr. David B. Allman, Chairman of the Committee on Legislation of the Atlantic County Society, will speak to us about the Wagner bill and tell us in what ways we, as an Auxiliary, may help to defeat this bill.

Several years ago, our Auxiliary established a Student Nurses' Loan Fund. Now, because of Federal aid to student nurses, we find that need for such scholarships does not exist. Just what we will do with the money we already have, and what project we shall choose instead for the duration will be decided upon at our next meeting.

Eight subscriptions have so far been obtained for the Bulletin.

Continuing our plan of last year, we are inviting to our meetings the wives of Army Medical Officers stationed in Atlantic City.

We hope that Atlantic County's Auxiliary will be able to coöperate with the State organization in every way possible, and help, thereby, to make New Jersey's Auxiliary outstanding in its accomplishments this year.

"B" IS FOR BURLINGTON COUNTY

Mrs. William E. Bray, President

Our plans for the ensuing year have not been entirely completed.

It has been definitely decided to emphasize the distribution of Hygeia through the county schools. "Every member, a Bulletin subscriber" shall also be our slogan.

We have decided to use whatever money we can spare in the purchase of War Bonds. Every expense for the operation of the Auxiliary shall be curtailed to the utmost, so that more bonds can be bought.

We hope to publish a local bulletin three times during the year.

Every effort, individually and collectively, will be expended to enlighten the public concerning the truth behind undesirable legislation.

Due to the large expanse of our county with widely separated members, it is our belief that individual war work will be more helpful than a collective effort. Every member of our Auxiliary shall be expected to contribute her services in her community to some work for which no compensation is expected. We believe that actually *doing* work, however menial, is more important than the supervision of a single project.

"C" IS FOR CAMDEN COUNTY

Mrs. Lester R. Wilson, President

War has made many necessary changes in our regular meetings due to the absence of wives of men in service and increased work for those at home, but as a whole our aim is to be leaders in our community and a help to our country in time of need.

At our first meeting, in the absence of our Legislative Chairman, Mrs. A. Haines Lippincott, we were given a review of the vitally important Wagner Bill by Mrs. Max L. Weimann. We hope to do very effective work this year in Medical Legislation consistent with the wishes of The Medical Society. One must be well informed on such matters to be of value to the medical profession and to the public.

As in previous years, stress will be placed on our Public Relations program by our Chairman, Mrs. Robert S. Gamon, whose objective will be to secure and retain the good will of the laity.

It is always our endeavor to increase our membership through good programs and social activities.

We hope to do our part and continue our interest in Medical History, by the collection of objects or records necessary to this work.

We plan to continue our gifts of books on medical subjects to the libraries in memory of deceased members and doctors.

And finally, in the spring, we hope with redoubled effort to have our annual card party for charities.

HYGEIA

Mrs. F. G. Wandall, Chairman

One of the aims of our State Auxiliary this year is to make the people of New Jersey more Hygeia-conscious, thus promoting health knowledge which is authentic.

Since this project in New Jersey is in its infancy, there is not much we can report other than that we hope to be able to say in the near future, "Hygeia, our authentic Health Magazine, is in nearly every home, office and public center in New Jersey."

BOOKS RECEIVED FOR REVIEW

Compleat Pediatrician. Practical, Diagnostic, Therapeutic and Preventive Pediatrics, for the Use of Medical Students, Internes, General Practitioners, and Pediatricians. By Wilburt C. Davison, M.A., D.Sc., M.D. Pp. 256. Durham, North Carolina, Duke University Press. 1943. $4.00.

Introduction to Medical Mycology. By George M. Lewis, M.D., and Mary E. Hopper, M.S. 2d ed. Pp. 342. Chicago, Year Book Publishers, Inc. 1943. $6.50.

Fractures and Dislocations for Practitioners. By Edwin O. Geckeler, M.D. 3d ed. Pp. 361. Baltimore, William Wood, Williams & Wilkins Company. 1943. $4.50.

Body Poise. By Walter Truslow, M.D., F.A.C.S. Pp. 312. Baltimore, Williams & Wilkins Company. 1943. $4.50.

Synopsis of Tropical Medicine. By Sir Philip Manson-Bahr, C.M.G., D.S.O., M.D., F.R.C.P. Pp. 224 with five plates. Baltimore, Williams & Wilkins Company. 1943. $2.50.

Microscopic Technique in Biology and Medicine. By E. V. Cowdry. Pp. 206. Baltimore, Williams & Wilkins Company. 1943. $4.00.

A Hundred Years of Medicine. By C. D. Haagensen and Wyndham E. B. Lloyd. Pp. 444. New York, Sheridan House. 1943. $3.75.

Internal Medicine in General Practice. By Robert Pratt McCombs, Lieut. (M.C.) U. S. Naval Reserve. Pp. 694. Philadelphia, W. B. Saunders Company. 1943. $7.00.

Reaction to Injury: Pathology for Students of Disease Based on the Functional and Morphological Responses of Tissues to Injurious Agents. By

Wiley D. Forbus, M.D. Pp. 797, with 532 illustrations, 20 in color. Baltimore, Williams & Wilkins Company. 1943. $9.00.

Introduction to Physiological and Pathological Chemistry, with Laboratory Experiments. By L. Earle Arnow, Ph.G., B.S., Ph.D., M.B., M.D. With an introduction by Katharine J. Densford, B.A., M.A., R.N. 2d ed. Pp. 574. St. Louis, C. V. Mosby Company. 1943. $3.75.

Personal and Community Health. By C. E. Turner, A.M., Sc.D., Dr. P.H. 7th ed. Pp. 585. St. Louis, C. V. Mosby Company. 1943. $3.50.

A Surgeon's World. An autobiography. By Max Thorek, M.D. Pp. 410. Philadelphia, J. B. Lippincott Company. 1943. $3.75.

BOOK REVIEWS

Doctor in the Making; The Art of Being a Medical Student. By Arthur W. Ham, M.B., and M. D. Salter, M.A., Ph.D. Pp. 179. Philadelphia, J. B. Lippincott Company. 1943. $2.00.

To become a doctor takes a great deal of specialized training and an adjustment to life not demanded of other professions. The authors have put in book form their experiences as members of an advisory committee for medical students at the University of Toronto. All students whose records were not what was expected of them were given a personal interview with the idea in mind of finding out what obstacles stood in the way of their success. The results of these interviews are grouped and fully discussed and make excellent and instructive reading. The few illustrations are intriguing and help to lighten the text.

Every effort should be made to place this book in the hands of all students who contemplate medicine as a life work, and it would be profitable reading for all students and practitioners.

Mildred V. Naylor.

Laugh at the Lawyer Who Cross-Examines You! A Court Room Antidote. By Charles L. Cusumano, LL.B. Pp. 375. New York, Old Faithful Publishing Company. 1942. $3.00.

I am glad to have had the opportunity of reviewing this extremely clever and entertaining book covering so comprehensively the lot of that poor unfortunate human being, "the legal witness".

Perhaps my appreciation has been heightened by the recognition of so many situations that frequently occur in courtroom practice, but, be that as it may, the simple analytical style of the author and the scope of the book leaves little to be desired in the type of book that it represents. There can be little doubt that the predicament of the legal witness has been dealt with in a masterful style, every phase and situation being clearly described. The treatment of the hypothetical question was particularly adept. If this approach were followed to the letter by more of the legal profession, many more cases might reach a successful conclusion.

The book should have a definite appeal and should prove of great assistance to the various individuals associated with the legal profession, i. e., lawyers, doctors, adjusters, claim agents, industrial welfare personnel, etc. I say this advisedly because the book is so complete in its coverage of the problem of the witness, I fear the ordinary lay witness would become even more frightened were he to read it before going to court, to try and assimilate enough to make him a better witness. In other words, for any but the initiated this book should be considered more as a text to be studied, rather than as a quick reference for the harried lay witness to which to dash in times of emergency.

The general rules listed in the beginning of the book covering court procedure would be of greater value to the ordinary layman, but the explanation of the various details should be left to the lawyer in the case.

I have no hesitation in recommending this book to all laymen, but in particular to those previously indicated, because being identified with such semi-legal occupations, the thorough knowledge of the legal witness as outlined in it would prove invaluable to them.

If there is one criticism which might be leveled at this book it is that when one reads, re-reads and assimilates all the wealth of detail concerning the rôle of the legal witness, he would have so great a respect for his adversary that he would scarcely have the temerity to "Laugh at the Lawyer Who Cross-Examines You", although he might face him with far greater success and confidence.

F. W. O'Brien, Manager
Workmen's Compensation Bureau Court Reporting Service

Principles and Techniques of Nursing Procedures as Developed in St. Mary's Group of Hospitals of St. Louis University. By Sister Mary Agnita Claire Day, S.S.M., R.N. Pp. 574. St. Louis, C. V. Mosby Company. 1943. $3.50.

Instructors in nursing schools and practicing nurses in the field will find this an excellent book in every detail. It is divided into five parts, viz.: Part 1—Physical environment. Part 2—Admission procedures and simple diagnostic and therapeutic measures. Part 3—Nursing techniques involved in diagnostic tests and in prophylactic and remedial measures. Part 4—The orthopedic patient in the general hospital. Part 5—The psychiatric patient in the general hospital.

The chapter on tests is splendid, and the one on physical therapy exceptionally good. A chapter on the religious needs of the patient will be especially helpful for nurses of any creed as they may, at any time, have patients of the Catholic faith.

Every nurse will find it profitable to have a copy of this book in her possession.

Sr. Ambrosina.

Manual of Otology, Rhinology and Laryngology. By Howard Charles Ballenger, M.D., F.A.C.S. 2d ed. Pp. 334 with 114 engravings and 3 color plates. Philadelphia, Lea & Febiger. 1943. $4.00.

The second edition of Dr. Ballenger's book preserves its function as primarily an introductory reference book for students. The text is clearly and simply written, avoiding the controversial subjects that so often only make for confusion in approaching a new field. Its use for this reason will be limited as far as practitioners of otolaryngology are concerned, but it will continue to be of value to general practitioners in the more outlying districts where specialists are infrequent.

W. F. KEIM, JR., M.D.

Methods of Treatment. By Logan Clendening, M.D., and Edward H. Hashinger, A.B., M.D. 8th ed. Pp. 1033. St. Louis, C. V. Mosby Company. 1943. $10.00.

For the medical student, the general practitioner or the specialist, this is an exceptionally good book. Its value lies in the fact that so much knowledge is crammed into one volume. In it the reader finds a brief but comprehensive review of the disease and an outline of all the methods of treatment. It takes nothing for granted in describing the technique of administration of drugs. It outlines the benefits to be derived from the use of the drugs employed, and the dangers these same drugs might carry.

The chapters on hydro-therapy, physio-therapy, psycho-therapy, anesthesia, ductless glands and dietetics are concisely and interestingly written. The last half of the book discusses symptomatology and treatment in the same easy, readable style.

There is so much condensed into this one book that it is equal to several complete volumes. As such it should be a most valuable addition to any library.

SAMUEL BARBASH, M.D.

Synopsis of Clinical Syphilis. By James Kirby Howles, B.S., M.D., M.M.S. Pp. 671. St. Louis, C. V. Mosby Company. 1943. $6.00.

All physicians will find this a splendid text to keep in the office and consult frequently. The subject of syphilis is briefly and concisely reviewed for all of the systems in relation to diagnosis, pathology and management of treatment and follow-up. There are many well-chosen illustrations. Both new and old forms of treatment are discussed. Dr. Howles' methods of treatment of the various stages of the disease vary somewhat from the orthodox standard treatment outlined by the Coöperative Clinical Group. He gives credit to the many methods of treatment used. His ideas of the follow-up of the suspicious syphilis case and the adequately treated case are to be highly commended.

The chapters on epidemiology of syphilis and the organization of the syphilis clinic should be read by every physician, social worker, health officer and nurse.

Dr. Howles points out "the treatment of syphilis requires a knowledge of the whole field of medicine". Syphilis must be diagnosed as such by serologic tests, dark-field examinations and a thorough physical examination to determine the stage of the disease and the systems involved before outlining treatment.

EVA R. SARGENT, M.D.

Gastro-Enterology (in three volumes). By Henry L. Bockus, M.D. Volume 1—The Esophagus and Stomach. Pp. 831. Philadelphia, W. B. Saunders Company. 1943. $12.00.

In perusing the work under consideration the reviewer was impressed with the logical presentation of the subject. This, the first of three volumes on the subject, covers the esophagus and stomach, and is an excellent book on the latest advances in gastroenterology.

It is divided into three parts. Part one is on the examination of the patient, with chapters on history taking, symptomatology, physical examination, and the manner of utilizing laboratory and other diagnostic methods. The descriptions are so complete in each instance that a study of them will almost lead the general practitioner to his diagnosis. Part two relates to the esophagus and diaphragm and, while some of the descriptions are rather involved and obscure, particularly the one on tumors of the esophagus, the emphasis placed on methods of diagnosis is worthy of study. Part three describes affections of the stomach very thoroughly. The most recent tests employed in the study of gastric function and disease are given in detail, and attention to these will enable the physician to ask for no more than the essential laboratory examinations in order to arrive at a diagnosis. Gastritis, which the older physicians diagnosed and treated empirically, is today a recognized entity. It is thoroughly covered in three important chapters. Over 300 pages are devoted to an excellent presentation of the medical and surgical aspects, with their management, including complications, of peptic lesions. The last 100 pages cover malignant and benign tumors of the stomach in a thorough manner.

The book is so compact and yet contains so much of value that it is difficult to pick out specific parts for emphasis. Mention must be made of the extensive references at the end of each chapter. General practitioner and specialist alike will obtain much benefit from reading here what one of the foremost gastroenterologists in the country has to say on the subject. If the two forthcoming volumes match the excellent standards set by volume one, the publishers and authors should be congratulated.

J. GERENDASY, M.D.

Geriatric Medicine: Diagnosis and Management of Diseases in the Ageing and in the Aged. Ed. by Edward J. Stieglitz, M.S., M.D., F.A.C.P. Pp. 887. Philadelphia, W. B. Saunders Company. 1943. $10.00.

Geriatric medicine brings to our attention that "the elderly are not just old people but are physically and mentally different men and women from what they were in the days of their young maturity". It then proceeds to show that this is so by having specialists in every field present subject matter completely, in detail but not at length. It is all science and sound thinking without generalizations. Whether in general practice or a specialty it is a book wherein to read a chapter is to want to read the book in its entirety.

It is only 30 years since the publication of "Geriatrics" by I. L. Nascher and 20 years since the publication of "Medical Aspects of Old Age" (Rolleston, Sir H., Macmillan, 1923), but the change in interest and knowledge is great. ("Diseases of Old Age" by Charcot and Loomis preceded these in 1881.) Over 50 specialists in their field have contributed. All agree that two facts are common to aging: (1) The various organs and tissues of the body do not all undergo evolution at the same age period. (2) That each passing disease process throughout the years leaves a scar.

The ten chapters of the first section on general considerations comprising the first 160 pages are enlightening in any practice. Some examples from chapter 2 are: "No organism is of uniform age throughout." "The ageing are here now, there will be many more of them in the years to come." "The sharp rise at the age of 40 in the number of invalids per thousand population" (p. 16) leads the author to state, "that age 40 is the time to start the practice of geriatrics" (p. 31). "Some won't like that early age but then pediatric practice has its age problem also." Again, "You can't teach an old dog new tricks is a fixed idea in the minds of ageing people when the fact is they are afraid to learn" (p. 26). Sir Humphry Rolleston thought this a true saying in 1922 (Supra). "It is not a coincidence that the leaders of industry, science, the captains of the fine ships—are old men" (p. 15). (But these leaders are still stubborn about hiring men over 40 or 50, thus exhibiting one sign of age.) The medical profession could and does keep many of the captains of industry at their peak. Why not the rank and file also and for the same purpose and the same corporation? In chapter 2 (p. 37), "We now have the cumulative effect of all previous infections, intoxications, fatigues, tramata and periods of excess and deprivation. The scars of living are present in the aged. For every episode of ill health, irrespective of its nature, extent or causes, leaves some residue of injury." Every person over 40 as well as every physician might well reread that, and its corollary, "Having passed the first 60 years (one) should have accumulated a great reserve of wisdom, giving a 'better car and better driving of the living machine provided by growing understanding'" (Chapter 3, p. 54). "None of the structural changes observed in ageing are peculiar to that state. They are repetitions of alterations that are familiar to the organism throughout life." (Chapter 4, p. 72.) "The characteristic decade to decade changes—are themselves an index of age." (Chapter 5, p. 101.) "No drug will prevent ageing —those producing dramatic effect are few—others at best will add comfort to or improve the health of elderly persons." (Chapter 6, p. 123.) "Old people may be conditioned in exercising if they are used to that form of exercise." (Chapter 7.) All too many older people have been stopped from continuing their favorite exercise when they might have continued easily since they are conditioned to it.

"Properly projected, the risk to the aged patient (in surgery) is not nearly so great as it is commonly believed to be." (Chapter 8, p. 148.) Chapter nine on "Anesthesia" and chapter ten on the "Legal Aspects" need to be read in their entirety. They are short and to the point. Chapters 11 and 12 are on "Infectious Diseases." "The task of safeguarding the aged is difficult since such persons are unwilling to be singled out for special attention." They are also unwilling to be singled out for geriatric practice. They do not wish to be thought of as ageing. Chapters 13 to 16 are on "Disorders of Metabolism". "The eating habits of a lifetime are not changed easily."

Section four covers the mind and the nervous system in four chapters. "The adjustability of the physical organism cannot be divorced from mental adjustability—(for) with the loss of physical elasticity certain failures of adjustment to various social and economic stresses and strains manifest themselves." (Chapter 17, p. 264.)

Diseases of the respiratory system comprises three chapters. The two paragraphs on smoking (p. 318) are timely as is also lobectomy as a treatment of choice in bronchiectasis. The nine chapters on "Disorders of the Circulatory System" are a contribution to the literature on this subject and might easily be issued under separate cover. That "The assessment of normality in the cardiovascular system remains difficult and obscure" (p. 371) would seem to require additional diagnostic procedures.

The five chapters on the "Disorders of the Alimentary System" cover the subject in detail. The chapter on "Diseases of the Liver and Biliary Passages" is as outstanding as the book itself.

"Diseases of the Genito-Urinary System" comprises five chapters. Frequency and Difficulty in Urination (p. 733-734) contains sound practical guides in diagnosis in the ageing.

Two chapters on "Disorders of the Skeletal System", and one each on "Diseases of the Blood" and "Diseases of the Skin" are part of the forty-six chapters that comprise this very important addition to the Practice of Medicine.

The field covered is so wide that much which the book contains might well be used as a guide for those who have the care of the aged, for "one-third of the total population (U. S.) will soon be over 50" (p. 593). A better understanding of the ageing and the aged is necessary. It has been in the making over 20 years. It has reached a milestone in "Geriatric Medicine". The book has far-reaching value in any medical library and much to offer the thinking layman.

Christian P. Segard, M.D.

Tuberculosis Abstracts

A Review for Physicians

ISSUED MONTHLY BY THE NATIONAL TUBERCULOSIS ASSOCIATION

Vol. XVI **November, 1943** **No. 11**

MUCH used by both internist and surgeon in other fields of medicine, the fluoroscope has proved a valuable aid in the diagnosis of pulmonary lesions and in the periodic recheck of their progress. A competent examiner, using good equipment, is often able to secure information that may not be ascertainable by means of conventional films, such as the movements of the diaphragm, the contrasting appearance of the expanded or contracted lung, the effect of moving the thorax into different positions before the screen. Warnings that this method should supplement, not replace, good chest films have been frequent. Here is a timely warning of another danger—one inherent in the physical properties of the electric current and of the roentgen ray. This Safety First appeal merits serious thought.

DANGER FROM FLUOROSCOPY

A number of articles have been published concerning the dangers connected with fluoroscopy. Recent measurements have shown that these warnings must be taken seriously and that they concern the whole medical profession. The problem is more acute now when the serious film shortage may call for more extensive use of the fluoroscopic method, and it seems advisable to call attention to a few pertinent facts.

No fluoroscopic unit should be used unless the doctor in charge has convinced himself that the conditions under which it is operated are reasonably safe. A continuous vigilance is necessary, and it is not enough to know that the conditions were satisfactory at one time in the past.

A shock-proofed arrangement should remove electrical dangers but a broken cable or a casual repair may lead to electrical hazards, and many of the old machines have exposed high-voltage leads. Grounding a part of the apparatus may not always serve as protection, and if the ground is applied at the wrong place the danger may be increased. A careful expert inspection is needed and there can be no valid excuse for an accidental electrocution. Such accidents have occurred a number of times.

Roentgen rays from fluoroscopic units have caused innumerable sequelae to both patients and physicians, and serious damages often still result in spite of the knowledge that now is available.

In order to obtain adequate protection, it is first required that the tube be shielded so that no radiation of any consequence escapes in any direction except in the useful beam. This may be checked roughly with a hand fluoroscope or more accurately with a roentgen meter with a sensitivity of 0.01 r or a Geiger-Muller Counter. After this first requirement has been fulfilled several other precautions must be taken.

For any intelligent use of fluoroscopy, it is important to know the amount of roentgen rays reaching the skin of the patient and of the examiner, and that has to be determined by means of measurements. The total dose received depends upon the intensity and the time of exposure. The intensity depends upon a number of factors and varies widely in practice. A reasonable intensity at the skin of the patient nearest to the tube amounts to about 20 r per minute.

A representative of the division of Biophysics, University Hospitals, has recently checked some machines in Minnesota, and has found intensities during routine practice up to 114 r per minute. It is evident that such an intensity is dangerous and must be reduced by proper adjustments. The question is how many of the machines which have never been calibrated are used under similar conditions with an unnecessarily high intensity.

The intensity may be reduced by increasing the distance from the target to the patient. This dis-

tance should be at least 28 to 30 cm. It can also be reduced by lowering the current which should not exceed 4 to 5 ma. If the fluorescence is not bright enough the voltage may be raised and it is advisable to use rather high voltage, preferably 80 kv. or 100 kv. if possible with the equipment. With a high voltage a filter helps to lower the intensity considerably and a 1 mm. aluminum filter should be permanently attached.

With the use of 28 cm. target skin distance, 90 kilovolts and 4 ma. and 1 mm. aluminum filter, the intensity can undoubtedly be kept within the safe range, but it is still advisable to have it measured so that the number of roentgens applied per minute will be known.

The time used for an examination should be kept at a minimum. It should be measured and recorded. A foot switch should be used so that the current applied to the tube may be limited to the time of inspection. The use of a timer, which sums up the exposure and shuts off the machine when the dose decided on has been given, is advisable.

Some fluoroscopic examinations require an exposure of 5 minutes. With an intensity of 20 r at the patient's skin, this means a dose of 100 roentgens. A dose of 75 r is often used for treatments of skin diseases and the title of a publication in *The Journal of Radiology*, "Roentgen Therapy in Fluoroscopy" is, therefore, no exaggeration.

The rules laid down here for the safety of the patient may seem drastic. They are, however, not difficult to follow after they once have been accepted and certainly patients have the right to expect the physician to take the necessary precautions in order to avoid serious injury from a simple examination. These rules also help to protect the examiner, though any injury to him is due to accumulation of exposure over a long time rather than to a single dose. He must be particularly careful to protect the hands which are inevitably exposed at palpation during the fluoroscopic examination. The use of lead-rubber gloves may help but not unless the gloves are heavy and designed to shield the whole hand can they be relied upon to give complete protection. Light gloves may give a false sense of security. The examiner must in any case be aware of the danger and take all precautions possible.

The most dangerous procedure and the one which has caused most of the injuries is the setting of fracture under fluoroscopic visualization. This practice must be condemned and the radiologist in charge should enforce the rule that nobody on the staff be permitted to use the apparatus in this manner. The doctor may receive enough exposure from the setting of a single fracture to produce a severe skin reaction. It is, of course, good practice to inspect the position fluoroscopically and that can be done several times without exceeding the permissible total dose.

A number of physicians already have suffered the consequences of too much exposure during fluoroscopy. They have been severely handicapped and some have paid with their lives. The tragedy has been extremely impressive, and it is hoped that others will heed the warnings before it is too late.

Danger from Fluoroscopy, K. Wilhelm Stenstrom, Ph.D., Professor of Biophysics, University of Minnesota, Editorial, Minnesota Medicine, June, 1943.

SUPPLIED BY

New Jersey Tuberculosis League

15 East Kinney Street, Newark, New Jersey

FOR SPECIAL ATTENTION OF DOCTORS OVERSEAS!



Doctor! Will you give my daddy a message?

DADDY doesn't know me very well, on account of he's overseas and he hasn't seen me yet. But he worries about me something awful.

Why, just the other day I heard Mama say that he's all upset because our fats are rationed, and tin for canning is so scarce. He's afraid Mama may not be able to keep me on the food my doctor prescribed when he found she couldn't nurse me.

Tell Daddy not to worry, Doctor. The men in Washington are doing everything in their power to provide the folks who make S-M-A (that's my brand) and all the other manufacturers of scientific infant formulas with enough cans, enough special fats, and enough other ingredients to give us babies our full quota of nutrition.

See, Doctor? Daddy needn't worry for a single minute! Our government isn't going to let its babies go without foods they need so they can grow up to be strong and healthy. Just remind him, Doctor—that this is America!

S.M.A. Corporation, Chicago, Ill.

SMA

INFANT FEEDING FORMULA

HAVE YOU PATIENTS WITH ANY OF THESE CONDITIONS?



Spencer Supporting Corset shown open, revealing inner support which is adjustable from outside the corset. Prescribed for conditions requiring positive abdominal support.

Each Spencer Support Is Individually Designed, cut and made for the one patient who is to wear it, to meet the specific condition. It is *guaranteed* never to lose its shape. The Spencer Corsetiere keeps in touch with patient to relieve the doctor of bother regarding fit and comfort.

Spencers are never sold in stores. For a Spencer Specialist, look in telephone book under "Spencer Corsetiere" or write to us.

- Hernia
- Ptosis
- Enteroptosis
- Nephroptosis
- Certain Cardiac Conditions
- Intervertebral Disc Extrusion
- Sacroiliac or Lumbosacral Sprain
- Spondylarthritis
- Spondylolisthesis
- Fractured Vertebrae
- Scoliosis, Kyphosis Lordosis
- Osteoporosis
- Postoperative Conditions
- Hysterectomy
- Herniotomy
- Appendectomy
- Cesarean Section
- Nephrectomy
- Cholecystectomy
- Colostomy
- Breast Conditions

SPENCER *INDIVIDUALLY DESIGNED*

Abdominal, Back and Breast Supports

SPENCER INCORPORATED,
137 Derby Ave., New Hoven 7, Conn.
In Conada: Rack Island, Quebec.
In England: Spencer (Banbury) Ltd., Banbury, Oxan.

May We Send You Booklet?

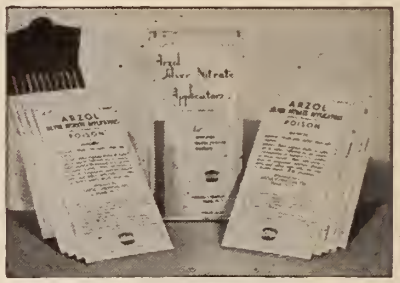
Please send me booklet, "Haw Spencer Supports Aid the Doctar's Treatment."

.....M. D.

Address D11

ARZOL

Silver Nitrate Applicators



- Six inch wood applicators are tipped match-like with 75% Silver Nitrate.
- Ten applicators are individually assembled for easy withdrawal.
- Each unit provides a pocket-size container with a closing flap.
- The De Luxe package contains ten units (100 applicators).
- Price $1.50 per package.

ORDER FROM YOUR DEALER

ARZOL CHEMICAL CO.
Nyack, N. Y.

There's *Only* ONE



For 16 years this simplified, single-volume office record book has saved precious time for busy doctors. It was designed by a practicing physician—has been perfected by usage—now provides an ideal bookkeeping system for pay-as-you-go tax reporting. Examine a copy for yourself, or write for fully explanatory literature. $6.00.

DAILY LOG

COLWELL PUBLISHING CO. 229 University Ave. Champaign, Ill.

EFFECTIVE THERAPY
IN
Otitis Media
Requires Analgesia-Bacteriostasis, and Dehydration of the Tissues.

Auralgan

The Doho Chemical Corp., New York-Montreal-London

Comfort and Security, with complete freedom of action, are assured when your patient wears a POMEROY Frame Truss—fitted by the Pomeroy method.



Pomeroy
FRAME TRUSS

The POMEROY Frame Truss embodies the knowledge and experience of seventy-five years. Its time-proven effectiveness in retaining herniae through passive resistance, rather than through active pressure, has won the recognition and approbation of countless physicians through three generations.

There is no guarantee of truss satisfaction greater than the combination of POMEROY skill and experience as exemplified in the POMEROY FRAME TRUSS.

Pomeroy

901 BROAD STREET NEWARK 2, N. J.

NEW YORK — BROOKLYN — BOSTON — SPRINGFIELD — DETROIT — WILKES-BARRE



Mrs. Steward says: "I wear Duralumin limbs. My clothes fit beautifully. I drive my car and enjoy dancing, golfing, ping pong, and other sports."

Jessie Simpson Steward

(Miss New Jersey of 1936)

WEARS HANGER LIMBS

For 81 years we have been making, wearing, fitting and improving artificial limbs. The knowledge and skill we have gained during this time enables us to give every advantage of construction, fit, and comfort.

The Hanger name guarantees complete satisfaction.

J. E. HANGER, INC.

104 FIFTH AVENUE **Established 81 years** **334 NO. 13th ST.**
New York 11, N. Y. *Inventors and Manufacturers* Philadelphia 7, Pa.

ENGLISH WILLOW AND DURAL LIGHT METAL ARTIFICIAL LIMBS

PRESCRIPTION PHARMACISTS

TO THE MEMBERS OF

THE MEDICAL SOCIETY OF NEW JERSEY

PLACE	NAME AND ADDRESS	TELEPHONE
AUDUBON	W. H. Tegeler, 315 Atlantic Ave.	Audubon 1037
CRANFORD	J. Walter Seager, 103 Union Ave. N.	CRanford 6-0700
ELIZABETH	Kerner's Prescription Pharmacy, 504 Court St.	ELizabeth 3-9497
HARRISON	Squier's Pharmacy, 234 Harrison Ave.	HArrison 6-2127
JERSEY CITY	Smith & Williams Prescription Phar., 343 Jackson Ave.	BErgen 3-2616
MONTCLAIR	Wm. J. McNulty, So. Fullerton Ave. & The Crescent	MOntclair 2-2014
MORRISTOWN	Carrell's Pharmacy, Inc., 31 South St.	MOrristown 4-0143
NEWARK	Marquier's Pharmacy, Sanford & So. Orange Aves.	ESsex 3-7721
NEW BRUNSWICK	Hoagland's Drug Store, 365 George St.	New Brunswick 49
SOUTH ORANGE	Taft's Pharmacy, 2 So. Orange Ave.	SOuth Orange 2-0063
WEST NEW YORK	The Owl Pharmacy, 6611 Bergenline Ave.	UNion 5-0384

CHANGE OF ADDRESS COUPON

In the event of a change of address or failure to receive the Journal regularly fill out this coupon and mail it at once to

THE MEDICAL SOCIETY OF NEW JERSEY, 222 W. State St., Trenton 8, N. J.

Change my address on mailing list

From

To

Journal is not being received

My correct address is

Date..... *Signed*....., *M.D.*

RECOGNIZED BY PHYSICIANS AS A

Fine Energy Food . .



Abbotts Ice Cream is rich in high-quality proteins, calcium and Vitamin A. It also contains Vitamins B_1, C, D and G.

We make it from our own deluxe Cream, produced under strict bacteriological laboratory control at our Country Creameries.

ABBOTTS DAIRIES, INC., *Philadelphia, Pa.*

INFORMATION FOR CONTRIBUTORS

MANUSCRIPTS submitted to this **Journal** should be typewritten, and double-spaced between the lines. CARBON COPIES should be retained by the author; only original copies should be offered for publication.

THE RIGHT to reject, edit or abbreviate any manuscript is expressly reserved by the Publication Committee.

ILLUSTRATIONS submitted by the author in connection with his manuscript will be prepared in the form of dies suitable for printing, and the cost of such cuts will be charged to the author. An estimate of the probable cost will be given when the illustrations are submitted.

THE OFFERING of any manuscript to this **Journal** carries with it the implication that it is not being offered to any other publication.

ADDRESS all queries, manuscripts and correspondence to

The Journal of The Medical Society of New Jersey

222 West State Street — Trenton 8, N. J.

Orange Publishing Co.

•

PRINTERS

•

12 SO. DAY STREET
ORANGE, N. J.

CLASSIFIED : ADVERTISEMENTS

WANTS — FOR SALE — TO LET

SITUATIONS, ETC.

4 Cents per word; Minimum Charge, $1.00

CASH MUST ACCOMPANY ORDER

Forms Close 26th of the Month

SELECTION AND FITTING OF HEARING AIDS
THOMAS H. HALSTED, M.D., F.A.C.S.
OTOLOGIST

For the past four years practice limited exclusively to the individual Selection and Fitting of Hearing Aids. A report is sent the doctor referring the case. Hours, 9:30-4:30 daily, 9:30-1:00 Saturday. By appointment. 475 Fifth Avenue (cor. 41st St.), New York City. Lexington 2-3427.

REPRESENTATIVE FUNERAL DIRECTORS

OF THE STATE OF NEW JERSEY

Special and Dependable Service Day and Night. Special Attention Given to Hospital Calls, Train and Express Shipments.

Place	Name and Address	Telephone
BLOOMFIELD	Peter J. Quinn Funeral Service, 320 Belleville Ave.	BLoomfield 2-1260
ELIZABETH	Aug. F. Schmidt & Son, 139 Westfield Ave.	ELizabeth 2-2268
MORRISTOWN	Raymond A. Lanterman & Son, 126 South St.	MOrristown 4-2880
NEWARK	Peoples Burial Co., 84 Broad St.	HUmboldt 2-0707
PATERSON	Robert C. Moore & Sons, 384 Totowa Ave.	SHerwood 2-3914
RED BANK	The Wordens—Albert, Harry & James, 60 E. Front St.	Red Bank 557
RIVERDALE	George E. Richards, Newark Turnpike	Pompton Lakes 164

The NEW YORK POLYCLINIC
MEDICAL SCHOOL AND HOSPITAL

(ORGANIZED 1881)
THE PIONEER POST-GRADUATE MEDICAL INSTITUTION IN AMERICA

EYE, EAR, NOSE and THROAT

A 3 months combined full-time refresher course consisting of attendance at clinics, witnessing operations, lectures, demonstration of cases and cadaver demonstrations; operative eye, ear, nose and throat on the cadaver; clinical and cadaver demonstrations in bronchoscopy, laryngeal surgery and surgery for facial palsy; refraction; roentgenology; pathology, bacteriology and embryology; physiology; neuroanatomy; anesthesia; physical therapy; allergy, examination of patients pre-operatively and follow-up post-operatively in the wards and clinics.

Physical Therapy

Didactic lectures and active clinical application of all present-day methods of physical therapy in internal medicine, general and traumatic surgery, gynecology, urology, dermatology, neurology and pediatrics. Special demonstrations in minor electrosurgery, electrodiagnosis, fever therapy, hydrotherapy including colonic therapy, light therapy.

For Information Address

MEDICAL EXECUTIVE OFFICER

345 West 50th Street **New York City 19**

Belle Mead Sanatorium

BELLE MEAD :: NEW JERSEY

Under State License Since 1910

Sanatorium Phone **BELLE MEAD, N. J. 21**

● **For the individual care and modern treatment of nervous, mental, alcoholic, drug patients and general invalidism.**

FULL COOPERATION WITH REFERRING PHYSICIANS
RATES VERY REASONABLE FOR ATTRACTIVE ACCOMMODATIONS

●

J. C. KINDRED, M.D., *Consultant*
L. R. HARRISON, M.D., *Consultant*
MASON PITMAN, M.D. RUSSEL N. CARRIER, M.D.*
Medical Directors Military Service

COOK COUNTY
Graduate School of Medicine

(In affiliation with COOK COUNTY HOSPITAL)
Incorporated not for profit

Announces Continuous Courses

SURGERY—Two Weeks Intensive Course in Surgical Technique starting November 1st, 15th, and 29th, and every two weeks throughout the year.

MEDICINE—Courses to be announced in January.

FRACTURES & TRAUMATIC SURGERY—Courses to be announced in January.

GYNECOLOGY—Two Weeks Intensive course starting February 7th. One Week Personal Course in Vaginal Approach to Pelvic Surgery starting November 1st. Clinical and Diagnostic Courses.

OBSTETRICS—Two Weeks Intensive Course starting February 21st.

ANESTHESIA—One Week Course in Continuous Caudal Anesthesia for Obstetrics.

OPHTHALMOLOGY—Clinical Course.

OTOLARYNGOLOGY—Special and Clinical Courses.

ROENTGENOLOGY—Courses in X-Ray Interpretation, Fluoroscopy, Deep X-Ray Therapy every week.

UROLOGY—Two Weeks Course and One Month Course available every two weeks.

CYSTOSCOPY—Ten Day Practical Course every two weeks.

GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND SPECIALTIES.

TEACHING FACULTY
Attending Staff of Cook County Hospital

Address: Registrar, 427 So. Honore St., Chicago 12, Ill.

Accident, Hospital, Sickness
INSURANCE
FOR ETHICAL PRACTITIONERS EXCLUSIVELY
[57,000 Policies in Force]

$5,000.00 ACCIDENTAL DEATH $25.00 weekly indemnity, accident and sickness	For $32.00 per year
$10,000.00 ACCIDENTAL DEATH $50.00 weekly indemnity, accident and sickness	For $64.00 per year
$15,000.00 ACCIDENTAL DEATH $75.00 weekly indemnity, accident and sickness	For $96.00 per year

ALSO HOSPITAL EXPENSE FOR MEMBERS, WIVES AND CHILDREN

41 Years Under the Same Management

$2,418,000.00 INVESTED ASSETS

$11,750,000.00 PAID FOR CLAIMS

$200,000 deposited with State of Nebraska for protection of our members.

Disability need not be incurred in line of duty—benefits from the beginning day of disability.

86c out of each $1.00 gross income used for members' benefit

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION
400 First National Bank Bldg. Omaha 2, Nebr.



AURORA

Founded by Robert Schulman, M.D.
(Since 1920)

A RESORT FOR HEALTH

For cardiovascular, metabolic, endocrinological and neurological disturbances. Resident physician. Complete physiotherapy department.

May we send you literature?

BENJAMIN SHERMAN, M.D., Medical Director
Morr. 4-3260 — On Route 24 MORRISTOWN, NEW JERSEY

Mountain View Rest, Inc.

Established 1 9 2 7

Roseland, New Jersey
P. O. Box 158

A HOMELIKE NEUROPSYCHIATRIC SANITARIUM, where reliable and individual care and treatment are available.

Descriptive Booklet on Request

Phones: Caldwell 6-1651
6-1652

MRS. DONALD ST. CLAIR, Directress

FAIR OAKS

SUMMIT NEW JERSEY

DR. THOMAS P. PROUT, Medical Director

DR. CAMELLA A. LOSADA
DR. CARROLL S. THOMSON

A sanatorium equipped with many of the facilities of the hospital, minus the hospital atmosphere, for the modern treatment and management of problems in neuropsychiatry. We have finished our fortieth year.

PSYCHO-THERAPY
PHYSIO-THERAPY
CLINICAL LABORATORY
BASAL METABOLISM
DIETETICS
HYDRO-THERAPY
OCCUPATIONAL THERAPY
ELECTRIC SHOCK THERAPY

Telephone: Summit 6-0143



WHIPPANY REST

(Formerly Whippany River Health Farm)

Licensed by State Department of Institutions and Agencies

Ideal for Chronic and Elderly Patients

Phone Whippany 8-0311

THERESA CUDDY SCOLA, R.N.
Directress

Whippany Road, Whippany, N. J.

Next Door to Seeing Eye

CHARLES B. TOWNS HOSPITAL

Serving the Medical Profession for Over 40 Years

For Alcoholism and Drug Addiction Exclusively

Definite Treatment • *Fixed Charges* • *Minimum Hospitalization*

293 CENTRAL PARK WEST, NEW YORK, N. Y. — Tel. SChuyler 4-0770

(Hospital Literature)

"INTERPINES"

GOSHEN, N. Y. Phone 117

ETHICAL — RELIABLE — SCIENTIFIC

Disorders of the Nervous System

BEAUTIFUL QUIET HOMELIKE WRITE FOR BOOKLET

FREDERICK W. SEWARD, M.D., Director

FREDERICK T. SEWARD, M.D., Res. Physician CLARENCE A. POTTER, M.D., Res. Physician

"The Glenwood" Sanitarium

Licensed for the care and treatment of

Nervous and mental disorders, alcoholism and drug addiction

Homelike surroundings, good nursing, psychiatric treatment and excellent food.

R. GRANT BARRY, M.D.

2301 NOTTINGHAM WAY

TRENTON, N. J.

Tel. 2-8053

HELP SHORTAGE

is relieved by our practical plan to limit the clerical work on accounts receivable.

Write. Our auditor will call.

Crane Discount Corporation

230 W. 41st St., New York, N. Y.

ZEMMER

PRESCRIBE or DISPENSE ZEMMER PHARMACEUTICALS

Tablets, Lozenges, Ampoules, Capsules, Ointments, etc. Guaranteed reliable potency. Our products are laboratory controlled. Write for catalogue.

Chemists to the Medical Profession NJ-11-43

THE ZEMMER COMPANY • Oakland Station • Pittsburgh 13, Pennsylvania



From Mother to Daughter . . .

The secret of stag horn shavings is the heritage of the women of the Cora tribe. By swallowing these scrapings, the squaw believes herself protected from pregnancy.*

● Physicians today know the medical necessity of child-spacing. Studies by prominent medical authorities prove that it is essential to infant and maternal health. Years of laboratory and clinic tests have demonstrated the effectiveness of Ortho-Gynol Vaginal Jelly. Because it is non-irritating, non-toxic and well-tolerated in continued use, it is more widely prescribed by physicians than any other preparation of its kind.

*Himes, *Medical History of Contraception*

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

ortho-gynol
VAGINAL JELLY

COPYRIGHT 1943 ORTHO PRODUCTS INC. LINDEN, N J



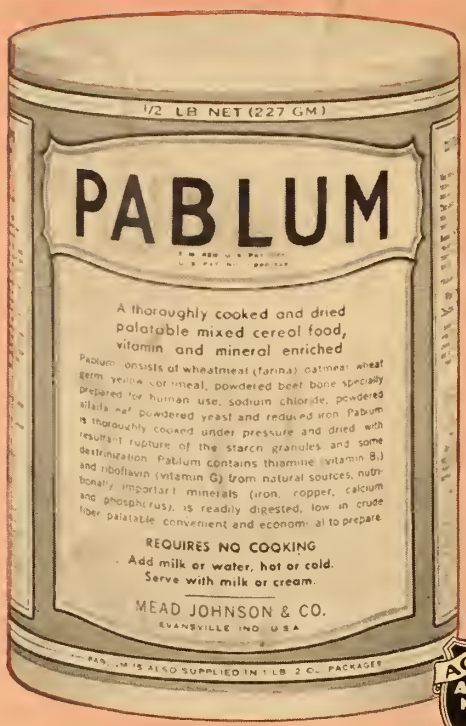
TODAY'S standardized technical procedures for the manufacture of pharmaceuticals are well defined. Exacting assay methods insure safety and dependability of medication.

Outstanding excellence in the production of medicinals, however, is the product of something more. It derives from a certain aptness—an intimate "know-how"—acquired through years of experience with the problems peculiar to this highly specialized science.

Wyeth, today, is deeply grateful for the rich endowment of experience which is its heritage.

Wyeth's
REG. U. S. PAT. OFF.

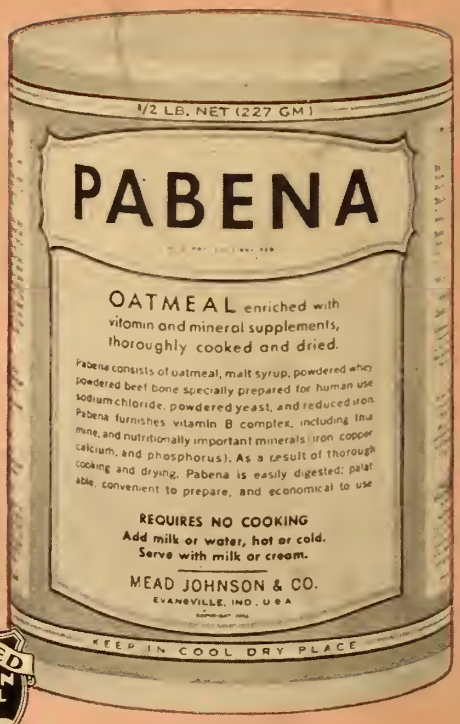
1932



8 oz.—1 lb. 2 oz.

ACCEPTED AMERICAN MEDICAL ASSN. Council on Foods

1942



8 oz. only

PABLUM, the pioneer precooked fortified infant cereal, now has a companion-product: Pabena is a precooked oatmeal cereal, lending variety to the infant's diet and offering the nutritional and convenient features of Pablum.

BOTH continue to be marketed and advertised only to physicians. Samples available on physicians' requests.

MEAD JOHNSON & CO., Evansville, Ind., U.S.A.

THE N.Y. ACADEMY OF MEDICINE
DEC 1943
LIBRARY

INDEX NUMBER

THE JOURNAL

OF

THE MEDICAL SOCIETY OF NEW JERSEY

Place of Publication, Printing and Mailing:
12 SOUTH DAY STREET, ORANGE, NEW JERSEY

Entered as second-class matter, September 5, 1906, at the post office at Orange, New Jersey, under Act of March 3, 1879.

VOL. 40, NO. 12 — DECEMBER, 1943 — Subscriptions, $3.00 per Year
Single Copies, 30 Cents

CONTENTS—Pages 453-500

EDITORIALS— Page

An Opportunity for Distinguished Service 453
Annual Conference of Secretaries and Editors of Constituent State Medical Associations 456
Certificates of Availability 456
Changing Social Philosophy and the Practice of Medicine 457

ORIGINAL ARTICLES—

Early Treatment of Thermal Burns—J. M. Carlisle, M.D., Westfield, N. J. 459
With New Jersey Medical Authors 461
The Clinical Importance of Disturbances of the Protein Metabolism—Abraham O. Wilensky, M.D., New York City 462
Sulfadiazine in Acute Follicular Infections of the Tonsils and Pharynx—Major Manfred Kraemer, M.C., A.U.S. 468

STATE ACTIVITIES—

Annual Conference of Secretaries and Editors of Constituent State Medical Associations 470
Preliminary Report on Post-War Planning, Article IV 472
Members in the Armed Forces—Supplementary List No. 2 472
American Board of Ophthalmology 474
Medical Care Program of Wives and Children of Soldiers 475
Scientific Exhibit of the American Medical Association 475

STATE ACTIVITIES— Page

Supplementary List of Members 475
New Jersey Association of Industrial Physicians and Surgeons 476

OBITUARIES—

Drs. Wildmann, Connolly and Crain 476
Drs. Davey, Dowd, Kemper, Morris and O'Brien 477

Medicine at the Crossroads 478

COUNTY SOCIETY REPORTS—

Bergen, Hudson 479
Middlesex, Passaic 480
Sussex, Union 481
Warren, Summit Medical Society 482

WOMAN'S AUXILIARY—

President's Christmas Message 483
State Meeting 483
Auxiliary Events—Past and Future 483
Public Relations 484
"E" Is for Essex County 485
"G" Is for Gloucester County 485
"H" Is for Hudson County 485

THE BOOK SHELF—

Books Received 486
Book Reviews 486

1943 INDEX (Volume 40) 489

TUBERCULOSIS ABSTRACTS 499

Roster of Officers, Advertising Page 3A

Editorial and Executive Offices
of the Society
222 WEST STATE STREET
TRENTON 8, N. J.
Tel. 5776



Acceptance for mailing at special rate of postage provided for in Sec. 1103, Act of Oct. 3, 1917, authorized July 29, 1918.

Copyright 1943 by
The Medical Society of New Jersey

PHYSICIAN'S INCOME PROTECTION

Our Physicians Special Policy—endorsed by the State Medical Society—will appeal to you also, if you investigate. Elimination of excessive acquisition costs and economy of operation makes possible our rate which is far below that of equally broad and dependable insurance.

Brief Outline of Coverage

Accident Benefits—from 1st day for 60 months for total disability.
Half benefits for partial disability, limit 6 months.
Dismemberment benefits up to $10,000.

Sickness benefits—from 8th day for 12 months, full benefits, *house confinement not required.*

Rate for $100 Monthly Benefit, up to age 50, $7.40 quarterly.

Slightly higher rates to age limit of 65. Policies available from $100 to $300 monthly
Additional provisions for accidental death benefit and hospital expense insurance.

Your State Medical Society Insurance Committee are sole arbiters for handling any claim requiring arbitration.

E. and W. BLANKSTEEN, Mgrs.
Authorized Representatives of The Medical Society of New Jersey
76 MONTGOMERY STREET JERSEY CITY, N. J.
Tel. Bergen 4-6051

Theocalcin prescribed with or without digitalis

Combinations of Theocalcin and digitalis are frequently prescribed to improve cardiac function in congestive heart failure. In other cases, when digitalis fails to give relief, Theocalcin in doses of 1 to 3 tablets t.i.d. is often effective.

Theocalcin is a well tolerated diuretic and myocardial stimulant which acts promptly to reduce edema, diminish dyspnoea and strengthen heart muscle.

Theocalcin is available in 7½ grain tablets and in powder form.



Theocalcin, brand of theobromine-calcium salicylate.
Trade Mark Reg. U. S. Pat. Off.

BILHUBER-KNOLL CORP. ORANGE, NEW JERSEY.

THE MEDICAL SOCIETY OF NEW JERSEY

Founded July 23, 1766

PLACE OF PUBLICATION, PRINTING AND MAILING, 12. SO. DAY ST., ORANGE, N. J.

EXECUTIVE AND EDITORIAL OFFICES, 222 WEST STATE ST., TRENTON 8, N. J. TEL. 5776

EDITH L. MADDEN, *Acting Executive Officer*.....Trenton
HENRY A. DAVIDSON, *Editor, in Service A. U. S.*.....Trenton

MEDICAL SERVICE ADMINISTRATION OF NEW JERSEY
MEDICAL-SURGICAL PLAN OF NEW JERSEY
31 CLINTON ST., NEWARK, N. J.
Tel. MItchell 2-0675

NORMAN M. SCOTT, *Medical Director*
Executive Assistant, The Medical Society of New Jersey

OFFICERS

President, RALPH K. HOLLINSHED Westville
President-Elect, JOSEPH F. LONDRIGAN Hoboken
First Vice-President, SAMUEL ALEXANDER.....Park Ridge
Second Vice-President, FRANK G. SCAMMELL.....Trenton
Secretary, ALFRED STAHL Newark
Treasurer, GEORGE J. YOUNG Morristown

TRUSTEES

THOMAS B. LEE, *Chairman* (1945) Camden
ALDRICH C. CROWE, *Secretary* (1944) Ocean City
RALPH K. HOLLINSHED Westville
JOSEPH F. LONDRIGAN Hoboken
SAMUEL ALEXANDER Park Ridge
FRANK G. SCAMMELL Trenton
ALFRED STAHL Newark
GEORGE J. YOUNG Morristown
WILLIAM F. COSTELLO (1944) Dover
GEORGE W. FITHIAN (1944) Perth Amboy
JOSEPH G. COLEMAN (1944) Hamburg
DAVID W. GREEN (1945) Salem
HARRY R. NORTH (1945) Trenton
JAMES F. NORTON (1945) Jersey City
E. ZEH HAWKES (1946) Newark
J. HOWARD HORNBERGER (1946) Roebling
ANDREW F. MCBRIDE (1946) Paterson

COUNCILORS

First District (Union, Warren, Morris and Essex Counties).....CHRISTOPHER C. BELING, Newark (1945)
Second District (Sussex, Bergen, Hudson and Passaic Counties).....VINCENT P. BUTLER, Jersey City (1944)
Third District (Mercer, Middlesex, Somerset and Hunterdon Counties).....BARCLAY S. FUHRMANN, Flemington (1946)
Fourth District (Camden, Burlington, Ocean and Monmouth Counties).....S. EMLEN STOKES, Moorestown (1945)
Fifth District (Cape May, Cumberland, Atlantic, Gloucester and Salem Counties).....CHESTER I. ULMER, Gibbstown (1944)
President (Ex-Officio) RALPH K. HOLLINSHED, Westville

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

Delegates

WELLS P. EAGLETON (1944) Newark
HILTON S. READ (1944) Ventnor
THOMAS K. LEWIS (1944) Camden
ANDREW F. MCBRIDE (1945) Paterson
LUCIUS F. DONOHOE (1945) Bayonne

Alternate Delegates

ELMER P. WEIGEL (1944) Plainfield
LANCELOT ELY (1944) Somerville
CLARENCE W. WAY (1944) Fort Monmouth
SPENCER T. SNEDECOR (1945) Hackensack
RALPH K. HOLLINSHED (1945) Westville

Despite limitations . . .

WE'LL SEE THAT YOUR PATIENTS GET THE MILK THEY NEED

● We are trying to care for the special milk needs of babies, mothers, children, and invalids in homes of Supplee customers, even though there are milk restrictions. If a patient of yours, in your opinion, requires extra milk, please let us know on your prescription form. We shall be happy to cooperate in this war emergency service.

SUPPLEE

NATIONAL DAIRY
Sealtest
PRODUCTS CORP.

HOMOGENIZED VITAMIN D MILK

The increasing span of usefulness for

LIVER EXTRACTS

Lederle

LIVER SOLUTIONS today approach perfection so closely that unpleasant reactions following their injection rarely occur. This product excellence has encouraged widespread clinical trial for conditions other than pernicious anemia. These trials now clearly indicate the parenteral use of concentrated liver extracts in the following conditions:

- Macrocytic hyperchromic anemia of infancy 1, 2, 3, 4, 5, 6.
- Macrocytic anemias of pregnancy 7, 8, 9
- Sprue 10, 11, 12, 13, 14, 15.
- Anemia associated with Hepatic insufficiency 16, 17, 18, 19, 20.

It is believed that further trial of parenteral liver extracts in these conditions, in addition to all the other measures indicated, will prove a valuable addition to therapy.



PACKAGES:

REFINED SOLUTION LIVER EXTRACT (PARENTERAL) U. S. P. XII
1—10 cc. vial (5 U. S. P. injectable units per cc.)
1—5 cc. vial (10 U. S. P. injectable units per cc.)
1—10 cc. vial (10 U. S. P. injectable units per cc.)

SOLUTION LIVER EXTRACT (PARENTERAL) U. S. P. XII
3—3 cc. vials (10 U. S. P. injectable units each)

SOLUTION LIVER EXTRACT CONCENTRATED (PARENTERAL) U. S. P. XII
3—1 cc. vials (15 U. S. P. units each)
1—10 cc. vial (150 U. S. P. units)

REFERENCES:
[1]BACKMAN, A. L.: Am. J. Dis. Child. 52:633 (Sept.) 1936.
[2]DIAMOND, L. K.: J. Pediat. 13:143 (July) 1938.
[3]SMITH, C. H.: New York Acad. Med. 15:525 (Aug.) 1940.
[4]FABER, H. K.: Am. J. Dis. Child. 36:1121 (Dec.) 1928.
[5]HUENEKENS, E. J.: J. Pediat. 9:427 (Oct.) 1936.
[6]DWYER, H. L., and NEFF, J. C.: South. M. J. 33:246 (Mar.) 1940.
[7]SHARPE, J. C.: Nebraska M. J. 21:427 (Nov.) 1936.
[8]CAFARATO, T. M.: Ginecologia 4:101 (Feb.) 1938.
[9]SODEMAN, W. A.: Am. J. M. Sc. 200:117 (July) 1940.
[10]SCHOTTMULLER: Deutsche med. Wchnschr. 58-1356 (Aug. 26) 1932.
[11]VAN DER SCHEER, A.: Nederl. Tijdschr. v. geneesk. 77:163 (Jan. 14) 1933.
[12]MILLER, D. K., and BARKER, W. H.: Arch. Int. Med. 60:385 (Sept.) 1937.
[13]BARKER, W. H., and RHOADS, C. P.: Am. J. M. Sc. 194:804 (Dec.) 1937.
[14]RODRIQUEZ MOLINA, R.: Bol. Asoc. med. de Puerto Rico 32:187 (June) 1940.
[15]SUAREZ, R. M.: Am. Int. Med. 12:529 (Oct.) 1938.
[16]GOLDHAMER, S. M.: Arch. Int. Med. 53-54 (Jan.) 1934.
[17]ANNIS, J. W., and COMFORT, M. W.: Proc. Staff. Meet., Mayo Clin. 13:435 (July 13) 1938.
[18]WILSON, R.: Canad. M. A. J. 40:268 (Mar.) 1939.
[19]MEERSSEMAN, F.: Bull. et mem. Soc. med. d. hop. de Paris 55:951 (1939).
[20]FORBES, J. C.: NEALE, R. C., and SCHERER, J. H.: J. Pharmacol. & Exper. Therap. 58:402 (Dec.) 1936.

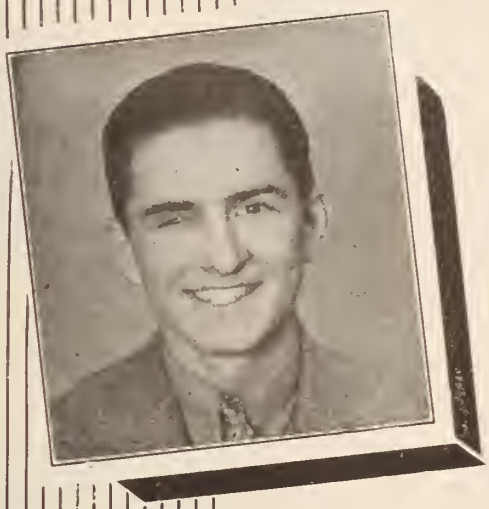
Literature on request.

LEDERLE LABORATORIES INC.
A UNIT OF AMERICAN CYANAMID COMPANY

30 ROCKEFELLER PLAZA, NEW YORK 20 NEW YORK

Full-Motioned, Lifelike

ARTIFICIAL HUMAN EYES





We have the Enviable Reputation of "Really Knowing How" to produce that "Pleasing Cosmetic Effect" so desired by one wearing an Artificial Eye.

REFERRED CASES CAREFULLY ATTENDED

IT IS OF VITAL IMPORTANCE TO THE PATIENT'S FUTURE APPEARANCE THAT THE FIRST ARTIFICIAL EYE BE PROPERLY FITTED. IT IS IN THESE NEW CASES, WHERE UTMOST ATTENTION MUST BE GIVEN—AND OF WHICH WE HAVE MADE A SPECIAL STUDY.

Especially Made to Order Eyes by Skilled Artisans.

Also Eyes Fitted from Stock

SELECTIONS SENT ON MEMORANDUM UPON REQUEST.

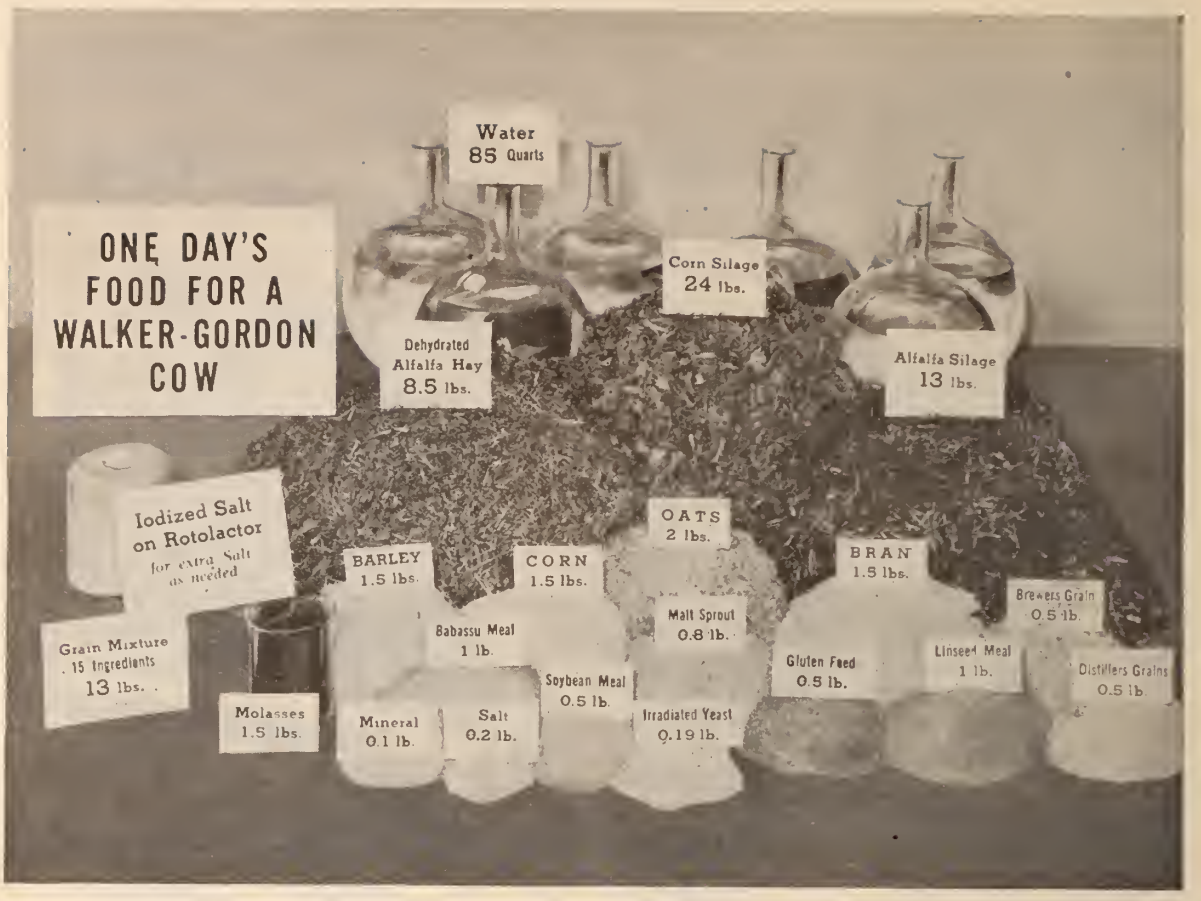
FRIED AND KOHLER, INC.

"Specialists in Artificial Human Eyes Exclusively"

655 FIFTH AVENUE
near 53rd St.

NEW YORK, N. Y.
Tel. Eldorado 5-1970

"Pleasing Particular People for Over Forty Years!"



How many cows get a scientific ration like this?

THIS SCIENTIFIC daily ration was developed after years of study by the Walker-Gordon Laboratories.

It's remarkably rich in vitamins and health-giving minerals . . . And that's *one* big reason why Walker-Gordon cows produce a milk far superior to the type you get from cows that are fed in the ordinary, unscientific way.

Take Vitamin A, for example. The alfalfa fed a Walker-Gordon cow is not ordinary alfalfa but a special dehydrated kind containing 700% more Vitamin A. As a result, her milk contains more Vitamin A than many ordinary milks.

And though the quantity of some other vitamins varies in ordinary milk (according to the season and what the cows find to eat), *the vitamin content remains uniformly high in Walker-Gordon Certified . . . regardless of the time of year!*

Then, too, Walker-Gordon Certified is delivered fresher than ordinary milk. This, plus the cows' wonderfully balanced diet, makes its Vitamin C content higher . . . and gives it a much finer, richer taste.

So it's easy to see why more and more physicians recommend Walker-Gordon Certified to their patients. They believe it's well worth a few pennies extra to get this marvelously pure milk with all its added nutritional values.

WALKER-GORDON CERTIFIED

The World's Finest Milk

announcing



A NEW TECHNIQUE OF LOCAL CHEMOTHERAPY
IN ORAL AND PHARYNGEAL INFECTIONS

Recent reports* indicate the clinical value of the sulfonamide compounds as topical medication in oral and pharyngeal infections.

For such conditions White's Sulfathiazole Gum now provides a more effective, prolonged, convenient and pleasant method of local chemotherapy than short-acting gargles, sprays and dusting powders.

Dosage

One (or two) tablets of White's Sulfathiazole Gum, chewed for one-half to one hour at intervals of one to four hours. Each tablet, containing 3.75 grs. (0.25 Gm.) Sulfathiazole, initiates and maintains an average of 70 mgm. per 100 cc. of saliva throughout the chewing period.

Indications

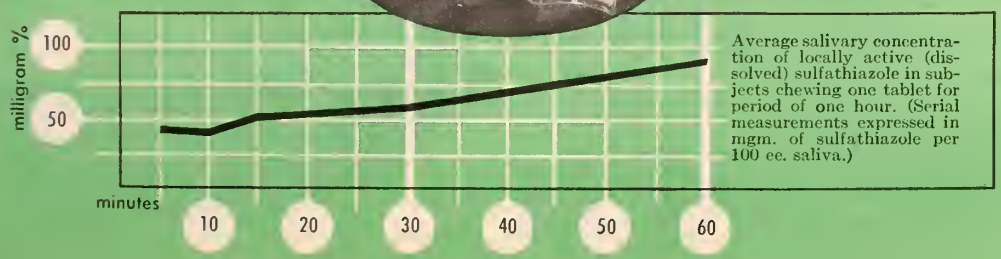
In the *local* treatment of acute and chronic sulfonamide-susceptible infections of oral and pharyngeal mucosa and contiguous tissues; e. g., tonsillitis, pharyngitis, infections, gingivitis and stomatitis, non-epidemic parotitis, peritonsillar abscess; also as prophylaxis in the post-tonsillectomy state.

Supplied in packages of 24 tablets on prescription only. White Laboratories, Inc., Pharmaceutical Manufacturers, Newark 7, N. J.

*Literature on request

White's sulfathiazole gum





Average salivary concentration of locally active (dissolved) sulfathiazole in subjects chewing one tablet for period of one hour. (Serial measurements expressed in mgm. of sulfathiazole per 100 cc. saliva.)



...they still are women

WHATEVER part in the war effort women elect for themselves, they still face certain physiologic upsets peculiar to their sex. Many of these gynecologic disorders are referable to ovarian or hypophyseal dysfunction.

Where estrogenic hormone is indicated, most economical specific therapy is obtained by oral administration of diethylstilbestrol, generally in total daily dosage of one milligram and often less.

For physicians who prefer *natural* estrogenic substance, Amniotin is available in dosage forms for oral, hypodermic and intravaginal administration.

E. R. Squibb & Sons has a most extensive line of Council-Accepted endocrine products. Much that is known of modern endocrine therapy was learned through the cooperative studies with leading independent endocrinologists which the Squibb Laboratories made possible.

When estrogens are needed why not specify Amniotin or Diethylstilbestrol Squibb?

For literature address the Professional Service Dept., 745 Fifth Avenue, New York 22, N. Y.

★ BUY MORE WAR BONDS ★

E·R·SQUIBB & SONS

Manufacturing Chemists to the Medical Profession since 1858



SURGERY UNDER SIEGE!





Steady hands, unwavering eyes... he needs them now. Never mind the bombs and shrapnel. Every case an "emergency"... an endless strain, a withering grind. But today's army field surgeon can take it. Like the men at the guns he seldom relaxes, but when he does, you can be sure he appreciates a cheering smoke.

Add to his cheer. Send a carton of Camels ... a token of your personal appreciation for his sacrifices. Remember—Camel is first choice in the armed forces* ... for mildness, better taste. See your dealer today.

1st in the Service

*With men in the Army, Navy, Marine Corps, and Coast Guard, the favorite cigarette is Camel. (Based on actual sales records.)



Camel

costlier tobaccos

New reprint available on cigarette research—Archives of Otolaryngology, March, 1943, pp. 404-410. Camel Cigarettes, Medical Relations Division, One Pershing Square, New York 17, N. Y.

Holiday Greetings

TO THE

MEDICAL PROFESSION OF NEW JERSEY

It is in the spirit of hope and courage and our faith in better days ahead that we convey to you our message of good will and our best wishes for your happiness in the coming year.

Guild of Prescription Opticians of New Jersey, Inc.

ASBURY PARK
Anspach Bros.
552 Cookman Ave.

ATLANTIC CITY
Atlantic Optical Co.
2146 Atlantic Ave.
Foerster Optical Co.
1708 Pacific Ave.
Freund Bros.
1006 Pacific Ave.

CAMDEN
E. F. Birbeck Co.
Fifth & Cooper Sts.
Harry N. Layer
106 N. 5th St.
J. E. Limeburner Co.
535 Cooper St.
Pelouze & Campbell
116 N. Broadway

EAST ORANGE
Anspach Bros.
533 Main St.
Harold C. Deuchler
541 Main St.

ELIZABETH
Brunner's
277 N. Broad St.

ENGLEWOOD
Fred G. Hoffritz
30 Park Pl.

HACKENSACK
Hoffritz & Petzold
315 Main St.

JERSEY CITY
William H. Clark
26 Journal Sq.

MONTCLAIR
Stanley M. Crowell Co.
26 S. Park St.
Ralph E. Marshall
5 Church St., Hinck Bldg.

MORRISTOWN
John L. Brown
57 South St.

NEWARK
Anspach Bros
1212 Raymond Blvd.
James J. Keegan
33 Central Ave.
J. C. Reiss
10 Hill St.
Charles Steigler
11 Central Ave.
Edward Anspach
20 Central Ave.

PATERSON
John E. Collins
241 Market St.

PLAINFIELD
Gall & Lembke
633 Park Ave.
Louis E. Saft
628 Park Ave.

RIDGEWOOD
Ray Grignon, Optician
17 N. Broad St.

SUMMIT
Anspach Bros.
382 Springfield Ave.
Room 212, Bassett Bldg
Harold C. Deuchler
344 Springfield Ave.

UNION CITY
Arthur Villavecchia
1017 Summit Ave.

WESTFIELD
Brunner's
206 Broad St.



WE'RE COMING, LITTLE MADELON

You were born on the night black tanks first clanked down the darkened boulevards. You've never laughed, you've never played, you've never learned the sweet goodness of bread fresh-baked . . . We're coming to set you free, Madelon, to teach you the joy of free laughter, to demand that good food and proper medical care be given to all people.

Yes, you may be in one of our hospitals for awhile. You'll like that, little Madelon. Our doctors will take care of you so the father you've never seen will find a pretty young lady when he comes home again. The doctors will be kindly men who will make you well and strong. They will be gallant and courageous men possessing the most modern equipment and supplies the world has ever known.

CIBA feels a responsibility to you, little Madelon . . . to you and all the small Madelons in every invaded country. We're coming soon . . . we're on the march. Pledged to supply the medical profession in peace and in war with worthy, modern pharmaceuticals to perform their vital missions.

MORE THAN A HALF-CENTURY OF METICULOUS, INTELLIGENT RESEARCH AND PRECISE SUPERVISION GUARD EVERY CIBA PRODUCT.

CIBA

Pharmaceutical Products, Inc.

SUMMIT • NEW JERSEY

Copr. 1943—Ciba Pharmaceutical Products, Inc., Summit, N. J.



Is there any help for an overworked doctor?

YES—BIOLAC, because it saves you valuable time. It's a complete infant formula and there are no extra ingredients to calculate.

Biolac provides completely for all nutritional needs of the young infant except vitamin C.

Prescribe Biolac routinely to reduce the possibility of errors and contamination in formula preparation. It requires only simple dilution with boiled water . . . as you prescribe.

NO LACK IN BIOLAC

Borden's complete infant formula

● *Biolac is prepared from whole milk, skim milk, lactose, Vitamin B_1, concentrate of Vitamins A and D from cod liver oil, and ferric citrate. It is evaporated, homogenized, and* sterilized. *For professional information, write Borden's Prescription Products Division, 350 Madison Avenue, New York City.*

ACCEPTED
AMERICAN MEDICAL ASSN
Council on Pharmacy and Chemistry

This Council-Accepted Vasoconstrictor

provides quick, sustained nasal decongestion without appreciable local irritation, damage to cilia or adverse psychic or cardiac side reactions.

Neo-Synephrine Hydrochloride

(*laevo-α-hydroxy-β-methylamino-3-hydroxy-ethylbenzene hydrochloride*)

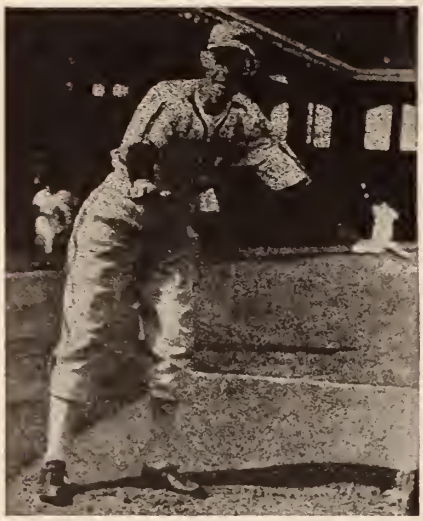


Available in a ¼% or 1% solution in 1-oz. bottles for dropper or spray; and as a ½% jelly in collapsible tube with applicator.

Frederick Stearns & Company

Since 1855 . . . ESSENTIALS OF THE PHYSICIAN'S ARMAMENTARIUM

NEW YORK KANSAS CITY SAN FRANCISCO DETROIT, MICH. WINDSOR, ONTARIO SYDNEY, AUSTRALIA AUCKLAND, NEW ZEALAND



Monty Stratton says: "I am getting along fine on my Hanger Leg. I have never worn any other make."

Monty Stratton

Famous White Sox Pitcher

WEARS A HANGER LIMB

For 81 years we have been making, wearing, fitting and improving artificial limbs. The knowledge and skill we have gained during this time enables us to give every advantage of construction, fit, and comfort.

The Hanger name guarantees complete satisfaction.

J. E. HANGER, INC.

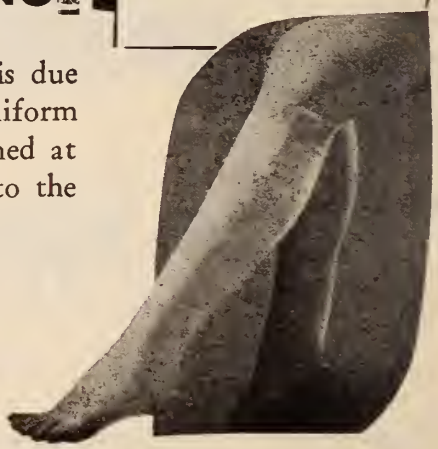
104 FIFTH AVENUE New York 11, N. Y. **Established 81 years** *Inventors and Manufacturers* **334 NO. 13th ST.** Philadelphia 7, Pa.

ENGLISH WILLOW AND DURAL LIGHT METAL ARTIFICIAL LIMBS

"Master" ELASTIC STOCKING

Each POMEROY office has a complete service available to every wearer of a POMEROY surgical appliance.

The effectiveness of "Master" elastic stockings is due to the fact that the pressure is controlled and uniform throughout. They are hand knitted, are fashioned at the ankle and knee, and are made to conform to the actual measurements of the wearer.



Pomeroy

901 BROAD STREET **NEWARK, N. J.**

NEW YORK — BROOKLYN — BOSTON — SPRINGFIELD
DETROIT — WILKES-BARRE

In the "Chronic Fatigue" of Mild Depression



After employing Benzedrine Sulfate therapy in a series of 40 patients diagnosed as suffering from nervous exhaustion, Nathanson concludes:

"In approximately 80 percent of the patients there was a marked amelioration of this symptom (fatigue). Many of the patients had complained of fatigue for long periods and had tried various types of treatment without benefit . . .

"A sense of increased energy and capacity for work was noted in more than half of the cases. In addition a feeling of exhilaration and sense of well being was a consistent effect . . . Many patients volunteered that there had been a definite increase in mental activity and efficiency." Nathanson, M. H.—J. A. M. A., 108:528, 1937.

Benzedrine Sulfate Tablets

Brand of racemic amphetamine sulfate

Benzedrine Sulfate is primarily useful in depressions characterized by apathy and psychomotor retardation, but is contraindicated in patients manifesting anxiety, hyperexcitability, or restlessness.

The use of Benzedrine Sulfate by normals should not be permitted; it should always be administered under the careful supervision of a physician; and depressive psychopathic cases should be institutionalized.

In treating depressed patients with Benzedrine Sulfate, the physician should bear in mind that any drug which produces pleasant or euphoric effects may prove to be habit forming—especially in unstable or neurotic individuals.

SMITH, KLINE & FRENCH LABORATORIES
PHILADELPHIA, PA.



Consistent Performance

★ Unchanging, the Naval Observatory clock at Arlington has ticked on for decades. Its unvarying time is the accepted standard throughout the nation. The same consistent performance may be expected from PITOCIN*. Rigid standardization and marked stability assure the same reaction today as yesterday and the day before.

★ PITOCIN'S potent oxytocic principle, negligible amount of pressor factor, low protein content and freedom from impurities assures stimulation of uterine contracture, no appreciable rise in blood pressure and a minimum possibility of reactions—true uniformity.

★ Chief indications for PITOCIN (alpha-hypophamine) are: medical induction of labor; stimulation of uterus, in properly selected cases, during labor; prevention of postpartum hemorrhage and bleeding following curettage; and treatment of postpartum and late puerperal hemorrhage.

*TRADE-MARK REG. U. S. PAT. OFF.

PITOCIN

A product of modern research offered to the medical profession by Parke, Davis & Company

PARKE, DAVIS & COMPANY

DETROIT, MICHIGAN

Getting the Vitamins



OUR BOYS IN '17 DID NOT HAVE

● Difficult to realize how far we have progressed in nutrition since World War I! For instance, tomato juice! Doctors knew about its anti-scorbutic value and widely recommended the juice of canned tomatoes for infant feeding. But tomato juice as we know it today was not commercially available until ten years after World War I, when Kemp brothers introduced their now famous Kemp's Sun-Rayed. ...Tomato juice is being enjoyed by our "boys" everywhere, and we at home are glad to share with them the whole-tomato goodness of Kemp's Sun-Rayed.

Packed by
THE SUN-RAYED CO.
Frankfort, Indiana
• • •
New York Agent
SEGGERMAN NIXON CORP.
111 8th Ave.





NON-SEPARATING



SIMILAC is cow's milk completely modified by laboratory methods. The fat is well suited to the infant's requirements. The protein is easily digestible (zero curd tension). The carbohydrate is all lactose. Even the minerals are adjusted to closely approximate those of human milk.

One level tablespoon of the Similac powder added to each *two* ounces of water makes two fluid ounces of Similac. The caloric value of the mixture is approximately 20 per fluid ounce.

A powdered, modified milk product especially prepared for infant feeding, made from tuberculin tested cow's milk (casein modified) from which part of the butterfat is removed and to which has been added lactose, olive oil, cocoanut oil, corn oil, and fish liver oil concentrate.



SIMILAC } SIMILAR TO BREAST MILK

M & R DIETETIC LABORATORIES, Inc., COLUMBUS 16, OHIO



Procaine Hydrochloride and Epinephrine

The combination of the prompt and powerful local anesthetic action of procaine hydrochloride with epinephrine is very effective. With **CHEPLIN'S PROCAINE HYDROCHLORIDE** and **EPINEPHRINE** the period of anesthesia is prolonged through retarded absorption of the anesthetic. It also causes blanching of the operative area, thus giving the surgeon a clear field.

Literature on request.

ACCEPTED AMERICAN MEDICAL ASSN.

1% PROCAINE HYDROCHLORIDE and 1:25,000 EPINEPHRINE is supplied for subcutaneous and intramuscular use in ampules and vials.

"ACCEPTED STANDARDS AT AN ACCEPTABLE COST"

CHEPLIN BIOLOGICAL LABORATORIES, INC.

(Division of Bristol-Myers)

Syracuse, New York

PROFESSIONAL LIABILITY PROTECTION

Afforded Members of

THE MEDICAL SOCIETY OF NEW JERSEY

Since 1921

FAULHABER & HEARD, INC.

Authorized broker to negotiate professional liability contracts for The Medical Society of New Jersey

CONSULT US

For Protection and Specialized Service

31 Clinton Street Newark, N. J.

Telephone MItchell 2-1294

FAULHABER & HEARD, Inc.

31 CLINTON STREET NEWARK, N. J.

Kindly send information on limits and costs of Society Professional Policy.

Name

Address

.....

For infants and for children



Milk diffusible VITAMIN D *preparation*

DRISDOL in Propylene Glycol makes it possible to secure the benefits obtainable from combining vitamin D with the daily milk ration. This preparation is simple, convenient and easy to use, and relatively little is required for prophylaxis and treatment of rickets—*only two drops daily.*

DRISDOL IN PROPYLENE GLYCOL
DOES NOT FLOAT ON MILK • DOES NOT ADHERE TO BOTTLE
DOES NOT HAVE A FISHY TASTE • DOES NOT HAVE A FISHY ODOR

Drisdal in Prapylene Glycal—10,000 units per Gram—is available in bottles containing 5 cc. and 50 cc. A special drapper delivering 250 U.S.P. vitamin D units per drop is supplied with each bottle.

D R I S D O L

Reg. U. S. Pat. Off. & Canada

IN PROPYLENE GLYCOL

***Brand* of Crystalline Vitamin D from ergosterol**

ARMY E NAVY

WINTHROP CHEMICAL COMPANY, INC.

NEW YORK 13, N. Y. *Pharmaceuticals of merit for the physician* WINDSOR, ONT.

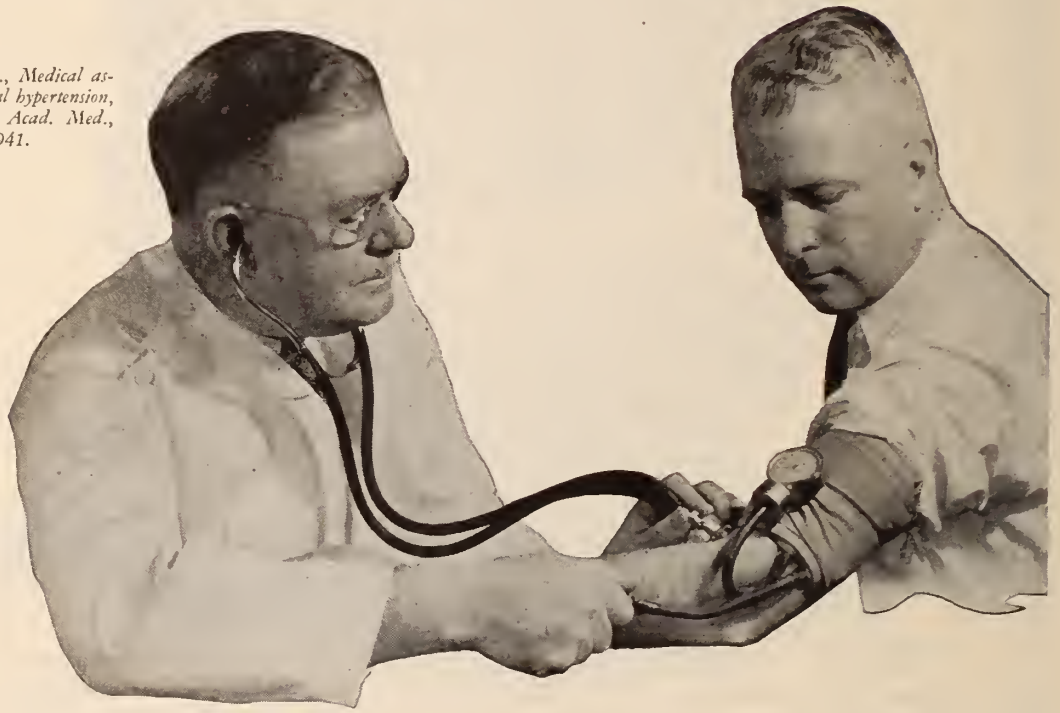
THE IMPORTANCE OF HYPERTENSION

"The importance of hypertension as a problem of health needs emphasis. High blood pressure is both a common disease and a serious one. Indeed, it appears to be more common and more deadly than cancer."*

"About a fourth of all deaths of individuals past fifty years of age is referable to hypertension."*

". . . hypertension usually is a serious disease which terminates the lives of those it afflicts within a relatively short period."*

*Allen, E. V., Medical aspects of arterial hypertension, Bull. N. Y. Acad. Med., 17: March, 1941.



PROLONGED REDUCTION OF HIGH BLOOD PRESSURE WITH ERYTHROL TETRANITRATE MERCK

TREATMENT of arterial hypertension today is necessarily directed toward relief and not cure. The use of Erythrol Tetranitrate is suggested as an additional measure when the usual regimen of rest and dietary control has proved inadequate.

Erythrol Tetranitrate offers the advantage of producing such a prolonged reduction in blood pressure that administration three times daily may be adequate to maintain the desired level. It may be prescribed over an extended period with sustained effect.

The vasodilator action of Erythrol Tetranitrate usually begins about fifteen minutes after administration and persists for a period of three to four hours. The average dose is ½ to 1 grain (0.03 to 0.06 Gm.) every 4 to 6 hours, in tablets as marketed.





MERCK & CO., Inc. *Manufacturing Chemists* RAHWAY, N. J.

28 WORDS
tell the story . . .

Clinical tests* showed that when smokers changed to PHILIP MORRIS Cigarettes, every case of irritation of the nose and throat due to smoking cleared completely or definitely improved.

*Laryngoscope, Feb. 1935, Vol. XLV, No. 2—149-154.

TO THE PHYSICIAN WHO SMOKES A PIPE: We suggest an unusually fine new blend — COUNTRY DOCTOR PIPE MIXTURE. Made by the same process as used in the manufacture of Philip Morris Cigarettes.



DECEMBER... the star of Bethlehem and the bombs of Pearl Harbor... the Prince of Peace and the god of war ☆ Christmas will have little meaning to the thousands of physicians who serve their country and perhaps to thousands more who strive to carry on at home. There is little time for exchange of pleasantries in the grim business of winning a war ☆ But the Christmas Season will come again when the forces of evil are dead—when man again will do unto others as he would have done unto him.

Lilly

ELI LILLY AND COMPANY

INDIANAPOLIS 6, INDIANA, U. S. A.

THE JOURNAL
OF
THE MEDICAL SOCIETY OF NEW JERSEY

Published Monthly Since September, 1904
Whole Number of Issues, 472

Under the
Direction of the
Committee on Publication

Henry C. Barkhorn, M.D., Chairman

Henry A. Davidson, M.D., Editor
In Active Service A. U. S.

Place of Publication, Printing and Mailing—12 South Day Street, Orange, N. J.
Editorial and Executive Offices of the Society—222 West State Street, Trenton 8, N. J.; Tel. 5776

Each member of the State Society is entitled to receive a copy of The Journal every month.

Vol. 40, No. 12 December, 1943 Single Copies, 30 Cents
Subscriptions, $3.00 per Year

AN OPPORTUNITY FOR DISTINGUISHED SERVICE

The luncheon conference at the Essex Club in Newark, November 4th, which Dr. Wells P. Eagleton arranged and at which he was the host, afforded the Fellows, the President, the Chairman of the Board of Trustees, and the members of the Committee on Social Security, of which the President-elect is Chairman, an opportunity to meet the guest of the conference, Dr. Louis H. Bauer, Chairman of the new Council on Medical Service and Public Relations of the American Medical Association, and to learn in more detail the ideas and tentative plans of the Council.

We believe the Chairman of the new Council is able and capable; and, from what we have been able to learn, that estimate may be extended to the entire membership of the Council. From the attitude and remarks of the Chairman, Dr. Bauer, we are satisfied that the Council welcomes the ideas and criticisms of constituent Societies. We shall, therefore, promptly avail ourselves of the invitation and present at this time some of our ideas and criticisms. The criticisms are not leveled at the Council—it merits our encouragement and support—but at conditions that body has inherited, which, if not changed or modified, will, in our opinion, severely handicap the Council in successfully prosecuting the activities for which it was organized.

There is nothing to be gained by "crying over spilled milk", but the imminent threat of the control of medicine by the Federal government shows very clearly that an agency of the American Medical Association, with the functions of the new Council on Medical Service and Public Relations, should have been in operation for at least the past ten years. That, of course, is not the fault of the new Council. But the urgency of the issues now confronting Medicine points

the need to rapid organization and approach to these problems by the Council. This critical condition, in our opinion, calls for strong leadership and national planning on the part of the Council.

Inasmuch as any sound plan or plans—national, state or local—designed to improve medical care must provide for preventive as well as curative treatment, and for hospital services, might it not be advisable to make the formulation of a national broad-gauge plan the joint responsibility of the American Medical Association (through the Council on Medical Service and Public Relations), the American Public Health Association, and the American Hospital Association? Besides the obvious reasons for this proposal there is an added motive for the suggestion: A plan formulated in this way by this group would be more apt to receive favorable public recognition than if proposed by the American Medical Association alone. Rightly or wrongly, the Association, at the moment, is regarded by the public in many quarters as a reactionary institution, insistent upon retaining the status quo and insensible to new ideas for improvement in the methods of furnishing medical care.

It is realized, of course, that a great part of the problem involved in providing better medical care is economic. It is not sufficient answer, however, to point out that the reason some groups, or residents of certain areas of the nation, are not receiving better medical care is the result of poor economic conditions, low level of income, lack of education, and a disinclination to avail themselves of good medical care. Regardless of these or any other factors *all* of the people of this country should have available the means of securing adequate medical care.

We, in this state, believe that the cost of supplying medical care to the indigent is a responsibility of government and should be provided for by the state, on a local level. Why should not this be made a national policy and so enunciated by the new Council? If this were done the next step would be to stimulate efforts to effect this policy in every state. We also incline to the opinion that the various experiments in pre-payment plans by several of the state societies have reached a stage of development which warrants inclusion of this method of meeting the cost of medical care, by those able to pay for the service, in a national plan designed to improve the methods of providing better medical care.

If this were coupled not only with the "approval" of acceptable voluntary hospital service plans by the Council, but with active advocacy and support of such plans it would seem that, in a relatively short time, better distribution of medical care for those able to pay for these services would be in a fair way of solution.

As soon as a national broad-gauge program is evolved, a scientific determination of the health needs peculiar to each state should be ascertained.

In setting forth these thoughts as to a national health program it hardly seems necessary to observe that no individual or small group, alone, would likely be competent to blue-print a sound and acceptable national program designed to improve medical care. The most we could hope for in presenting these ideas of ours is that they may be deemed worthy of consideration.

Apparently, at least for the time being, there is to be *no office* of the American Medical Association in Washington. We understand, however, that one and perhaps two representatives of the Association will be in Washington to maintain contacts with the various bureaus, and presumably to advise the Council on legislation of interest and import to the profession. While this perhaps is an improvement, we still hold strongly to the conviction that to do a *good* job in public relations, to be in a position to furnish the legislators, the public and the med-

ical profession with needed information concerning legislation or regulations affecting public health and medical service, an adequate staff *with an office in Washington* is essential. If, perchance, an office of the Association is subsequently established in Washington, we suggest a prompt public announcement of the fact and a frank statement of its purposes.

It is our understanding that the status of the National Physicians Committee and its relation to the activities of the Council on Medical Service and Public Relations received considerable attention at the conference of representatives of our Society with Dr. Bauer. As to the status of the National Physicians Committee the Council in "A Statement of General Policies", issued October 20th, states:

> "There is no official affiliation between the American Medical Association and the National Physicians Committee. However, since it is the purpose of the National Physicians Committee to enlighten the public concerning contributions which American Medicine has made and is making in behalf of the individual and the nation as a whole, it is the opinion of the Council that the medical profession may well support the activities of the National Physicians Committee and other organizations of like aims."

While it is recognized that the National Physicians Committee has made a notable contribution toward the defeat of the medical features of the Wagner-Murray-Dingell Bill, could not this contribution have been made, and to better effect, by the American Medical Association? Whatever policies and plans the National Physicians Committee pursues, if it is to continue, its activities must not include attempts to formulate legislative policies and action. The National Physicians Committee does *not* represent organized medicine; the only body that has the authority to do so nationally is the American Medical Association.

With respect to the National Physicians Committee, we think the remarks of Senator James E. Murray, co-author of the Wagner-Murray-Dingell Bill, before the Association of Internes and Medical Students in New York, November 19th, 1943, should be pondered by every member of organized medicine interested in the defeat of the medical features of the Bill, of which he is co-author. The following is quoted from the New York Times of November 20th, 1943.

> "The National Physicians Committee, the Senator charged, was organized by members of the American Medical Association because the A. M. A. 'was afraid' to handle the fight directly.
>
> " * * * The committee admits that it has received substantial contributions not only from physicians but from other sources as well. The pharmaceutical companies were said to have contributed generously. Isn't there a possibility that some of the funds have been contributed by companies which specialize in 'quack medicine'?"

Are these quoted remarks of Senator Murray untrue?

ANNUAL CONFERENCE OF SECRETARIES AND EDITORS OF CONSTITUENT STATE MEDICAL ASSOCIATIONS

CHICAGO, NOVEMBER 19-20, 1943

The papers presented, the lively discussions and the interchange of personal opinions at these annual conferences have always been a source of new knowledge, inspiration and guidance to those interested in the organizational and administrative problems of medicine.

This year it seemed different. The personnel problems of our armed forces, federal activities influencing medical practice, post-war medical planning; those three great current problems of the profession held the center of the stage. But, the stage was not well lighted, and reflected little color or inspiration.

One did gain certain impressions; that while federal action as exemplified by the plan for obstetrical and pediatric care of soldiers' wives and children is setting precedents and patterns for future federal programs, the profession itself is lagging in its efforts to solve similar problems in its own way; and, that national leadership to guide public relations, influence public opinion, solve the medical care distribution problems, and guard the interests of physicians now in our armed services, must originate locally and cannot be placed on a national basis until the will of the average physicians and the policies of County and State Societies can be interpreted.

If these impressions are correct, then it is high time each individual physician and each County and State Society gave more constructive thought to the realities of the situation; that they analyze and solve their local problems in accordance with local needs, and formulate policies to inspire and guide national leadership.

If this can be accomplished, perhaps the cloud of uncertainty and doubt prevailing at the present time may be penetrated by more light and inspiration before our next annual conference.

CERTIFICATES OF AVAILABILITY

Your Committee on Industrial Health and Hygiene has been approached on several occasions concerning the matter referred to in the following communication received from one of the large industries in our State.

Since this communication presents to us a genuinely difficult problem, we hope that every physician will read it carefully and wherever possible refrain from issuing "Certificates of Availability" until the point of view of the employer as well as the employee has been studied.

"Under conditions which now exist, employers in New Jersey are having a difficult time maintaining sufficient personnel to produce the necessary material for the Armed Forces and essential industries.

"Inasmuch as industry, in general, is confronted with a limited labor supply because of inductions into the Services and under the demand for increased production, there have been set up by the Government, through the War Manpower Commission, various U. S. Employment Service offices which have the responsibility of stabilizing the flow of labor and determining that it is properly utilized. These offices have materially assisted in procuring and distributing labor in an orderly fashion, and have also maintained in industrial establishments workers who are working at their highest skill.

"At the present time it is impossible for any employer to hire any type of laborer who has worked, or is working, in an essential industry, without a Certificate of Availability. The U. S. Employment Service may issue it if the employee can work elsewhere at a higher skill; or the U. S. Employment Service may issue the Certificate, in the event the employee presents a doctor's certificate indicating that his job, or conditions surrounding his job, are impairing his health.

"In this latter respect, there have been cases where certificates have been issued by members of the Medical Profession through which employees have been given Certificates of Availability by the U. S. Employment Service on the basis of what appeared on the face of the doctor's certificate. In most cases, no opportunity was provided for the doctor to check the actual jobs and conditions prior to issuing the certificate, so that the employer was thus deprived of any opportunity to protect himself against the loss of essential personnel.

"It is not industry's purpose to maintain that all working conditions are good —in some instances the employee may be perfectly justified in claiming that his health is being impaired, but also in many cases, the claim of health impairment due to working conditions is unfounded and it is our appeal to the Medical Profession, that wherever possible the employee's doctor check with the employer, or better still, consult with the employer's plant doctor, to get the facts prior to making the decision on which the certificate is issued. In this way, it is believed that many cases of appeal will be unnecessary and that, in general, a better understanding of the conditions and a routine of coöperation will be created that will be helpful to all parties, as well as the war effort."

CHANGING SOCIAL PHILOSOPHY AND THE PRACTICE OF MEDICINE

Life in America has become more complicated since the days of the horse and buggy. Economic problems of the individual have increased, and more and more people are finding difficulty in paying for what they consider the essential factors of the American standard of living. Many now consider that adequate medical care is one of these essential factors.

These difficulties have led to changes in the fundamental social thinking and the establishment of a new social philosophy and new social concepts. These new concepts would shift the responsibility for the welfare of the individual from one of personal responsibility to one of communal or state responsibility. This is socialization.

These changes, as they affect medicine, have not arisen abruptly. Socialization of medicine, acceptable to the profession, free of governmental control has always existed in this country in the form of free hospitals and out-patient clinics supported largely by the benevolence of the profession. Since colonial days the profession has recognized the need for medical care at public expense. Early in the eighteenth century the profession approved of and participated with government in programs for hospital care of the insane at public expense, and later in similar programs for the treatment of the tuberculous patient.

Fifty years ago medical care of the needy at the expense of philanthropy and benevolence of the profession assumed a more formal type of organization in such

movements as Hull House in Chicago and Henry Street Settlement in New York, and many similar organizations in other states. Such institutions developed an organized social service system which has influenced the trend in social thinking and attracted the attention of government to the needs of low income groups. Typical milestones in the development of the present socialization concept, and inspired by such groups, were the White House Conference on Care of Dependent Children called by Theodore Roosevelt, the International Conference on Child Welfare called by Woodrow Wilson, and the White House Conference on Child Health called by Herbert Hoover. These conferences were called under both Republican and Democratic administrations.

The government has recognized the demand for medical care programs for the benefit of all war veterans since the Civil War. It has provided medical care for thousands of individuals in programs to control hookworm and trachoma. All state governments have passed Workmen's Compensation laws to meet the demands of industrial workers for medical care of industrial accidents and diseases.

The Committee on the Cost of Medical Care aroused new interest in the problem and attracted the attention of the government to the growing demand for more medical service at public expense. It was following the report of this Committee that the federal and state governments definitely entered the field of medical care distribution to individuals as provided in the Social Security Act of 1935. This Act provided grants-in-aid to states for extension of their health programs to include several forms of medical care services to individuals.

All of these developments were accomplished with the concurrence of the profession to meet the needs of specific groups.

Then came the report of the Interdepartmental Committee and the National Health Conference in 1937, to be followed by the first and the second Wagner Bills, thus bringing us up to the current problems in a fast moving world.

It is not possible to say how far the governmental pendulum will swing in an effort to meet these new social concepts and demands. Just at present it seems that the pendulum has started to recede and that Congress is not willing to pass legislation which would lead to complete regimentation and socialization. This is exemplified by its refusal to appropriate money to subsidize physicians in certain areas and its attitude toward food subsidies.

Wherever the pendulum may stop, in meeting these new social concepts the profession must be ready to adapt itself to the new demands.

ORIGINAL ARTICLES

EARLY TREATMENT OF THERMAL BURNS — I

By J. M. Carlisle, M.D., Westfield, N. J.

Chairman, Committee on Industrial Health and Hygiene of The Medical Society of New Jersey

Throughout medical history, opinion as to the best methods of local treatment of thermal burns has been notoriously divided. As authorities have veered from one theory to another, methods currently in vogue have had to be revamped so as to provide a logical rationalization of the newly accepted theory.

Coagulation therapy with tannic acid, tannic acid and silver nitrate, or aniline dyes; the application of sulfonamides either as a powder or incorporated in a liquid or ointment base, wax spray or transparent prefabricated film; the use of saline either by wet dressing, Bunyan envelope or by immersion bath, are but a few of the therapeutic methods which have been advocated during the past two decades.

The experience of the present war has gone far towards overthrowing pre-war concepts of the correct methods of local treatment. As might be anticipated, it has not yielded a universal method of treatment applicable to all burns under all circumstances, but it has produced a trend towards simplicity, a change which is exemplified in the now widespread use of simple ointments (vaseline gauze, with or without additions such as sulfonamides, penicillin, or boric acid) in conjunction with a pressure dressing and the less widely adopted use of "cold", as the initial step in treatment. It seems highly doubtful that either of these principles alone will prove the final answer. Yet, until the evolution of some method more soundly based on pathologic study than the methods recently discarded, the pressure dressing method will probably provide the most nearly universally applicable form of treatment.

Above all, the experience of the war has accelerated the fundamental realization of the elemental truth that the treatment of the burned patient must take priority over the treatment of the burned surface. Translated into terms of practice, this means that in any severe burn, after providing such attention as the injured surface urgently requires and ensuring the maintenance of an open airway, the physician must turn his attention to measures for the prevention or control of shock. In the main, the signs and symptoms of shock and the methods of therapy used to control it are as follows:

EARLY SIGNS AND SYMPTOMS OF SHOCK

1. *Falling Blood Pressure:* One of the most constant features of shock but not necessarily an early sign. A systolic pressure lowered to 80 mm. Hg. is considered "critical".

2. *Rising Pulse Rate:* A rapid, weak, thready pulse is a fairly constant indication of danger in the seriously injured. This becomes a particularly ominous sign as the rate approaches 160 and should be considered especially significant when accompanied by a fall in the systolic blood pressure.

3. *Abnormal Appearances:* The skin surface is frequently pallid, moist, cold and clammy and the patient wears an expression of anxiety and apprehension. He frequently suffers from acute thirst.

PREVENTION AND TREATMENT OF SHOCK

In those cases where more than a very few seconds will be required for transportation from the site of the injury to definitive treatment, the following measures should be employed in an effort to remove all factors contributing to shock:

1. Immerse the part in ice cold water or cover the burned surfaces with a 5 per cent

sulfonamide water-soluble jelly, boric ointment, or plain sterile gauze. One of the above should be applied immediately since each affords a certain degree of relief from pain and each prevents the blanket or other substances from coming in contact with the burned area.

2. Rest and quiet. Easy, careful handling of patient and injured part.

3. Supine, "head down-legs up" position.

4. Morphine sulfate (except in most cases of head injury).

5. Oxygen therapy for anoxia.

6. Plasma: 500-1,000 cc. immediately. (100 cc. for each point the hematocrit is above 50 per cent cells.)

7. Other fluids if dehydration is also present. (Total quantity of crystalloid solutions should not exceed the total quantity of blood and plasma administered.)

8. Immobilization (splint) and elevation of an extremity with even a moderately severe burn.

9. Avoidance of all except most urgently required local treatment of injury until patient has sufficiently recovered from shock.

DEFINITIVE TREATMENT FOR HEAT BURNS

1. *"Cold Therapy."*

In the event definitive treatment for heat burns can be started immediately, the burned part should be immersed in a cold water bath at 15° C. This temperature should be gradually elevated to 35° C. over a period of three hours. Too rapid an elevation in temperature very quickly causes pain in the burned part. In the treatment of heat burns, just as in the treatment of certain chemical burns, this "cold therapy" through its local anesthetic effect will give immediate relief from pain, significantly reduce the accumulation of plasma in the burned and surrounding tissue, and diminish the oozing of plasma from the burned surface. In many cases the relief from pain, the reduction of plasmarrhea and plasmarrhesis will minimize if not prevent shock.

If one is looking for clinical experiences to support the rationale of cold in thermal burns, then observe the patient who receives applications of water or saline at body temperature to his burned surfaces. In such a case immediate pain is in strong contrast with the absence of pain in the patient relieved of this distressing and shocking symptom when the burned part is immersed in cold water.

2. *Compression Dressing.*

Avoid contamination of the burned area by observing strict asepsis. The patient and each operator should be masked and the operator should wear cap, gown and sterile gloves.

Before applying the dressing any gross contamination and loose tags of skin should be gently removed. This may be conveniently and relatively painlessly done while the part is still immersed in the cold bath. No vigorous and painful débridement or scrubbing should be done.

First Layer: At the end of the three-hour period described above, the burned area should be covered with boric acid ointment (5 per cent), sulfonamide ointment (5-10 per cent) or penicillin ointment (1500 units per oz. of vaseline) or plain vaseline gauze.

Second Layer: A thick layer of zinc stearate or talcum powder, thin rubber dam, thin pliable cellophane or wax paper should be placed over the vaseline gauze covering the wound.

Third Layer: Machinist's waste, cotton batting, or ruffled gauze held in place by a few loose turns of circular bandage, constitute the third layer.

Fourth Layer: An Ace type of woven elastic bandage used to give firm, even, sustained circumferential pressure should be applied over the site of the burn as well as the tissue structures immediately adjacent to the burn, bandaging from the distal portion of the extremity proximally.

If the extremities are involved, it is essential that the entire part distal to the burned area should also receive the third and fourth layers of the compression dressing as well as splinting and elevation.

3. *Other Measures.*

a. *Assure an open and adequate airway.* Watch for vomiting and aspiration débris. Be prepared for bronchoscopy and tracheotomy.

b. Sulfonamide, 2 to 3 grams by mouth or

intravenously, followed by 1 gram every four hours in the event of clear-cut signs of systemic infection.

c. During the second week, after edema has subsided, when circulation may be overhydrated and kidney function is poor, concentrated proteins such as dried plasma reconstituted to a 25 per cent solution or concentrated human albumin are required.

First redressing should be done on and not before the fourth or fifth day, unless there are clear-cut systemic indications of infection. Ten to fifteen days is not too long to leave the dressing unchanged.

(To be continued.)

WITH NEW JERSEY MEDICAL AUTHORS

It is requested that any New Jersey physician who publishes an article outside the state, notify the Editorial Office in Trenton, giving the title of the paper and the name of the periodical, as well as the month, date, volume and page number. It would also be helpful to this office if members would notify us of articles published by their colleagues.

BECKER, MARVIN C.—see Kessler, Henry H.

BERKE, RAYNOLD N. (Hackensack) (with Dunnington, John H., New York)
Exophthalmos due to chronic orbital myositis. Arch Ophthal. 30: 446-466, Oct. 1943.

BEN-ASHER, S. (Jersey City)
Value of the cough sign in acute appendicitis. Am. J. Dig. Dis. & Nutrition 10: 368-370, Oct. 1943.

BURKE, EDGAR; LOUIS L. PERKEL and A. M. GNASSI (Jersey City)
Duodenal carcinoma. Am. J. Surg. 62: 267-271, Nov. 1943.

CARPENTER, C. C. (Summit)
Cryotherapy for common skin diseases. J. M. Soc. New Jersey 40: 354-357, Sept. 1943.

EWENS, ARTHUR E. (Atlantic City)
Staphylectomy for the control of "colds" and sinusitis (an epochal anticatarrhal innovation). Medical Press and Circular, London, England, Issue No. 5450: 251-255, Wed., Oct. 20, 1943.

FOSTER, JACKSON W., and BERNARD L. WILKER (Research Laboratory, Merck & Company, Rahway)
Microbiological aspects of penicillin. II. Turbidimetric studies on penicillin inhibition. J. Bact. 46: 377-389, Oct. 1943.

GNASSI, A. M.—see Burke, Edgar

GRAHAM, THEODORE K. (Paterson)
Anemia of pregnancy. Maternal welfare article No. 83. J. M. Soc. New Jersey 40: 365-367, Sept. 1943.

HAMRE, DOROTHY M., Ph.D.; GEOFFREY RAKE, CLARA M. MCKEE and HAROLD B. MACPHILLAMY (Squibb Institute for Medical Research, New Brunswick)
Toxicity of penicillin as prepared for clinical use. Am. J. Med. Sci. 206: 642-652, Nov. 1943.

KALB, S. WILLIAM (Newark)
Observation on 1200 cases of obesity treated with amphetamine (benzedrine) sulfate. J. M. Soc. New Jersey 40: 385-387, Oct. 1943.

KESSLER, HENRY H., and MARVIN C. BECKER (Newark) (in service), et al.
Activities of the orthopedic department at U. S. Naval Base Hospital. U. S. Nav. Med. B. 41: 1540-1556, Nov. 1943.

MACPHILLAMY, HAROLD B.—see Hamre, Dorothy M.

MCKEE, CLARA M.—see Hamre, Dorothy M.

NAYLOR, MILDRED V. (Librarian, Academy of Medicine, Newark)
Dr. William McKissack, a New Jersey army physician with General Washington. J. M. Soc. New Jersey 40: 396-397, Oct. 1943.

PERKEL, LOUIS L.—see Burke, Edgar

PRICE, A. SUMNER (Englewood)
Rôle of food allergy in hypertension; an experimental study. Rev. Gastroenterol. 10: 233-245, Sept.-Oct. 1943.

PROBST, E. W. (Dover) (in service)
Trend of industrial practice. J. M. Soc. New Jersey 40: 388-390, Oct. 1943.

RAKE, GEOFFREY (New Brunswick)
Experimental investigation of measles. J. Pediat. 23: 376-380, Oct. 1943.

REZNIKOFF, LEON (Secaucus)
Study of case histories of fifteen soldiers admitted to a mental hospital after discharge from the U. S. Army. J. M. Soc. New Jersey 40: 391-395, Oct. 1943.

SNEDECOR, SPENCER T. (Hackensack) (in service)
Sarcomata of the hand subsequent to trauma. J. Bone & Joint Surg. 25: 907-912, Oct. 1943.

WILKER, BERNARD L.—see Foster, Jackson W.

THE CLINICAL IMPORTANCE OF DISTURBANCES OF THE PROTEID METABOLISM

By Abraham O. Wilensky, M.D., New York

Repeated reliable observations of the proteins and/or the proteid metabolism indicate the extent to which these obtainable data can be used: (1) in the corroboration of diagnosis; (2) in the potential possibility of estimating the degree and extent of anatomical structural change; (3) in estimating the prognosis; (4) in helping to evaluate the risk of contemplated operations, and (5) criteria upon which the newer therapeutic measures can be employed.

THE PROTEIN METABOLISM

An adequate quantity, and optimum quality of dietary protein for the nitrogen requirements of the body are most necessary for the maintenance of good health, and there are numerous, and often unsuspected ways in which the protein fractions are of importance to the body.

The cycle of plasma protein formation (albumin, globulin, and fibrinogen) revolves around the liver both from the viewpoint of formation, of renewal, and of storage. After the amino-acids reach the liver, they are built partly into proteins (fixed portion) and partly into plasma protein-building material (reserve protein). The fully formed and fixed proteins in the body cells are never available in times of stress or even otherwise for plasma protein formation. The dispensable reserves include a sufficient store of proteins which is instantly available for use and another supply which is less readily available and both of these together are sufficient to form plasma proteins of a quantity equal to, or greater than that usually present in the circulating blood. All of this storage is a function of the liver; and there is evidence to show that the various plasma protein fractions all form part of a single, loosely bound protein system.

During conditions of health and "well-being" proteins are present in human plasma to the extent of 6.5 to 7.5 gms. per cent with albumin and globulin fractions in the approximate ratio of 1.6 to 1. During a fasting period and concomitantly with the normal wear and tear of proteins in the tissues, as well as in any acute depletion, as in hemorrhage, there is a well-ordered, continuous manufacture of, and replacement with new proteins.

In conditions of health, the blood plasma level of protein bears an approximately constant relationship to the fixed and reserve protein supplies in the body. During conditions of disease or undernourishment this proportion may be disturbed at the expense of the reserve supply, so that it is possible for the demonstrable blood protein level to be at a fairly normal average, while the protein reserves are more or less depleted.

The replacement of the plasma proteins takes place from two sources: (1) exogenous—from ingested food; and (2) endogenous—from reserve stores of plasma protein-building material. The nutritive value of the various animal and vegetable proteins differs particularly in their potential amino-acid content and in their content of those individual amino-acids, e. g., valine and methionine, which have been proven indispensable.

Generally speaking, animal proteins contain all or nearly all the essential amino-acids and vegetable proteins do not. But one can obtain similar end results and effects by supplementing the various vegetable proteins with one another and with or without the addition of prepared amino-acids until the total amount is adequate. Under such circumstances, animal proteins are not absolutely necessary. In any case the plasma proteins can be synthesized only if the body receives appropriate mixtures of the proper amino-acids. It seems, moreover, that the plasma protein does not remain static after being elaborated and that the normal balance results from the continuous ebb and flow between the old and the new.

THE BLOOD CLOTTING ELEMENTS AND THE BLOOD CLOTTING FUNCTION

The blood clotting elements — fibrinogen, prothrombin, vitamin K—are some of the fractions of the plasma proteins. Normally, the liver forms the fibrinogen fraction of the plasma protein. Fibrinogen is the soluble precursor of the insoluble fibrin. The blood plasma normally contains about 250 mg. per 100 cc. of fibrinogen. This content varies under different circumstances, is apparently independent of the cellular content of the blood, corresponds proportionately with the sedimentation rate of the red blood cells, and is decreased by severe liver damage and a protein deficient diet.

Normally, also, the liver originates the vitamin K principle.

The liver cell also forms prothrombin in the presence of adequate vitamin K activity, and with thromboplastin and calcium it forms thrombin. The blood level is easily determinable. In severe parenchymal damage, the liver is unable to form prothrombin even when there is sufficiently available vitamin K activity.

As a test of the functional capacity of the liver cell, and, indirectly, of the degree and location of the liver damage, these three factors and the blood clotting function as a whole are becoming of increasingly large value for clinical purposes, and their demonstrable disturbances indicate the presence of liver cell damage.

The prothrombin reaction to vitamin K is of service in distinguishing between the jaundice due to intrahepatic cellular injury and/or disease and that due to obstruction, on the premise that in liver parenchymal disease vitamin K is not formed.

PHYSIOLOGY OF THE PROTEINS

The General Effect of Adequate Protein

The quality and quantity of dietary protein influence growth, maintenance and repair as well as reproduction and lactation. In addition (like carbohydrate and fat) protein is an important source of energy. When much nitrogen is lost during fever, during an operation or following traumatic injury, etc., protein takes part in the reparative processes in the body and adequate dietary protein is required during convalescence for the restoration of wasted tissues. For this purpose, according to Cuthbertson, animal protein seems more desirable than vegetable protein.

Importance of Proteins in Antibody Formation

The protein stores of the body are of great importance in antibody formation inasmuch as the latter is chemically identical with normal rabbit serum globulin. These facts suggest the probable importance of a luxury protein diet for the maintenance of adequate "antibody matrix" ("protein reserves").

Protective Effect of Protein upon the Liver

1. The protective effect of protein operates against any dietary, chemical, toxic or other liver cellular injury. One must emphasize the importance of the protein enrichment of the liver which follows the administration of high ("luxury") protein diets.

2. The lipotropic function of protein. Protein has a specific effect in restricting the deposition, or removing any abnormal excess of intracellular fat as a result of the lipotropic activities of certain amino-acids. Ravdin and his co-workers found that a high caloric, general diet was of greater associated value in lowering the lipid content of the liver than the intravenous administration of glucose alone.

Protection of the liver can be furthered and assured: (1) by diminishing exposure to any toxic agent; (2) by a high caloric diet rich in protein and carbohydrate and low in fat; (3) by correcting any intracellular state of anoxia by cystine and methionine and by oxygen therapy; (4) by an over-abundance of protein to enhance the regeneration phase of liver activity.

CLINICAL HYPOPROTEINEMIA

During conditions of health and of illness the integrity of the protein metabolic function depends upon good liver function. It must be true that in many undernourished patients with latent and/or apparent liver parenchymal injury or disease, the compensatory mechanism is sufficient to make good the ordinary wear

and tear of the tissues, and there may be no laboratory or other proof that the protein reserves and the liver function is actually deficient. Upon the appearance of any undue strain, however—acute illness, anesthesia, operation, etc.—this deficiency is frequently demonstrable by laboratory means if it be not already apparent clinically.

Clinical Distribution of Hypoproteinemia

Various grades of protein deficiency have been clinically observed in many abnormal states and in many forms of disease. It occurs in any basic condition of undernourishment (from insufficient diet to actual starvation, in prolonged vomiting, etc.); in any condition associated with loss of digestive capacity (disease of the stomach, pancreas, etc.); in any condition of decreased intestinal absorption with or without increased alimentary tract elimination (the various diarrhoeas and dysenteries).

Hypoproteinemic states are found in all varieties of liver disease—the cirrhoses, the various forms of yellow atrophy, etc., biliary cholelithiasis, all forms of cholangitis after burns of the body; in luetic, tuberculous and malignant disease of the liver; in all forms of traumatic, toxic and chemical injury of the liver; and in the destruction accompanying liver suppuration.

Similar protein deficiency due to associated hepatic parenchymal disease is also encountered frequently in thyrotoxicosis in which it forms an important part of the clinico-pathological picture.

Protein deficiency also occurs in renal conditions (nephroses) in which albuminuria is an important phenomenon.

Protein deficiency is also found in the malnutrition accompanying the wasting of any chronic disease (malignancy, tuberculosis, etc.) very often in association with various grades of anemia.

In accordance with the basic production mechanism of the hypoproteinemia, one can distinguish three types of this general protein deficiency:

1. Hypoproteinemia of the prehepatic type is caused by interference with adequate intake, digestion or absorption of plasma protein-building materials, without any disturbance of the ability of the liver to form plasma proteins.

2. Hypoproteinemia of the hepatic type results from the inability of the liver itself (liver cell damage) to build the plasma proteins, despite the fact that adequate supplies of plasma protein-building material are received.

3. In the post-hepatic hypoproteinemia there is an adequate formation of plasma proteins by the liver, but an abnormal loss of plasma proteins is present: (a) as in repeated bouts of severe diarrhoea; (b) in excessive albuminurias (nephroses); (c) following a large hemorrhage; (d) accompanying any outpouring of serum in any hollow cavity (pleura, peritoneum in ascites, peritonitis); (e) following the exudation in large traumatic areas (burns).

General Pathologic Changes Due to Hypoproteinemia

1. Nutritional oedema.

In any appreciable hypoproteinemic state the most obvious alterations of tissue structure are those resulting from the disturbance in water distribution, namely, oedema of the subcutaneous tissues, of various viscera.

2. Protein tissue defects.

Lesions of the tissues include protein tissue defects—partial disappearance of the cardiac muscle fibers, of the muscle nuclei, etc. In the liver, an accumulation of fat occurs in the liver cells and in far advanced cases, interstitial fibrosis follows. This is due to a diminution of the lipotropic effect which sufficient protein ensures.

Effect of Hypoproteinemia upon the Healing of Wounds

Anatomically, states of hypoproteinemia are marked by deficiencies in fibroblast formation; so that, clinically, wound healing is slow, the tensile strength of the resultant scar is low, and the tendency to wound disruption is greater in this group than in patients without hypoproteinemia.

Reversal of the Albumin Globulin Ratio in Clinical Conditions

Foley and his associates found that in the presence of advanced hepatic damage the albumin content of the blood plasma is reduced and there is a reversal of the albumin-globulin ratio. The most characteristic alteration of the plasma proteins is a large increase in gamma globulin and a decrease in plasma albumin. These changes are seen more frequently and to the greatest degree in cirrhosis of the liver and next most frequently in the acute parenchymatous disease.

Post-operative Hypoproteinemia

A state of negative nitrogen balance exists for varying periods after operations. The important factors include: (1) anesthesia; (2) a major surgical procedure with operative manipulation of deeply situated viscera and tissues; (3) a brief period of starvation; (4) shock, fever, vomiting, the presence of injured tissues, etc.

The major portion of the protein loss occurs during the first four or five days after operation during which time food is not permitted at all, or only in limited quantities; and, ordinarily, this seems to be the most important factor. The vast majority of the patients recover without any special attention and the hypoproteinemia is made good directly after the return to full diet containing not only protein but also carbohydrate and fat as nitrogen equilibrium cannot ordinarily be achieved on a pure protein diet.

Post-operative Asthenia

Following major surgical operations there is frequently a rather prolonged asthenia, often appreciable for a few weeks. Leriche has referred to this syndrome, which cannot be clearly defined, as "maladie postoperatoire", and ascribed it to generalized disturbances of the sympathetic nervous system. It is, however, interesting to speculate upon the possible provocative rôle of any post-operative general hypoproteinemia.

TREATMENT OF CLINICAL HYPOPROTEINEMIA

The preventive treatment of hypoproteinemic states depends to a great degree upon the cause of the deficiency and upon the method of its production. In ordinary states of undernutrition the essential of therapy is increased and abundant nourishment. In disease of the gastro-intestinal tract, this must be combined with rectification of the underlying disease, either an increase of the digestive action, an elimination of abnormally increased bowel evacuations, etc., etc. In hemorrhage, replacement of the lost blood is imperative. In essential diseases and/or injury of the liver parenchyma, removal of the cause—chemical or other poisoning, deficient food with and without deficient vitamin supply, etc., must be accomplished. In thyrotoxic disease, subtotal thyroidectomy is necessary. In renal nephroses and albuminurias, the kidney condition must be improved. And so on.

In mild states of hypoproteinemia these measures, including the proper additional supply of protein foods by mouth, will suffice. If no success follows, or follows in sufficient degree, or if the grade of the protein deficiency is severe, or if there is any necessity for urgency in the correction of the hypoproteinemic states, more active measures are necessary, including the parenteral replacement of protein.

Parenteral replacement of protein can be accomplished by (1) the transfusion of fresh whole blood; (2) the transfusion of human plasma; (3) the reinfusion of ascitic or pleural fluid; and (4) the use of amino-acids; (1) and (2) transfusions of whole blood and/or plasma.

Transfusions of whole blood are the most satisfactory method for restoring the protein supply. When not available, human plasma forms a most excellent substitute and approaches practically completely fresh whole blood. About 1000 cc. of plasma is required to raise the protein content of the plasma of the average adult 1 Gm. per 100 cubic centimeters.

3. The administration of fluid effusions.

Pleural or peritoneal effusions, either from the patient himself, or from other sources,

which usually have a high protein content, can be used under the usual precautions with safety and with markedly good effect. The plasma proteins become elevated; great diuresis develops; and, if the fluid is obtained from the patient himself, the effusion may not reaccumulate for quite a long time.

4. The administration of amino-acids.

In all varieties of protein deficiency, a valuable help is the administration of properly prepared amino-acids (usually some form of hydrolized casein). This can be administered by mouth, intravenously and subcutaneously and into the bone marrow. Orally, the preparation can be given either with the food or between meals. Intravenously, the solution should be given at the rate of one to two grams of amino-acid nitrogen per hour and, when so given, about 95 per cent of it is utilized. In the subcutaneous method, a 3.3 per cent solution in distilled water can be used with safety. The same solution can be used for instillation into the bone marrow; and this is satisfactory when other methods are impossible.

In the intravenous method, difficulties which sometimes arise, mostly febrile reactions, can be avoided by preparing the solution carefully, and by administering it slowly. With increasing experience, these reactions are, however, disappearing.

SUMMARY AND CONCLUSIONS

The presence of low plasma protein concentrations should be taken as a clinical indication of a profound nutritional disturbance and of a general metabolic deficiency disease. This may be a primary condition or may be secondary to serious disease especially of the liver parenchyma. Specifically, this has special reference to the albumin and globulin fractions of the total plasma protein in general cases of hypoproteinemia (under-nutrition) and to the fibrinogen and prothrombin fractions in sharply defined activities relating to the blood clotting material and function.

In clinical practice, a single determination of the state of the protein function and/or metabolism is not of much value. However, when repeated in a series, the quantitative estimations of the protein deficiencies and their progression or retrogression, indicate the course of the illness, primarily give valuable information concerning the state of the liver parenchymal cell, or of the deficiency in general, secondarily give an indication of the extent of damage in the liver cell and its behavior, and enable fairly accurate prognostications. In some cases they indicate efforts to improve the disabling factor and operation must then be postponed until the disability is removed or sufficiently improved. In still other cases, they establish the irreversibility of the already existing damage, and, when this is sufficiently far advanced, they contraindicate conclusively any operation of an elective nature.

The Effect of Therapy

Adequate knowledge of this kind has greatly enlarged the sphere of replacement and enrichment protein therapy as a protective effect: (1) for preventing any impairment of the normal functions of the liver; (2) for preventing the deposition of fat in the liver cell; (3) for a powerful lipotropic activity when abnormal amounts of fat have previously been so deposited; (4) for lessening the susceptibility to, and increasing the resistance to toxic and chemical injuries, and to infection and to other forms of disease; (5) in the treatment of some condition (such as the cirrhoses) in which protein deficiency is both a potential cause of the disease and an important consequence; (6) in the treatment of conditions (such as burns in which there is a sudden depletion of protein stores); (7) in the facilitation of reparative efforts after chemical and/or toxic injury of the liver parenchyma; (8) in the better general preparation of patients for any contemplated operation; (9) for the prevention of potential specific dangers (such as post-operative hemorrhage); (10) in lessening the injurious effect upon the liver cell of drugs of the sulfanilamid group; (11) in lessening the risk of general and spinal anesthesia; and (12) in enhancing the efficacy of healing in operative and other types of wounds.

The Clinical Response of Hypoproteinemic States to Replacement Therapy

The response to replacement therapy of any hypoproteinemia will depend to a large extent upon the mechanism of its production. Severe liver damage of the hepatic type renders hypoproteinemia least responsive to treatment. The response of the posthepatic type of hypoproteinemia corresponds to the cause; when associated with burns, it usually responds rapidly to efficient early treatment. The response of the hepatic type depends largely upon the length of time the hypoproteinemia has existed and the amount of irreversible damage that has preceded.

12 East 87th Street

MIXED SALIVARY GLAND TUMORS

In a recent review of his extensive observation on mixed tumors of the salivary glands, McFarland points out that the long delay in what is regarded as recurrence of these tumors after removal may lead to the belief in the meantime that treatment has been successful "when no good at all has resulted". By "no good at all" he obviously means so far as permanent cure is concerned because the delay in recurrence cannot but be of benefit to the patient, even if he has not been cured. In view of the apparent recurrence of mixed tumors even twenty, thirty or forty years after operation, McFarland asks, "Is any patient, once the victim of such a tumor, ever cured?" One answer to this question would be that certainly at least some patients remain practically cured until they die. Here it should be noted, as explained by McFarland, that not every case of a second tumor is a recurrence due to incomplete removal of the first tumor. The probability that new, independent tumors may appear in the same region sooner or later after removal of a tumor can never be excluded. In view of the accepted rarity of metastasis in these tumors, it is of interest to note that recently Mulligan reviewed 21 cases in which autopsies revealed metastases in the lungs, the liver and other places. McFarland states that after a special study of the results of radiotherapy of mixed salivary gland tumors he did not find a single case in which any real benefit had been obtained from x-rays or radium, and consequently he expresses the belief that it seems useless to attempt to control or modify the growth of these tumors or to postpone recurrence by the use of these agents. This statement and others somewhat similar apply to radiotherapy as practiced in the past. Details of the treatment are not given; possibly in many cases it may have been wholly inadequate. Forms of carcinoma regarded as radioresistant have been found to yield to new methods of radiotherapy, and the possibility that new and improved methods of radiotherapy of mixed salivary tumors, at least in certain cases, may prove to be of value should not be overlooked. These tumors are a challenge to surgery and to radiation, neither one of which can be regarded as having reached the limits of its usefulness.—J. A. M. A., Vol. 122, No. 11, p. 749.

PERSISTENT TACHYCARDIA AND PULSE-TEMPERATURE DISPROPORTION: RELATION TO ACUTE MYOCARDIAL LESIONS

In cases with persistent tachycardia and disproportion between the pulse rate and temperature level the acute myocardial lesions were studied. In 100 cases presenting the phenomenon, acute lesions were present in 80, a chronic granulomatous lesion in one. In 98 cases in which the phenomenon was absent, acute lesions were present in 19, a chronic granulomatous lesion in one and amyloidosis in one. The relation between the pulse and the temperature appears to offer a simple and valuable index to the presence or absence of acute myocardial damage in a high percentage of cases. —(Author's Abstract.) James R. Lisa, M.D.; Cyril Solomon, M.D., and David Eckstein, M.D., Am. J. M. Sc., 203:801-806, June, 1942. (Clinical Abstracts, 1942.)

SULFADIAZINE IN ACUTE FOLLICULAR INFECTIONS OF THE TONSILS AND PHARYNX*

By MAJOR MANFRED KRAEMER,† Medical Corps, Army of the United States

Rusk and van Ravenswaay [1] have just published a study of the effects of sulfadiazine on those common infections of the respiratory tract usually attributed to viruses. They included in this study 670 cases with simple upper respiratory tract infections with fever and malaise of sufficient severity to warrant hospitalization. They found no significant difference in morbidity among a group receiving sulfadiazine and a control group receiving only symptomatic therapy. Rightfully they eliminated all cases of follicular tonsillitis from their studies as it is generally agreed that follicular lesions of the tonsils and pharynx are of bacterial rather than of virus origin.

The present study is concerned with 102 cases of follicular tonsillitis and 13 cases of follicular pharyngitis (tonsillitis acute follicular and pharyngitis acute suppurative according to Army nomenclature) seen at the Station Hospital, Grand Rapids, between April 20 and June 20, 1943. These lesions are accepted [2] as being streptococcal in nature and although throat cultures were taken on only 10 of the cases, all 10 showed hemolytic streptococci as the predominating organisms. Sulfa drugs have come to be used almost universally for streptococcal infections and most physicians use them routinely for follicular tonsillitis.

In our series, 40 cases were treated with sulfadiazine in total dosage varying from 3 to 25 grams with an average dose of 13.5 grams. The average small dosage was due to the fact that so many of the patients were afebrile and asymptomatic within 24 hours after admission and the drug was, therefore, discontinued before any effective dosage could have been administered.

The remaining 75 cases were treated symptomatically. They were given acetylsalicylic acid in five-grain doses or a warm water throat irrigation if they asked for relief from discomfort. Warm water throat irrigations were also given to the group receiving sulfadiazine. I have found irrigations of plain warm water just as soothing as solutions of boric acid, saline, or epsom salts.

Patients of both groups were kept in the hospital until all soreness of the throat ceased and until their temperatures were normal for approximately 48 hours.

The average hospital stay in the sulfadiazine treated group was 5.35 days and in the symptomatically treated group it was 5.4 days. Complications were about equal in both groups. Three cases of peritonsillar abscess developed in each group and discharge was delayed in one case of Vincent's infection in the sulfadiazine treated group; while one case of acute sinusitis and one case of hysteria had prolonged morbidity in the non-sulfadiazine treated group. These cases with complications extending the hospital stay were eliminated from the averages and then on recalculation, the average hospital stay for patients in the sulfadiazine treated group was five days and for the symptomatically treated group 5.04 days. Therefore, figured either with or without complications, no significant difference in the number of days of hospitalization was ascertained for either group.

Both in civil and military practice the excuse usually given for the indiscriminate and routine use of the sulfa drugs in upper respiratory tract infections of all types is that secondary infections like mastoiditis, peritonsillar abscess and pneumonia are prevented. None of our cases in the sulfadiazine treated group nor in the symptomatically treated group developed otitis media nor pneumonia. Dawson [2]

* From Station Hospital, TS, AAFTTC, Grand Rapids, Mich. Major William J. Sweeley, M.C., Post Surgeon. No objection to publication. Bureau of Public Relations, War Department, Washington.

† Chief, Medical Service.

Capt. John Gentile, M.C., and Lt. Joseph M. Markel, M.C., assisted in the care of these patients and cooperated with this study.

1. Rusk, H. A., and van Ravenswaay, A. C.: Sulfadiazine in Respiratory Tract Infections. Journ. A. M. A., 122:495-496 (June 19) 1943.
2. Dawson, M. H., in Cecil, A. L.: A Textbook of Medicine. W. B. Saunders Company, Philadelphia and London, 1942, p. 169.

mentions only peritonsillar abscess as a complication. Three cases of peritonsillar abscess were diagnosed in each of our groups. Peritonsillar abscess is so often present in cases of follicular tonsillitis when first seen, that it is more likely a part of the clinical picture of some cases of the disease than a complication. Last winter (1942-43) in treating a number of cases of peritonsillar abscess symptomatically at the Station Hospital at Truax Field the author noted no difference in the rate of healing compared with cases treated with sulfa drugs.

The saving in money to the Army as well as to the civilian by avoiding the use of sulfa drugs when they are not beneficial is not inconsiderable. On the basis of drug cost alone, as estimated by Rusk and van Ravenswaay, the saving to any army hospital admitting 100 new upper respiratory infections a day would amount to $2,130.00 per month. They did not take into account the added cost of repeated blood counts, urinalyses and possible blood sulfa level determinations, which procedures are almost imperative when sulfa drugs are being used.

CONCLUSION

One hundred fifteen cases of acute follicular infections of the tonsils and/or pharynx were treated at a station hospital. There was no significant difference in the duration of illness, complications or course in 75 cases treated symptomatically and 40 cases treated with sulfadiazine. Sulfa drugs should not be routinely used in self-limiting bacterially produced diseases of the upper respiratory tract.

CONGENITAL LARYNGEAL STRIDOR

Congenital laryngeal stridor, the most common form of stridor in infancy, must be differentiated from other congenital abnormalities which interfere with respiration, such as a small glottic lumen, congenital web below the glottis, micrognathia, macroglossia, laryngeal papilloma and cysts. Laryngeal spasm, perilaryngeal abscess, mediastinal tumor, foreign body and at times acute infections are important considerations. However, congenital laryngeal stridor has been most frequently confused with thymic disease, but simple thymic enlargement is rarely responsible for respiratory embarrassment in infancy. The pathology in congenital laryngeal stridor lies in an exaggeration of the infantile type of larynx with undue relaxation of the supraglottic structures. An accurate diagnosis can be made by direct laryngoscopy. The roentgen ray is a valuable aid in the study of these patients but roentgen therapy is without avail. Since this condition is usually outgrown, active therapy is seldom required.—R. H. Trimby, M.D., J. A. M. A., Vol. 122, No. 11, p. 742.

BACTERIAL CONTAMINATIONS IN SULFONAMIDE OINTMENTS

1. Five per cent sulfanilamide, sulfathiazole or sulfadiazine ointments in a water dispersible base may become contaminated with disease producing organisms which these sulfonamides are not capable of killing.

2. Addition of small amounts of other chemicals, particularly certain oxidizing agents, strongly increases the self-sterilizing properties of these ointments. Of those studied, the most practical and generally effective agent to insure safety and therapeutic performance appears to be urea peroxide in up to 1 per cent concentration. Higher concentrations increase the irritant properties to an objectionable degree for certain uses.

3. These findings emphasize the importance of care in the manufacture of sulfonamide products intended for topical application. The addition of an antiseptic to enhance the bacterial properties and insure sterility of sulfonamide ointments is indicated to be essential as a factor of safety—Fisher et al., J. A. M. A., Vol. 122, No. 13, p. 855.

STATE ACTIVITIES

ANNUAL CONFERENCE OF SECRETARIES AND EDITORS OF CONSTITUENT STATE MEDICAL ASSOCIATIONS

The Annual Conference of Secretaries and Editors of Constituent State Medical Associations, held in Chicago, November 19th and 20th, 1943, was attended by Dr. Alfred Stahl, Secretary; Mrs. Edith L. Madden, Acting Executive Officer, and Dr. Norman M. Scott, Medical Director, Medical Service Administration of New Jersey, as representatives from New Jersey.

Dr. Roger I. Lee, Chairman of the Board of Trustees of the American Medical Association, presided and called the conference to order.

Deputy Surgeon General of the United States Army, George F. Lull, spoke on the problems relating to the assignment of duties to military surgeons. General Lull stated that there are six or seven thousand more doctors needed, in addition to the graduating classes, and these will undoubtedly have to be drafted since there are no volunteers in the nonessential qualified group. Many physicians have complained of being misassigned, and it is admitted that some have been misassigned. There has been no trouble in assigning some of the specialists, such as x-ray men, but it has been impossible to give the requested assignments to pediatricians, obstetricians, gynecologists and ophthalmologists. All physicians are sent where their services are needed most. One detrimental factor to the program has been that doctors who have signified their willingness to accept a commission have not done so when called upon.

Victor Johnson, Secretary of the Council on Medical Education and Hospitals of the American Medical Association, in his talk on hospital training of medical graduates, stated that the interne plan for the 9-9-9 program is undesirable as a permanent part of our medical education, and the 12 months' training period will be resumed as soon as possible. The Council on Medical Education and Hospitals is undertaking a study of the interne and resident problem, and consideration of providing places for returning medical officers as its responsibility. A present survey indicates 8,000 residencies in approved hospitals, special courses in medical schools and refresher courses. The study will be continued so that at the end of the war a printed list of facilities for returning medical officers will be available.

Harold S. Diehl, member of the Directing Board, Procurement and Assignment Service for Physicians, Dentists and Veterinarians, spoke on the coöperative relationship of Procurement and Assignment Service and State Medical Associations. Dr. Diehl expressed the sincere appreciation of the Directing Board for the invaluable assistance rendered by State Societies to the war effort of Procurement and Assignment. He stated that it is the joint responsibility of Procurement and Assignment and the Medical Societies to complete the job and meet the difficult problems which lie ahead. Procurement and Assignment was established upon the recommendation of the American Medical Association and its actions will reflect upon the medical profession. The best work has been done where Procurement and Assignment and Medical Society Committees have worked together. The foremost problem at this time is the recruitment of an additional six or seven thousand medical officers.

The functions of the new Council on Medical Service and Public Relations were briefly outlined by Dr. Louis H. Bauer, Chairman of the Council. He reported that beginning January 1st, 1944, Dr. George L. Kelley of Augusta, Georgia, Dean of the Medical School of the University of Georgia, will take over the office of the permanent Secretary of the Council. The Council has approved group hospital insurance, which covers only about 10 per cent of the population. The Council believes it is up to the doctors to further this project. The principle of voluntary medical expense insurance has been approved. The Council will study all plans in operation and perhaps evolve something from them that will be satisfactory to the majority of places in the country, since no one plan is satisfactory to all classes of people and all sections of the country. Dr. Bauer requested each State Society to appoint a committee to act in collaboration with the Council in carrying out its program, and to request each County Society to appoint county committees to collaborate with the state committees. The establishment of a Bureau in

Washington has been considered from every standpoint and it is the feeling of the Council that it would not be an advisable thing at this time.

The Friday evening session, preceded by a dinner at the Palmer House, was devoted to a paper on the Council on Pharmacy and Chemistry by the Secretary of the Council, Austin E. Smith. This paper gave the background of the Council, and a description of its functions, and will be published later in the Journal of the American Medical Association. Following Dr. Smith's paper an open discussion of the Coöperative Medical Advertising Bureau of the American Medical Association was held.

On Saturday morning Mr. J. W. Holloway, Jr., Director of the Bureau of Legal Medicine and Legislation of the American Medical Association, spoke on medical legislation in Congress. He referred to the recent hearing on the Tolan Chiropractic Bill, which would open up the U. S. Employees Compensation Act to permit chiropractors to treat beneficiaries of that act. The chief argument in favor of the bill was that since four states and the District of Columbia recognize chiropractors the federal government should not deny the chiropractors the right to treat disabled and injured federal employees. Three witnesses for medicine appeared and presented an effective case from the standpoint of industrial medicine, the educator and the public health official. In discussions with members of Congress, newspaper men and clerks of the Senate Committee on Finance and the House Committee on Ways and Means there is no evidence of any early action on the Wagner Bill, and if hearings are held they will not be called until spring. However, it is very important to continue our study of the bill and to discuss the implications of its medical features.

Mr. Holloway called attention to the analysis of the Barden Bill in the October 30th Journal of the American Medical Association, for expansion of the federal and state program for disabled civilians. The bill provides for physical restoration of the physically disabled, while the existing law provides for rehabilitation around the disability. The new regulations provide for an advisory committee on a federal and state level. A state agency will develop state plans. State advisory committees should participate in the formulation of the plans and State Medical Societies should keep in close contact with the developments in this field.

The problem of relocating physicians to critical areas is receiving very serious consideration by the physicians, but in spite of our efforts there are still some communities where there is a definite need at the present time. The House Committee on Appropriations, at a recent hearing, refused the appropriation of a million dollars. However, the rejection of the budget requested does not minimize the need or seriousness of the problem which exists. Hearings are still to be held and an effort is being made to amend the bill in the Senate to include at least a part of the million dollars to provide assistance for these critical areas.

A lengthy discussion on the obstetric and pediatric care program for the wives and children of servicemen followed a talk by Dr. L. F. Foster, Secretary of the Michigan State Medical Society. Dr. Foster reported that the American Academy of Pediatrics, at a recent meeting in Cincinnati, adopted a resolution stating that they were in complete sympathy with the principle that wives and children of enlisted men should receive complete medical care; however, there is a weakness in the present program and the Academy requested the Children's Bureau to call a conference with representatives from servicemen and the official bodies who are rendering the service. The purpose of the conference would be the solution of common problems. Dr. Eliot of the Children's Bureau has expressed her willingness to do this.

Dr. Walter F. Donaldson, Chairman of the War Participation Committee of the American Medical Association, requested each State Society to appoint a separate Committee on War Participation which would be apart from the Committee on Procurement and Assignment. It was his feeling that better work will be done along these lines if each state has a separate committee and does not leave these duties to the already overworked Procurement and Assignment group.

Dr. James E. Paullin, President of the American Medical Association, and Dr. Herman L. Kretschmer, President-Elect, addressed the conference and gave brief resumes of their activities in office and of their travels about the country.

ALFRED STAHL, Secretary

EDITH L. MADDEN,
Acting Executive Officer.

PRELIMINARY REPORT ON POST-WAR PLANNING, ARTICLE IV

SUBCOMMITTEE ON MEDICAL PRACTICE

Voluntary Health Insurance Plans in operation in various parts of the United States:

The Bureau of Medical Economics of the American Medical Association prepared a report on "Medical Service Plans" which gives a splendid summary of the following plans:

1. California Physicians Service
2. Colorado Medical Service, Inc.
3. Massachusetts Medical Service
4. Michigan Medical Service
5. Medical-Surgical Plan of New Jersey
6. Medical and Surgical Care, Inc., Utica, New York
7. Medical Expense Fund of New York, Inc.
8. Western New York Medical Plan, Inc.
9. Medical Service Association, Durham, North Carolina
10. Medical Service Association of Pennsylvania
11. Utah Medical and Hospital Benefit Association
12. Dallas County Medical Plan, Dallas, Texas
13. Surgical Care, Inc., Kansas City, Missouri
14. Group Hospital Service, Inc., Wilmington, Delaware
15. Hospital Saving Association of North Carolina

Some of these plans are directly related with Hospital Service Plans, and often the administrative work and distribution of contracts is handled entirely by the hospital service organization.

In addition to these plans the Medical Service Plans of the Farm Security Administration have been in operation in many parts of the country. This type of medical service consists principally of extending financial aid to rural and agricultural areas in close coöperation with county and state medical societies which furnish the medical care.

The conclusions reached by the Bureau of Medical Economics of the American Medical Association in "Medical Service Plans", from experience with prepayment plans are:

1. The offering of a prepayment medical service, the quality of which is guaranteed by the medical profession, increases the demand for medical care much more than anyone anticipated. * * *

2. The reaction of the public as shown in sales resistance has an important effect in the success of the plan. * * *

3. Actuaries, physicians or consumers cannot determine accurately the effect of various contract provisions on the minds of possible purchasers of prepayment medical care. * * *

4. Some subscribers to a prepayment plan will always be trying to "get something back" for their money. * * *

5. Some physicians, assured of payment through a medical plan, will perform unneeded tonsillectomies, herniotomies and other "optional" operations that may be of little help to the patient. The solution of this problem is a professional responsibility. * * *

6. The type of clientele served, while less significant in determining conditions of success of service plans, does have an important, if sometimes, indirect influence. Will that clientele be dominantly industrial, commercial, rural, in occupational groups or widely dispersed? * * *

7. Closely allied to the problem of expansion is that of income. * * *

8. The question of income limits has a bearing on the comparative desirability of "indemnity" or "service" benefits. Experience has as yet given no decisive answer to this question, but the tendency to change from a "complete" to a "surgical" service (to be discussed later) has led to proposed combination of the two plans to meet the other problem of income limits. * * *

Complete Service versus Surgical Plan

Perhaps the difficulty of calculating the actuarial effect of the human elements involved is one reason why most of the original "complete medical service" plans are changing to plans limited to surgical and obstetrical care for hospitalized patients. It early became evident that an unlimited medical care plan involved a greater expense than can be met by any premiums the public is at present willing to pay. * * *

These conclusions are further elaborated on in the report.

The number of contracts issued by the various organizations, above enumerated, to date, is so few in comparison with either the potential number of beneficiaries, or the hospital service plan beneficiaries, that it can be said they have fallen far short of demonstrating any widespread demand for such services.

Furthermore, because of the tendency to dispense with income limits, a large group of private patients become beneficiaries of these plans. In the past, this group has been the mainstay of private practice. The plans which were inaugurated to help the lower income group to obtain adequate medical service thereby automatically extend these benefits to those patients who are able to secure these services through our present private practice set-up.

Theoretically, allowances have been made to enable physicians to collect additional fees from such patients who select private room accommodations, but in most cases the physicians sustain a loss of fee in such instances.

Another objection to these plans is that they

facilitate the adoption of compulsory health insurance plans when voluntary plans fail to provide the majority of the lower income group with the needed medical services.

A still further objection to voluntary health insurance plans is that the results achieved fall far short of providing a satisfactory method of distribution of medical services to both the physician and the beneficiary. This, of course, is due to the complex nature of the entire problem, to the great variation in demands of various types of illness and to the human elements involved.

On the other hand, there are very definite advantages to be gained from the operation of such plans when controlled and operated by the physicians themselves.

First, the willingness on the part of our organized profession, to demonstrate the impracticability of complete coverage plans of medical service, makes it advisable to obtain factual experience with the operation of such plans.

Another advantage is that a high standard of medical service is demanded by the medical organizations sponsoring these plans, and this refutes the argument that compulsory health insurance plans administered by the governmental agencies could ever maintain the same standard of medical service.

Another advantage secured by operation of these plans is that both the medical profession and the people who are the recipients of all ultimate medical service become better acquainted with the mutual problems involved in the distribution of medical care and its associated benefits.

Last, but not least, is the advantage that organized medicine and the American public retain their freedom to act as the arbiters of their own destiny.

We, as American citizens, prize our freedom above all other considerations. We demand that freedom be the heritage of each of our citizens: first, to the physician to render the highest type of medical care of which he is capable, without the restrictions and dictation of a governmental political bureaucracy; second, for the patient to exercise his free choice of physician and methods of treatment, according to his own best judgment and knowledge—his God-given right to act as a free agent responsible for his own health and welfare.

The first step in the breaking down of democracy and setting up of a governmental controlled society begins with the regimentation of the medical profession, and the loss of freedom on the part of the citizen to control his health and illness activities.

When regimentation of health and illness begins, regimentation of all other economic activities soon follows.

If America wishes to barter its freedom to control health and sickness activities for a system of political regimentation of the medical profession, the hospitals and all related and associated branches of the healing art, that can be accomplished by the adoption of a compulsory system of health insurance. The price is high—loss of individual freedom to control or choose medical care or selection of such care! And, having once chosen such a course, the choice is irrevocable.

In a regimented governmental controlled economy there must, of course, be a regimented medical profession. In a free competitive economy there is no place for a regimentation of one section of society, namely, the medical profession, and the hope that the remainder of that society will remain free. The choice is regimentation and the abolition of a free competitive economy, or the retention of our American way of life with freedom preserved for all of our citizens and a future which will be a continuation of our glorious past.

The prepayment plans enumerated above are concerned with those plans sponsored by organized medicine.

There are other forms of prepayment and financial indemnity plans in operation. Certain labor organizations and trade unions are offering their members group insurance indemnity against many forms of illness. As experience accumulates with results of these plans, we will have a basis of comparison between professionally sponsored plans and insurance plans and other commercial or coöperative plans not controlled directly by the medical profession.

As a result of these considerations, the Subcommittee on Medical Practice presents the following conclusions:

I. We affirm the stand of the American Medical Association, as expressed in the resolution adopted by the House of Delegates in 1920, which is:

"Resolved, that the American Medical Association declares its opposition to the institution of any plans embodying the system of compulsory contributory insurance against illness, or any other plan of compulsory insurance which provides for medical service to be rendered contributors or their dependents provided, controlled, or regulated by any state or the federal government."

II. We also affirm the action taken by the American Medical Association by its House of Delegates in 1942, in the following resolution:

"Resolved, that the House of Delegates of the American Medical Association approves that principle of medical service plans on a service basis when sponsored by a constituent state medical association or a component county medical society in accordance with the recommendations relating to medical service plans adopted by the House of Delegates."

To fulfill this resolution, we urge the full support of The Medical Society of New Jersey and its component county medical societies be directed toward the successful operation of the Medical-Surgical Plan of New Jersey. We must act in unity and make a united effort to achieve success. Should the experimental operation of the plan prove detrimental to the best welfare of the people of New Jersey, or to the medical profession, then united action in rescinding this plan can be taken.

Subcommittee on Medical Practice,

Sigurd W. Johnsen, M.D., Chairman
Andrew C. Ruoff, M.D.
J. Mallory Carlisle, M.D.
William K. Harryman, M.D.
George Blackburne, M.D.
Watson B. Morris, M.D.
William G. Herrman, M.D.
A. Charles Zehnder, M.D.
Chester I. Ulmer, M.D.
Robert M. Grier, M.D.
Harrison B. Wilson, M.D.
Henry Haywood, M.D.

MEMBERS IN THE ARMED FORCES

SUPPLEMENTARY LIST NO. 2

The figures in parentheses refer to County Societies as follows: (1) Atlantic, (2) Bergen, (3) Burlington, (4) Camden, (5) Cape May, (6) Cumberland, (7) Essex, (8) Gloucester, (9) Hudson, (10) Hunterdon, (11) Mercer, (12) Middlesex, (13) Monmouth, (14) Morris, (15) Ocean, (16) Passaic, (17) Salem, (18) Somerset, (19) Sussex, (20) Union, (21) Warren.

Abramson, Solomon, Army (20)
Anson, Leon J., Army (20)
Barbella, Joseph D., Navy (7)
Brown, Lewis W., Navy (7)
Caggiano, Anthony P., Navy (7)
Carpenter, Cedric C., Navy (20)
Ciccone, Edwin L., Navy (7)
Clinton, Joseph A., Navy (7)
Coleman, Russell M., Army (7)
Dunn, John S., Navy (17)
Glass, William H., Navy (7)
Glassner, Frank, Navy (20)
Harris, Morris, Army (7)
Kakascik, Emil J., Navy (2)
Kline, George L., Navy (7)
Naidorff, S. A., Army (20)
Nimeroff, Meyer, Navy (7)
Orton, Stuart, Navy (20)
Plante, Amos A., Army (7)
Roston, Mark A., Army (7)
Shreehan, Hubert F., Navy (7)
Taffet, William, Army (7)
Thomas, Irene, Navy (16)
Thomas, John H., Navy (7)
Vanderbeek, Frank B., Army (16)
Viteri, Luis E., Army (3)
Weitz, A., Army (20)
Wells, William C. V., Navy (3)
Widetsky, Alfred, Army (2)
York, James L., Army (2)

ASSOCIATE MEMBER

Warner, Halsey F., Army (7)

AMERICAN BOARD OF OPHTHALMOLOGY

The American Board of Ophthalmology announces 1944 examinations with the following deadlines for filing applications: New York City, June—December 15, 1943; Chicago, October—April 1, 1944.

Note: All applications received after January 1, 1944, will be subject to the increased total fee of $75.00.

MEDICAL CARE PROGRAM OF WIVES AND CHILDREN OF SOLDIERS

The U. S. Children's Bureau has approved our request that the fee for maternity care of wives and men in military service be advanced from $45.00 to $50.00. They have stipulated, however, that it must include complete medical and surgical care and the care of the infant for the first six weeks.

We have attempted to have this regulation modified and have suggested that the fee should be for the complete maternity care and for the care of the infant only in the first two weeks, but approval has been given to the fee of $50.00 provided it includes care as outlined above.

		Former Fees
Complete maternity care	$50.00	$35.00–$45.00
Pediatric Care		
Home visit	3.00	$2.00
Hospital and office visit	2.00	1.00
If medical fees exceed $20.00 additional authorization is required.		
Consultation Fees		
Home	10.00	
Hospital and Office	5.00	

Special fees have been arranged for qualified consultants who assist at or complete delivery.

SCIENTIFIC EXHIBIT OF THE AMERICAN MEDICAL ASSOCIATION

The Scientific Exhibit at the Chicago Session of the American Medical Association, June 12-16, 1944, will be held at the Palmer House. Exhibits will cover all phases of medicine and the medical sciences with particular emphasis on graduate medical instruction for the physician in general practice.

Application blanks for space in the Scientific Exhibit are now available and may be obtained by communicating with the Director, Scientific Exhibit, American Medical Association, 535 N. Dearborn Street, Chicago 10, Illinois.

SUPPLEMENTARY LIST OF MEMBERS NO. 7

The figures in parentheses refer to County Societies as follows: (1) Atlantic, (2) Bergen, (3) Burlington, (4) Camden, (5) Cape May, (6) Cumberland, (7) Essex, (8) Gloucester, (9) Hudson, (10) Hunterdon, (11) Mercer, (12) Middlesex, (13) Monmouth, (14) Morris, (15) Ocean, (16) Passaic, (17) Salem, (18) Somerset, (19) Sussex, (20) Union, (21) Warren.

Cummins, Ella F., 39 Elm st., Morristown (14)
Cronk, E. I., 57 Livingston av., New Brunswick (12)
Dowds, Samuel C., 218 Walnut st., Montclair (7)
Hilton, Clarence O., 556 N. 7th st., Newark (7)
Nimeroff, Meyer, NAVY (7)
Orton, Stuart, NAVY (20)
Polsner, George, 417 Clinton pl., Newark (7)
Roston, Mark A., ARMY (7)
Strack, Jerome A., 1 Scotland rd., South Orange (7)
Thomas, Irene, NAVY (16)
Warren, LaVerte T., 2 Mission st., Montclair (7)

ASSOCIATE MEMBER

Warner, Halsey F., ARMY (7)

NEW JERSEY ASSOCIATION OF INDUSTRIAL PHYSICIANS AND SURGEONS

The meetings of the New Jersey Association of Industrial Physicians and Surgeons are held on the second Friday of each month, usually at the Academy of Medicine of Northern New Jersey, Lincoln Park, Newark, N. J. The business meeting is at 8:00 p. m., followed by a scientific paper and discussion. Guests are welcome to the scientific session. The schedule for the next three meetings follows:

December 10, 1943—"Heart Disease and Fatigue"—Dr. Parker Willey.

January 14, 1944—"Low Back Pain"—Dr. J. Irving Fort.

February 11, 1944—Dinner meeting.

The officers of the Association for 1943-1944 are:

President—E. E. Evans, M.D.

Vice-President—J. M. Carlisle, M.D.

Treasurer—M. E. Lowell, M.D.

Secretary—R. G. Birrell, B.A., M.B.

OBITUARIES

CAPTAIN GEORGE A. WILDMANN

The Medical Society of New Jersey has lost its first member in active combat.



Captain George A. Wildmann

Captain George A. Wildmann of Trenton was killed in action in the Volturno River sector of Italy on October 7. The Americans made an amphibious landing on the coast in back of the German lines about that time and it is believed he lost his life in that operation.

Captain Wildmann was born in Trenton in 1913. He was graduated from Cathedral High School in 1930 and received his medical degree from Jefferson Medical College in 1938. He served his internship at St. Francis Hospital and previous to his entrance in the army he was associated in practice with Dr. Patrick A. Corrigan.

Captain Wildmann was a member of the Mercer County Medical Society, The Medical Society of New Jersey and the American Medical Association.

DR. THOMAS VINCENT CONNOLLY

Dr. Thomas Vincent Connolly, one of Paterson's foremost physicians, died unexpectedly on October 21 in St. Joseph's Hospital. His death was caused by an embolism following an operation.

Dr. Connolly was born in Paterson in 1890 and received his early education in that city. In 1913 he was graduated from the George Washington University School of Medicine. After serving his internship in St. Joseph's Hospital, he practiced medicine in Paterson for two years. During World War I he had charge of the Diseases of the Ear, Eye, Nose and Throat Department at the base hospital at Ellis Island. Following the war Dr. Connolly took a special course in the treatment of the ear, eye, nose and throat at New York Ophthalmic Hospital.

Dr. Connolly was a fellow of the American College of Surgeons, a member of the Passaic County Medical Society, The Medical Society of New Jersey and the American Medical Association, in addition to being affiliated with several local organizations. For many years he was a member of the staff of St. Joseph's Hospital.

DR. WILLIAM E. CRAIN

Dr. William E. Crain, a member of the staff of the Brewer Memorial Hospital, Woodbury, died on October 1. Dr. Crain, who was 72 years old, had been in ill health for some months.

A native of Canada, Dr. Crain came to the United States in 1927, establishing a practice in Mt. Ephraim. Later he moved to Gloucester County, continuing his practice in Woodbury and Swedesboro. Prior to coming to the United States, he practiced in Ottawa and held degrees which permitted him to practice anywhere in the British Empire.

Dr. Crain was a graduate of the Physicians and Surgeons College, University of Toronto, and was a gold medalist and winner of the George Brown Scholarship at that college. He served as President of the Physicians and Surgeons College in 1918.

An active member of the Gloucester County Medical Society, Dr. Crain served as President of the Society in 1938. He was also a member of The Medical Society of New Jersey and the American Medical Association. Dr. Crain was in his fiftieth year of medical practice.

DR. THOMAS NELSON DAVEY

Dr. Thomas Nelson Davey died on November 7 in Bayonne Hospital, following a short illness.

Dr. Davey was born in Whitby, Ontario, Canada, in 1867, where he received his early education. Following his graduation from Trinity Medical College, Toronto in 1900, he came to the United States and began to practice medicine in Bayonne.

Dr. Davey was a member of the Hudson County Medical Society, The Medical Society of New Jersey and the American Medical Association.

DR. AMBROSE FRANCIS DOWD

Dr. Ambrose Francis Dowd, a Newark physician who gained national fame in the field of neuropsychiatry, died at his home on November 16 after a brief illness.

Dr. Dowd, born in Fairmount, N. H., in 1887, received his medical degree from the University of Vermont College of Medicine in 1910, and served his internship at Boston Lying-In Hospital, Westchester Hospital, Eastview, N. Y., of which he became house surgeon, and Newark City Hospital. In 1911 Dr. Dowd was made medical director of Newark City Hospital. He served in the neuropsychiatric division of the Army Medical Corps in World War I.

Dr. Dowd was president of the medical staff of St. Barnabas Hospital for two terms, president of the Neuro-Psychiatric Society between 1939 and 1941, member of the State Board and Department of Institutions and Agencies for a number of years, and chairman of the medical advisory board of selective service in Newark. He was on the staff of St. Michael's Hospital, St. James Hospital, Hospital and Home for Crippled Children, American Legion Memorial Hospital and consultant at Presbyterian Hospital, Irvington General Hospital and St. Mary's Hospital in Orange.

Dr. Dowd was a member of the Essex County Medical Society, The Medical Society of New Jersey, the American Medical Association, the American Psychiatric Association, and the National Committee on Mental Hygiene.

DR. HARRY T. KEMPER

Dr. Harry T. Kemper, a resident of Elizabeth for the last fourteen years, died at Alexian Brothers Hospital on October 18. Dr. Kemper had been in ill health for two and a half years.

Dr. Kemper was born in Bound Brook in 1904. He was a graduate of St. Benedict Preparatory School, Newark; Georgetown University and the Georgetown Medical School. After receiving his medical degree in 1928, he served as an interne at St. Mary's Hospital, Rochester, N. Y. Upon completion of his internship he practiced in Elizabeth.

Dr. Kemper was a member of the staffs of the Alexian Brothers and St. Elizabeth hospitals. He recently had been a medical consultant on compensation court matters in the State. He was a member of the Union County Medical Society, The Medical Society of New Jersey, the American Medical Association and the Industrial Physicians' Association.

DR. CLEMENT L. MORRIS

Dr. Clement L. Morris, a Newark physician for fifty years, died of a heart attack on November 21.

Dr. Morris was born in Canadensis, Pa., in 1865, and received his medical education at New York Medical College. He was a member of the staffs of St. James and Presbyterian Hospitals.

Dr. Morris was a member of the Essex County Medical Society, The Medical Society of New Jersey, the American Medical Association, the Academy of Medicine of Northern New Jersey and several local organizations.

DR. PAUL O'BRIEN

Dr. Paul O'Brien of Rutherford, who practiced medicine in Bergen County for 32 years, died in Doctor's Hospital, New York City, on October 19.

Dr. O'Brien was born in Kendall, N. Y., in 1880. He attended Harvard Pre-Medical School and received his medical degree from Cornell University Medical College in 1908. He practiced medicine in Wood-Ridge, Carlstadt and East Rutherford.

Dr. O'Brien was a member of the Bergen County Medical Society, The Medical Society of New Jersey and the American Medical Association. During the last war he served with the Army Medical Corps in Maryland.

MEDICINE AT THE CROSSROADS

Recent sampling shows widespread infection of the medical profession with two deadly viruses, complacency and defeatism.

Symptoms of the first disease are apathetic conduct, total absorption in one's professional duties, and occasionally the "burying of the head in the sand" while the "winds of destiny blow" unnoticed and uninterpreted. Dr. Grandison D. Royston of St. Louis in his Presidential Address last September referred to the "growing tendency of the government to provide medical care, to which our profession seems somewhat indifferent * * *" In another place he stated, "This threat looms much more ominously over us today than in 1940, yet it is doubtful if our medical schools are fully alive to this danger of political control."

The second disease is different. It is characterized by an anxiety state. Its victims feel it is incurable—that no remedy of personal effort will make any difference. It results in a feverish effort to provide as much personal and family competence as possible before the death knell.

The times just ahead are probably the most critical in our history. Profound changes in our "way of life" are being proposed and possibly some of them will be adopted.

A few of these proposals relate to centralized control of health services. Some physicans have devoted a great deal of thought to the health needs of the Country and are keenly aware of the present trend. But for the rest it must be asked: Where have the doctors been all this time? Do they not care what happens to the people where health is concerned? The answer is found in the illnesses mentioned above.

This is not a plea for more or fewer specialists, for higher or lower fees, for rural or urban migration of physicians, nor for medical service plans and insurance schemes.

Rather, physicians are urged to develop a sense of personal responsibility for a constructive medical care program. Physicians are going to have themselves to blame for what may happen to the public under socialistic health proposals made by professors and politicians.

In his address Dr. Royston states: "As members of a thoughtful profession, we can, we must, we will adjust ourselves to the needs of our Country and of our people," and further, he says, "Let us hope that a sane and practical solution of our problem will keep our profession out of the realm of the politician and of political control."

What may happen to doctors and their practices cannot be offered as a valid basis for opposition to trends, except as these trends may result in unpleasant consequences to the health of the Nation—the health of both the big and the little man.

But every such development that tends to undermine the ability of the doctor to prevent and treat disease, his ability to grow, his desire to teach, and his opportunity to extend the boundaries of knowledge—these developments should be opposed, not by blind reactionary resistance, but by preparing and showing a better way. Only in this way can the doctor, in the interest of the public, wrest the ball back from the politicians and run with it toward the goal. The time is past for a defensive attitude. An offensive must now be undertaken.

What the medical profession as a whole needs at this time above anything else is leadership which inspires confidence—able, constructive leadership. It needs the confidence which is inspired by elected leaders who can speak for them effectively without arousing unnecessary antagonism. It needs in its National organization a quicker response to the heartbeat of the doctors and the times. It needs the elimination of reactionary tendencies at the top.

Why has it not had these?

There are many reasons. Doctors in general are not good organizers although they may be good lower-case politicians. Doctors who have the long view are often too closely occupied with the immediate needs of patients and the research to take time out for leadership in their organizations. Some may have come to the conclusion that the politicians have them and the public "licked".

As far as public relationships go, doctors know the pulse of their own patients, but collectively they do not always know the pulse of the people.

The voice of the doctors should be clear and convincing. Its statements should be based on thorough and sympathetic understanding. It should not be complacent, resting on the splendid accomplishments of the past. It should be a special pleader in the interests of the people's health. It should be coöperative and progressive, bringing forward as needed new and constructive proposals which will benefit the public. Such is the voice that should represent the doctor.

H. P. R.
in *Med. Ann. Dist. Columbia.*

COUNTY SOCIETY REPORTS

BERGEN COUNTY

H. E. Reinhold, M.D., Reporter

On October 2, Dr. Samuel Alexander, Chairman of the Legislative Committee of the *Bergen County Medical Society,* arranged for a dinner meeting between the various interested medical groups of the county and our Congressmen from this district, Hon. Harry L. Towe and Hon. J. Parnell Thomas.

The meeting was held at the Elks Club of Hackensack, and present were the various hospital superintendents, leaders of the nursing groups, representatives from the Bergen County Bar Association, the Bergen County Dental Association, the Presidents of the Hunterdon County Medical Society and the Sussex County Medical Society, as well as the officers of the Bergen County Medical Society. Dr. F. J. Quigley, Executive Secretary of the State Medical Society Legislative Committee, and Dr. J. F. Londrigan, President-elect of the State Medical Society, were also present.

The principal speakers, Hon. Harry L. Towe and Hon. J. Parnell Thomas, expressed their opposition to the Wagner Bill and showed that it was one more effort among many on the part of the government in Washington to regiment various groups in the country, and gave assurance that all their efforts would be bent on its defeat.

Dr. Quigley outlined the evolution of socialized medicine from its inception under Chancellor Bismarck of Germany to its present-day status and warned that every individual must put forth his best efforts to inform our legislative body in Washington of his opposition to the bill so that it could be blocked. The other representatives were equally emphatic in their denunciation of the measure.

The meeting was highly successful in crystallizing the thought of responsible groups in Bergen County effecting this very dangerous measure.

The regular meeting of the *Bergen County Medical Society* was held at the Hackensack Hospital, Hackensack, on the evening of October 19.

This was a joint meeting with the Bergen County Bar Association.

The principal speaker of the evening was the Hon. Judge J. Wallace Leyden of the Bergen County Circuit Court, who read a paper on the legal aspects of medical malpractice. The following points were elaborated upon in great detail:

1. The relation of the patient and the physician.
2. The doctor's duty to the patient.
3. The patient's duty to the doctor.
4. The elements of malpractice.
5. The doctor's responsibility for the acts of others (internes, nurses, etc.).
6. The specialist's duty to the patient.

The speaker brought out the facts that relationship between the patient and physician rests upon a contract which is either expressed or implied. Malpractice constitutes negligence in the treatment of the patient, but the physician is expected to possess only reasonable skill possessed by the average member in good standing in his community and is expected to use his best judgment and follow new accepted methods in the administration to the sick.

Many questions on the legal aspects of medical practice were then asked by various doctors in the audience and clearly elucidated by the various lawyers present together with the Judge.

Dr. Beling offered the timely advice that the doctor keep records accurately so that his testimony in court might be more intelligent.

HUDSON COUNTY

Harry J. Perlberg, M.D., Reporter

The regular meeting of the *Hudson County Medical Society* was held on November 3, at the Masonic Club, Jersey City, with the President, Dr. Maurice Shapiro, presiding.

The report of the Committee on Constitution and By-Laws relative to the suspension of a member for non-payment of dues was read. Any member in arrears after March 15 will be dropped from membership and may be reinstated through the same procedure as an original applicant.

Dr. J. F. Londrigan announced the appointment of Dr. Samuel A. Cosgrove as a member of the Board of Trustees of the Medical-Surgical Plan of New Jersey and Medical Service Administration of New Jersey.

The following were elected to membership: Dr. Salvatore J. Detrano, Hoboken; Dr. Patrick J. McGovern, Dr. Alvin Mintz and Dr. A. Abram Peckman, Jersey City.

Dr. Londrigan rendered a report in reference to the activities of the State Committee relative to the Wagner Bill. (See page 431, November *Journal.*)

Commander Theodore R. Meyer, M.D., U.S.N.R., gave an interesting talk on "Community Health in War and Peace." He reviewed the progress that Public Health has taken in the last quarter of a century. He stated that the key unit in public health in the country is the City Health unit. Up until 1931 practically 20 per cent of the country was serviced by full-time public health officers and the depression of 1931 was followed by a big decline in financial support of programs in community health. With the passage of the Social Security Act, federal funds were made available to State Health Departments for the stimulation of community health programs. He stated that before the war the Navy had no sanitary department comparable to that of the Army. The Hospital Volunteer Specialist Corps was created in the Navy for Public Health Service. It embraced mainly non-medical personnel. He stated that the matter of health seemed to be a selling point for many commercial companies in boosting their products; that so many of these companies had some connection with health. He decried the practice of many Health Foundations whose programs were ambigu-

ous and not thoroughly carried out. He described the plan of the Kellogg Foundation which was based on public health and aimed to establish a community health program by educating the local physicians, who are usually the family physicians, sending them for post-graduate courses in various schools so that they could be taught the newest methods on diagnosis and treatment. This was also done for dentists. This plan was followed in seven counties in Michigan. The expenses of the doctors were paid by the Foundation. They were usually sent in groups of about two hundred. Each doctor's office was to serve as a public health office, and many defects in children were thereby corrected by the doctor with whom the patient was acquainted. This took the examination of the children out of the schools into the doctor's office. Commander Meyer later put the same program into effect in St. Louis. The speaker described some of the activities in connection with Naval establishments; that their duty was to assist these counties in improving public health facilities through projects which must have the approval of Naval authorities. Among the projects were those of hospital facilities, water supplies, venereal disease segregation, etc., and other sanitary projects. The Doctor also spoke about the matter of industrial hygiene, stating that Navy personnel had to be trained in this subject at Harvard and Columbia. There were many aspects to industrial hygiene, among which were pre-employment tests to determine the presence of pre-existing diseases such as syphilis and tuberculosis in order to prevent undue claims made on taxpayers for disabilities for services not connected. The diagnosis of some of these diseases do not preclude unemployment in that particular job for that person. Each one was compelled to undergo treatment to overcome the defect or disease. Safety engineers were employed to prevent and minimize hazards in all shops under Navy direction. Chemists and industrial hygienists carefully investigated any matters that occurred in shops which had to do with health conditions.

This interesting talk was discussed by Drs. Larkey and Londrigan.

MIDDLESEX COUNTY

W. Edgar Sherman, M.D., Secretary

The October meeting of the *Middlesex County Medical Society* was held at the Roosevelt Hospital, Metuchen, on October 20, with Dr. Joseph H. Kler, President, presiding. Prior to the regular meeting, the Executive Council met. The following was acted upon by the Council and, later, presented to the Society for approval:

1. A motion that a resolution, to be written in the form of a letter, against the Wagner Amendment to the Social Security Act, Senate Bill S-1161, be sent to all Representatives of Middlesex County. (Approved.)

2. That, for 1944, a tri-county meeting once a month of Union, Somerset and Middlesex be arranged by the Chairman of the Program Committee, Dr. F. M. Clarke, and that he report back to the Council at the next regular meeting as to the acceptance or rejection of such a plan by the other Societies.

3. That no action be taken on the suggestion of the State Society's special committee regarding the Medical-Surgical Plan, sponsored by The Medical Society of New Jersey, "that the County of Middlesex Medical Society appoint or elect a member to the governing board of the plan". (Approved.)

4. That a news letter be sent to all members of the Society now in the armed forces, and that the County Officers act as a committee to collect interesting data and edit the letter. (Approved.)

5. That a resolution be drafted by the Secretary on the death of Dr. Elias J. Marsh, President of The Medical Society of New Jersey, 1942-1943, and spread upon the minutes of the Middlesex County Medical Society, and a copy sent to the family. (Approved.)

6. That a letter be sent to the American Medical Association asking that steps be taken by them against the Wagner Bill, S-1161. (Approved.)

All of the above were passed favorably by the Society in a brief business meeting preceding the paper of the evening.

The following were elected to membership:

Joseph C. Vargyas and S. C. Lavine, New Brunswick, and L. A. Barnett, Milltown—full membership.

John S. Van Mater, Highland Park, and Zoltin H. Lind, New Brunswick—associate membership.

Marie Idelcowita and Otto Walker of Carteret are to be continued in present status of associate membership for the duration.

The paper of the evening was given by Col. Thomas G. Tousey, M.C., U. S. A., Commanding Officer of Station Hospital, Camp Kilmer, N. J. Col. Tousey asked that the Society coöperate with the National Government in the operation of the plan for Medical, Obstetrical and Pediatric Care of Wives and Infants, under one year of age, of the men in Military Service, then followed with a most interesting discussion of "Medical Problems of the War" including excerpts from his recent trip to the North African theatre. He had high praise for the medical personnel and pointed out the excellent work being accomplished, in this theatre, under extreme difficulties. The paper was well received.

PASSAIC COUNTY

Theodore Rothman, M.D., Reporter

The regular monthly meeting of the *Passaic County Medical Society* was held at Valley View Sanatorium on Tuesday evening, October 19, at 9:00 p. m. Dr. Charles J. Murn presided.

A resolution on the death of Dr. Elias J. Marsh was read.

Dr. Okin announced that twenty-eight more members were needed to fill the quota for the Associated Hospital Service Plan. He urged that members take advantage of this plan within the next month.

Dr. Graham, Treasurer, then reported that due to the increase of State dues to $22.00 for each

member, our dues would have to be raised to $33.00. His recommendation was adopted and the dues for 1944 will be $33.00.

Due to the illness of DR. JOHN L. RICE, the scheduled speaker, DR. HERBERT EDWARDS, Chief of the Bureau of Tuberculosis for the City of New York, spoke on the topic "The Supervision of Tuberculosis by the Private Physician".

Dr. Edwards, in his talk, mentioned the fact that he had been closely associated with Dr. Rice for the past 17 years and knew many of his ideas on Public Health but more particularly, on tuberculosis.

He pointed out that the private doctor should have tuberculosis in mind in consideration of all his cases. He felt that today many physicians were too highly trained in specialities and that in most cases, the general practitioner was being equipped to diagnose and supervise the care of tubercular cases, but the private physician was not taking tuberculosis seriously.

One per cent of inductees into the Army are showing lesions of pulmonary tuberculosis and 90 per cent of these cases have no knowledge of the disease. The x-ray findings, although asymptomatic, should be followed because eventually some of these cases will break down. The x-ray should be followed at intervals of one, two or three months for at least two to five years. Disregard of the history and the symptoms is the cause of this type of case. A consultation service is available at all times at tubercular sanatoriums and tubercular clinics. Periodic inspection helps to break up the early cases sooner. He divided the groups into six main groups.

1. Families where the patient, usually a child, dies of tubercular meningitis or miliary tuberculosis. Forty per cent of the contacts in this group will show the presence of tuberculosis.

2. Another group in which there is a death due to tuberculosis; in this group a large percentage will show the presence of infection.

3. In the third group it is usually a history of a positive sputum and the contacts will show less tuberculosis than the above groups.

4. In the fourth group the presence of healed lesions will show more physical findings or symptoms and very few contacts to the groups of the presence of tuberculosis.

5. In the fifth group primary tuberculosis characterized by the presence of a calcified node in the lung or calcified tracheobroncho nodes. Contacts in this group show very little tuberculosis.

6. In the sixth group the presence of a positive tubercular test in a child, in this group it is very difficult to find the cause of infection either in the household or in other contacts.

Usually within two years, tubercular contacts will show active lesions of tuberculosis. The best time to check for tuberculosis is from the age of ten years up, particularly in the age group of fifteen to thirty years.

Treatment: The best treatment is in a hospital or sanatorium. Dr. Edwards predicts that with many people working harder today than before many of these little lesions will soon break down and show up as active cases. The most important factor in lowering the death rate and instance of the disease is real diagnosis, and a good x-ray is the best help for this. The fluoroscope, according to Dr. Edwards, misses at least 13 per cent of cases. The early lesions are checked up best by the x-ray film. The private physician should concentrate more on the detection and supervision of tuberculosis and must report every case to the Health Department in order that the patient be kept under constant supervision.

DR. S. A. DOUGLASS and DR. F. P. LEE joined in the discussion that followed the talk.

A collation was served after the meeting.

Once again the County Medical Society thanks Dr. Douglass and his staff for their kind hospitality and delicious dinner which has always made Valley View a popular meeting place for the Passaic County Medical Society.

SUSSEX COUNTY

Martin I. Kirschner, M.D., Reporter

Since the adoption of our new Constitution on March 23, 1943, the *Sussex County Medical Society* will have regular meetings in the months of February, May, September and December, at such time and place and day as may be designated by the President and the Secretary.

A regular meeting of the Society was held on September 28. Previous to the adoption of our new Constitution, our meetings consisted mainly of hearing and acting on correspondence which the Secretary received between meetings. The old Constitution did not provide for any consideration of an urgent subject except by a general or special meeting of the Society. Under the new Constitution the Council is in working order and it disposes of all urgent matters which cannot wait for an open meeting of the Society. Our September meeting, therefore, was a short one and the Council presented only important subjects for general discussion.

The Society went on record as opposing the Wagner Bill, and to so inform our political representatives.

A committee was appointed to procure and send suitable Christmas gifts to each member now in the service.

Annual dues were raised to $30.

DR. KATHERINE E. STEWART of Ogdensburg was elected to regular membership.

A recommendation of the Council that DR. DRAKE, President of the Society, be present at the proposed meeting with members of Congress, was approved

UNION COUNTY

Frederic B. Western, M.D., Reporter

A regular meeting of the *Union County Medical Society* was held in the Elizabeth General Hospital on November 10. The meeting was called to order by DR. LERMAN, President, at 9 p. m.

The minutes of the September 22nd meeting were accepted as printed in the Bulletin. The resolutions

on the death of Dr. Harry T. Kemper were accepted as read by the Secretary, Dr. Lathrop.

Dr. Irving H. Pardee, Clinical Professor of Neurology, College of Physicians and Surgeons, New York City, gave a most interesting and instructive talk on "Endocrines in General Practice".

Mr. G. L. McDowell, of the Commercial Casualty Insurance Company, gave a brief talk on the special Group Plan of Accident and Sickness Insurance offered to the Society by his company.

Dr. Lathrop read the proposed Amendment to the Constitution. Article XIV. Section 3: "For the transaction of the ordinary business of the Society, including the election of members, 25 members shall constitute a quorum; but for scientific, literary or memorial purposes, a quorum shall be presumed. For the election of officers and State delegates, for altering the Constitution and By-Laws, or for reprimand, suspension or expulsion of a member, 40 members shall be a quorum. This for the duration of the war and six (6) months thereafter." This Amendment was passed unanimously.

Dr. Phelan reported that all osteopaths who have completed a course in osteopathy and have had 2,000 additional hours of medical training are permitted full rights and privileges to practice medicine and surgery, but not permitted by law to use the title of M.D. They are recognized by the State Medical Examiners and are therefore eligible to serve as school doctors. Dr. Lerman read a directive from Selective Service Headquarters stating the Government's position in regard to the deferment of osteopaths from military service. The Government feels that the national welfare would be best served by permitting osteopaths to serve in their civilian capacity rather than in the armed forces. A brief discussion followed and as the national welfare must be considered it was felt that the osteopaths can fill a definite need now while there is a shortage of physicians.

Dr. Phelan reported on a meeting of the State Legislative Committee on the Wagner Bill. The State Society asks the coöperation of the County Society in combating the medical provisions of this Bill. It was suggested that members attend meetings where this subject will be discussed. After the doctors become thoroughly conversant with the Bill and all of its implications, public meetings will be held to educate the general public. County members who wish to volunteer their services as speakers are requested to contact the Executive Office. The January meeting will be devoted entirely to a discussion of the Wagner Bill.

Dr. Banker, Treasurer, reported the expenditures and income of the Medical Service Bureau for the past three years and nine months. The expenditures for this period were $6,137.76 and the income from fees was $6,240.01, making a profit of $102.25.

John P. Cannis of Plainfield, Katherine Falconer-Slater of Summit, George Kemeny of Elizabeth, Martha E. Maurer of Westfield, Ruth W. Kidd of Union, Lt. Stuart Orton, M.C., U.S.N.R., of Rahway, Beatrice Prazak of Elizabeth and William L. Rumsey, Jr., of Elizabeth were elected to membership. Drs. Kemeny, MacDonald and Rumsey were introduced to the Society and signed the Constitution.

After a brief discussion of the Accident and Sickness Insurance Plan offered by the Commercial Casualty Insurance Company, it was moved that the Chair appoint a committee of not less than five members to study the Plan and report to the Executive Committee on behalf of the County Society, at the next meeting.

Dr. Lerman will appoint a committee shortly and the members will be notified.

WARREN COUNTY

Dr. Philip B. Kassow, M.D., Reporter

The annual meeting of the *Warren County Medical Society* was held at Hotel Belvidere in Belvidere on October 26. There were eleven members present.

A motion was passed that our State Delegate request of the State Society that an identification card be presented to each member of the Society in good standing.

Dr. William McMurtrie was permitted to transfer his membership to Morris County; and Dr. Irmgard Dresel to Somerset County.

A resolution was passed that the Warren County Medical Society go on record that in the future this body will not collectively pass upon the availability for the Armed Services of any of its membership.

The following were elected:

President—Herman Baldauf, Jr., Belvidere
Vice-President—Frank S. Gordon, Blairstown
Secretary—Paul F. Drake, Phillipsburg
Reporter—Philip B. Kassow, Alpha
Treasurer—Arthur C. Zuck, Washington
Delegate for three years—Floyd Shimer
Alternate Delegate for Floyd Shimer — Harry B. Bossard
Alternate Delegate for Paul Drake—Wallace R. Bostwick
Alternate Delegate for William H. Varney—Philip B. Kassow
Nominating Committee Delegate—Floyd Shimer

The meeting was adjourned and seven members of the Woman's Auxiliary joined our members at a luncheon at the Hotel Belvidere.

SUMMIT MEDICAL SOCIETY

Carroll S. Thomson, M.D., Secretary

The first meeting of the season of the *Summit Medical Society* was held at Ciba Pharmaceutical Products, Inc., Lafayette Park, on October 26 at 9:00 p.m. The newly elected president, Dr. N. W. Burritt, presided.

Dr. Leon A. Hausman, Professor of Zoölogy at The New Jersey College for Women, presented "The Microscopy of Hair" (its biological, forensic, and commercial applications), with numerous slides.

Following the meeting a collation was served.

WOMAN'S AUXILIARY

PRESIDENT'S CHRISTMAS MESSAGE

Mrs. Asher Yaguda

Christmas this year will not be the same gay holiday for many of our families and friends. This affords another occasion for our women on the home front to bring cheer to those whose loved ones are away. It is our duty, as the wives and mothers of our fighting men and women, to maintain the same high standard of morale which is inherent in our American people. The New Year will bring many opportunities, and our steady aim must be to achieve the desired objective in all of our work. Every little bit helps, but the harder we work the sooner our loved ones will come home to us.

Best wishes for the holiday season to all our Auxiliary members. As President, I extend greetings around the world to all members of The Medical Society of New Jersey and offer a prayer for their safe return.

STATE MEETING

On January 10, 1944, the Woman's Auxiliary to the Mercer County Medical Society will be hostess to the second State Meeting of the Auxiliary for the 1943-1944 year. The meeting will be held in the Executive Offices of The Medical Society of New Jersey, 222 West State Street, Trenton, at 10:30 a.m. A buffet luncheon will be served at 12:30 p.m. Arrangements are being made for a speaker on "The Cadet Nurse Corps Recruitment Program".

AUXILIARY EVENTS — PAST AND FUTURE

Atlantic—Mrs. Samuel Salasin, Chairman of Publicity.

At a meeting of the Woman's Auxiliary to the Atlantic County Medical Society on November 12, Dr. David B. Allman, Chairman of the Atlantic County Medical Society Committee on Legislation, gave a very interesting talk on the salient features of the Wagner Bill from the point of view of the medical implications contained in the bill.

Mrs. Ily Beir was appointed chairman of the new committee on Hygeia magazine.

A Christmas party will be held at the home of Mrs. James Mason, 5501 Atlantic Avenue, Ventnor, on Friday evening, December 10, at 8:00 p.m. Mrs. Andrew Smith is chairman of the affair, and all members are asked to bring gifts which will be exchanged and toys to be given to the children of the Betty Bacharach Home. For Christmas cheer the Auxiliary will donate $100 for slip cover material for the lounge furniture of the England General Hospital, Chalfonte Hotel.

Bergen—Reorganization News.

Mrs. A. Donald McLane has been elected President of the Woman's Auxiliary to the Bergen County Medical Society and Mrs. Philip J. MacLaren, the Recording Secretary.

There will be a meeting on January 11, 1944, at the home of Mrs. Floyd Keer, 310 Engle Street, Englewood, at which a box-lunch will be served. Bandages will be rolled for the Cancer Clinic.

Gloucester—Mrs. C. A. Bowersox, Chairman of Press and Publicity.

On December 10 at 1:30 p.m. the Woman's Auxiliary to the Gloucester County Medical Society will hold its Christmas party at the home of Mrs. J. Harris Underwood, North Broad Street, Woodbury.

Mercer—Mrs. Albert F. Moriconi, Chairman of Publicity.

At its January meeting the Mercer County Auxiliary will be hostess to the Woman's Auxiliary to The Medical Society of New Jersey. (See page 483.)

Middlesex—Mrs. Charles Merrill, Chairman of Publicity.

On Wednesday, November 17, a meeting was held at the home of Mrs. Robert Walker, the President. The subject was "Legislation", and Mrs. Irving Sosin spoke on the Wagner Bill. Following the business meeting scrap books for hospitals and the Children's Home were made.

In December the Auxiliary is planning a social, with the visiting Service Doctors' wives as guests.

Passaic—Mrs. Irving Silverman, Chairman of Publicity.

At the first meeting of the year of the Woman's Auxiliary to the Passaic County Medical Society, Mrs. Joseph E. Mott became President, succeeding Mrs. Gallo, who resigned to join Dr. Gallo, who is now in service.

There will be a meeting of the Auxiliary on January 17 at the home of one of the Paterson members. A member of the County Medical Society will speak on the Wagner Bill.

Warren—Mrs. Herman Baldauf, Chairman of Publicity.

The Woman's Auxiliary to the Warren County Medical Society meeting was held on Tuesday, October 26, at the Hotel Belvidere, Mrs. F. A. Shimer, President, presiding. A report of the recent meeting of the Woman's Auxiliary to The Medical Society of New Jersey was given by Mrs. Shimer.

PUBLIC RELATIONS

Mrs. Maclyn F. Baker, Chairman

"The success of any plan for Public Relations Committees requires more than willingness to work, more than faith in a cause. It requires understanding and balance and coordination and it follows that loyal service must be a part of it." Mrs. Dwyer, Public Relations Chairman of the National Association, wrote these words in the A. M. A. Journal.

Public Relations work is very important this year: we must be leaders in health and legislation. We must know our subject and spread our knowledge to lay groups to better acquaint them with these two vital topics.

This committee has offered a three-way program which all of you have read in the Bulletin. Take advantage of this and see that health programs are offered to every lay group in your community. Help your Public Relations Chairman by arranging one health program for each lay group of which you are a member.

There is excellent public relations work that can be done right in your husband's office—our knitting project. Red Cross has again made an appeal for six-inch squares. All you need to do is start four or five squares, leave the wool handy and before you know it an afghan is complete. I am appealing to you all to start this knitting project, it requires little effort on your part and the results could be overwhelming.

Auxiliary women, be leaders among women, be "Public Relations" conscious in your everyday life among your everyday contacts.

Note: Mrs. Maclyn Baker is popularizing the idea of Dr. Lydia Hauck of Irvington. Dr. Hauck has in her office a basket of many balls of wool with squares started for afghans for the Red Cross. Above the basket hangs this little verse:

It's quite fitting
While you are sitting
To do some clipping
And some knitting.

Over twenty-two afghans have been made by patients in Dr. Hauck's office.

"E" IS FOR ESSEX COUNTY

Mrs. Harry N. Comando, President

This year the Essex County Auxiliary has reduced the number of meetings from seven to four. Our members are so involved with war activities that it was decided to try a curtailment of meetings this year. Our meetings will be held in October, January, March and May.

Board meetings are held every month except December, and all members are cordially invited to attend.

Our Chairman on Legislation is very active. She prepares papers to present to us dealing with county, state and national affairs pertaining to the medical profession.

The Public Relations and Civics Chairmen have obtained moving pictures dealing with cancer, tuberculosis, heart ailments, etc., to be shown at P.-T. A. and various organization meetings, schools and wherever else there is an interest in helping us enlighten the public.

We are working with the War Participation Committee of the State in giving our aid to our hospitals where needed.

The new project for the year is Child Welfare. We contact nursing mothers who have a surplus of milk, obtain this excess milk and see that it reaches the Coit Memorial Hospital (Babies' Hospital). There it is processed and held in their milk bank until needed. To date we have been very successful, as the public has been very coöperative.

We have been asked to resume sales on Hygeia, which we are endeavoring to do.

We have twenty-five committees which are actively at work.

"G" IS FOR GLOUCESTER COUNTY

Mrs. A. Guy Campo, President

The Woman's Auxiliary to the Gloucester County Medical Society is planning to follow, to the best of its ability, plans outlined by state committee chairmen. Since our members are scattered in all directions of this large county, we have ample opportunity to reach out to many different women's clubs and auxiliaries, introduce health programs, aid in establishment of first aid classes, recruit for nurses' aides, plan nutrition programs and aid the war effort in many other ways.

At a luncheon-business meeting at the home of Mrs. Paul Pegau, Woodbury, the members agreed to enter the contest for subscriptions to "Hygeia". Each member is responsible for at least two subscriptions. Profits derived from sales of subscriptions will be used to cover expenses of the Reciprocity Tea in the spring and to make our annual donation to the Red Cross.

The program for the year includes a business meeting the third Thursday of each month, a Christmas party in December, a program dedicated to medical legislation in February, and a Reciprocity Tea in the spring.

There seems to be among the Auxiliary members this year more enthusiasm and willingness to coöperate; perhaps because we are one year closer to victory and peace.

"H" IS FOR HUDSON COUNTY

Mrs. Samuel G. Scott, President

The Woman's Auxiliary to the Hudson County Medical Society will continue with our program of assisting with the sale of war bonds and stamps.

We have started a collection of choice recipes (our favorite ones) and in time to come we hope to publish a book of recipes in order to supplement our Benevolent Fund or General Fund.

At our December meeting we will have a speaker from the Women's Army Corps. We will also have an Obstacle Bridge Party. "The Dark Horse" will be brought by Mrs. Charles Kelley, who won last month's award.

Our plans for the year are incomplete due to many factors, the greatest being the war programs in which all of our members partake as individuals.

BOOKS RECEIVED FOR REVIEW

Biochemistry of Malignant Tumors. By Kurt Stern, M.D., and Robert Wilhelm, M.D. Pp. 951. Brooklyn, N. Y., Reference Press. 1943. $12.00.

Frontiers in Cytochemistry; the Physical and Chemical Organization of the Cytoplasm. Ed. by Normand L. Hoerr. Pp. 334. Lancaster, Pa. Jaques Cattell Press. 1943. $3.50.

Nature and Treatment of Mental Disorders. By Don Thomas Verner Moore, O.S.B., Ph.D., M.D. Foreword by Edward A. Strecker, M.D. Pp. 312. New York, Grune & Stratton. 1943. $4.00.

Orthopedic Nursing. By Robert V. Funsten, M.D., and Carmelita Calderwood, R.N., A.B. Pp. 602. St. Louis, C. V. Mosby Company. 1943. $3.75.

Textbook of Physiology. By William D. Zoethout, Ph.D., and W. W. Tuttle, Ph.D. 8th ed. Pp. 728 with 308 illus. and 3 color plates. St. Louis, C. V. Mosby Company. 1943. $4.75.

Clinical Laboratory Methods and Diagnosis; A Textbook on Laboratory Procedures with Their Interpretation. By R. H. B. Gradwohl, M.D., D.Sc. 3d ed. Pp. 2230 with 726 illus. and 57 color plates. St. Louis, C. V. Mosby Company. 1943. $20.00. 2 vols.

Clinical Audiometry. By C. C. Bunch, M.A., Ph.D. Pp. 186 with 74 illus. St. Louis, C. V. Mosby Company. 1943. $4.00.

Textbook of Medicine by American Authors. Ed. by Russell L. Cecil, A.B., M.D., Sc.D. Associate editor for Diseases of the Nervous System, Foster Kennedy, M.D., F.R.S.E. 6th ed. Pp. 1566, illus. Philadelphia, W. B. Saunders Company. 1943. $9.50.

Experimental Surgery; A Laboratory Guide for Undergraduate Students. By J. M. McCaughan, B.S., M.D., Ph.D. Pp. 80. St. Louis, C. V. Mosby Company. 1943. $2.00.

Experimental Biochemistry. By George D. Wessinger, M.S., Ph.D. Pp. 108. St. Louis, C. V. Mosby Company. 1943. $1.50.

White Blood Cell Differential Tables. By Theodore R. Waugh, B.A., M.D., C.M. Pp. 126. New York, D. Appleton-Century Company. 1943. $1.60.

BOOK REVIEWS

Skin Grafting of Burns; Primary Care, Treatment, Repair. By James Barrett Brown, M.D., and Frank McDowell, M.D. Pp. 204. Philadelphia, J. B. Lippincott Company. 1943. $5.00.

The authors are both individuals with an excellent background of training and a wide clinical experience in the management of burn cases. They are also critical observers and their book on skin grafting is the best that has been written thus far on the subject.

The chapters on the treatment of shock and local therapy for the burned area probably represent the best present opinion on this fluctuating subject. Undoubtedly this opinion will be altered somewhat as new experimental and clinical data is available.

The chapters on the healing of burns, preparation of wounds for skin grafting, and the technique of skin grafting are sound and concise. The reviewer is somewhat skeptical, however, as to the benefits of book instruction for surgeons who have had poor or inadequate training in skin grafting. Unfortunately there is no substitute for the time-consuming process of observing and assisting some surgeon with experience in this field of work. To a certain extent skin grafting, like gardening, is an art as well as a science and there are many gardeners who know all the rules but still cannot make the plants grow.

Lyndon A. Peer, M.D.

Reconstructive Surgery of the Eyelids. By Wendell L. Hughes, M.D., F.A.C.S. Pp. 160. St. Louis, C. V. Mosby Company. 1943. $4.00.

Wendell Hughes has written a rather unique and valuable book on reconstructive surgery of the eyelids. The author is to be congratulated for his accurate description of the earlier methods of repair which provide an understandable historical background for later improvements in surgical technique. The description of the procedures is expressed clearly and excellent drawings illustrate these procedures. The book should be extremely valuable for all ophthalmologists and plastic surgeons interested in plastic surgery of the eyelids.

The author aptly dedicated his book to the memory of Dr. John Martin Wheeler, who may truthfully be named the father of modern plastic surgery of the eyelids.

Lyndon A. Peer, M.D.

Oral Diagnosis with Suggestions for Treatment. By Kurt H. Thoma, D.M.D. With contributions by Fred Trevor, D.M.D.; Henry Goldman, D.M.D., and David Weisberger, D.M.D. 2d ed. Pp. 495, with 666 illustrations, 63 in color. Philadelphia, W. B. Saunders Company. 1943. $6.75.

Once again this well-known author presents to the allied professions a vivid picture in all the phases of oral diagnosis. In accordance with his usual style, Dr. Thoma comprehensively covers the field in a practical, readable manner.

An outstanding feature of the book is its illustrative material, much of it being in color. This factor is particularly advantageous since it is generally recognized that colored plates add materially in the recognition of all oral diseases. Another feature is the addition at the end of each chapter of some brief remarks concerning the prevailing methods of treatment.

The book is divided into two parts—the first dealing with a description of the modern methods and principles of examinations. Said chapters include histories, general, laboratory and radiographic examinations in addition to a detailed chapter con-

cerning special examination for dental and oral diseases. Part two is entirely devoted to diagnosis and treatment of dental and oral conditions. These chapters comprise by far the greater content of the book. They not only cover all dental diseases in detailed descriptive style, but also include chapters in maldevelopment, environmental changes, caries, abnormalities of the edentulous mouth, burns and wounds, mandibular articulation and fractures.

Dr. Thoma is an outstanding author with many valuable contributions to literature already to his credit. His vast clinical experience, plus familiarity with the wide variety of symptoms associated with diseases of the mouth are presented to you in this excellent book. Only Thoma could offer so much in so concise a form and still cover his vast subject in a comprehensive manner.

Certainly, no dentist should be without this book. The medical profession is not interested in the mechanics of dentistry. However, the profession is concerned with relationship of the abnormalities of the oral cavity insofar as its alliance with the general health and systemic relationship of the patient.

It is the reviewer's opinion that no other book can express in such perfection the interpretation of the medical-dental problems.

EDMUND P. ROBERTS, D.D.S.

Compleat Pediatrician. Practical, Diagnostic, Therapeutic and Preventive Pediatrics, for the Use of Medical Students, Internes, General Practitioners, and Pediatricians. By Wilburt C. Davison, M.A., D.Sc., M.D. 4th ed. Durham, N. C., Duke University Press. 1943. $3.75.

The Compleat Pediatrician in the fourth edition is an excellent up-to-date digest of pediatric literature. I wish to stress the fact that it is a digest and not a text book. One should read and re-read the preface and instructions in order to fully understand the book.

The diseases and symptoms are divided into seven chapters on the basis of the anatomical system chiefly involved. The chapters have been arranged in the order of the frequency of diseases. At the beginning of each chapter there is a section dealing with the symptoms and signs involving that particular system, together with a list of the diseases which cause them most frequently. Signs and symptoms, laboratory tests, differential diagnoses, treatment and prognoses, and prevention. It is the author's desire to include all the essential facts and to present them in detail as concise as possible. In this he has succeeded. The use of percentages, foot notes, the various charts and tables greatly aid in this method of presentation.

Chapter VIII on laboratory and other procedures in pediatrics could well serve as a laboratory manual in itself. This chapter alone is well worth the price of the book.

Nutrition, feeding and diets are most adequately covered in Chapter IX. While I fully agree with the author in the simplified method of infant feeding, I believe that formulae made up containing approximately 20 calories per oz. instead of 30 calories per oz. are better tolerated. Mothers' milk contains 20 calories per oz., and I have never known of any formula that was better than good mothers' milk. As this book is recommended for general practitioners, as well as others, more information could be given on the treatment and management of the "colicky" baby.

Chapter X gives the practical methods in general fluid, oxygen, physical therapy and pediatric nursing. Growth, development and child care, while rather sadly neglected until more recent years, have rightly come to justified importance. The child is a growing organism,—knowledge of his growth, needs, habits, physical stamina, mental capacity, consideration of the hereditary and environmental factors and adjustment are all essential for his accurate appraisal. In Chapter XI this subject is most adequately covered.

The chapter on history taking and physical examination is, by its nature, the shortest but one of the most important. A good history and a thorough physical examination take time, but herein is laid the groundwork for an accurate diagnosis and successful management of the patient. Chapter XIII, the last, contains the most useful drugs and prescriptions.

The author, in the preface, sets forth the aim of this book. The spirit of the student and scholarly teacher prevail throughout. Of its kind The Compleat Pediatrician is a masterpiece. However, for thorough knowledge of any subject, more extensive reading and study are absolutely necessary. As a ready reference it is highly recommended for the medical student, interne, general practitioner, and pediatrician.

WILLIAM F. MATTHEWS, M.D.

Fractures and Dislocations for Practitioners. By Edwin O. Geckeler, M.D. 3d ed. Pp. 361. Baltimore, A William Wood Book, The Williams & Wilkins Company. 1943. $4.50.

The third edition of Dr. Geckeler's book contains many valuable additions. He has brought it up-to-date.

The chapter on the treatment of compound fractures is practical and is one that can be carried out by a general practitioner. The principles of thorough debridement, local implantation of sulfanilamide and immobilization together with oral administration of sulfathiazole are emphasized. The chapter on fractures of the femur is excellent in that it makes it very simple and practical. The use of Russell traction is well illustrated. In the chapter on dislocations, figure 310, showing the manipulation for dislocation at the hip joint, puts the manipulator in a good position to sprain his own back.

The book has over three hundred illustrations which make it easy to understand the treatments described. The author avoids the use of new gadgets which have sprung up since the war. He describes principles of treatment which have stood the test of time. This book should prove helpful to the group for which it was written.

TOUFICK NICOLA, M.D.

Personal and Community Health. By C. E. Turner, A.M., Sc.D., Dr. P. H. 7th ed. Pp. 585. St. Louis, C. V. Mosby Company. 1943. $3.50.

Professor C. E. Turner has written a remarkably concise manual on personal and community health. Nineteen of the thirty-one chapters are devoted to personal health. The subject is treated from a very broad point of view and particularly commendable are those chapters on the psychology of the body in relation to nutrition circulation and the functioning of the endocrines. Adult hygiene is covered in a readable and clear point of view. The large space given to personal hygiene has caused some necessary condensation of the chapters on community health. The chapter on disease prevention is excellent and the subject is well treated from a sanitary as well as a bacterial point of view. Professor Turner has done well in his appendix to quote at length from the report of a Committee of the American Public Health Association, as printed in 1943, upon communicable diseases. Although public health administration is excellently covered, the important subject of municipal health administration is scarcely mentioned; but amongst so much that is excellent, it is difficult to be critical of this because the public health procedures in cities is a subject by itself, requiring first-hand knowledge. The printing is clear and readable, and the majority of the illustrations are, presumably, original.

This is a really well-written treatise on public health, and should be one of the "musts" for the library of all health officers and students of public health.

Charles V. Craster, M.D.

The 1942 Year Book of Industrial and Orthopedic Surgery. Ed. by Charles F. Painter, M.D. Pp. 424. Chicago, Year Book Publishers, Inc. 1942. $3.00.

The third volume of this series, as the ones which have appeared before, is a carefully selected group of abstracts, worthy of the attention of every physician. The articles abstracted are well chosen, and the abstracts give the real substance from the year's literature in orthopedic and traumatic surgery, with military surgery stressed, as would be expected. Every physician should find it well worth his while to read this little book.

L. Szerlip, M.D.

Fundamentals of Immunology. By William C. Boyd, Ph.D. Pp. 446. New York, Interscience Publishers, Inc. 1943. $5.50.

Boyd adopts a new approach in his discussion of the fundamentals of immunology. He feels that in the past too much emphasis has been placed on the biological aspects of immunity and too little on the chemistry involved. It is his opinion that if the immune process is ever to be satisfactorily explained, it must be done by the close collaboration of the immunologist and the immuno-chemist.

Omitting all unimportant historical data which tend to confuse rather than enlighten the student of immunology, Boyd develops his subject matter in eleven chapters well supplemented with numerous and well chosen references. Throughout his orderly discussion of antigens, antibodies, blood-groups, antigen-antibody reactions, complement fixation, anaphylaxis and allergy, and practical use of artificial immunity, the chemical aspects rather than the immunological elements are emphasized. The material, as presented, being rather involved, this reviewer feels that the book may prove of little interest to the average student, who, without a good background in the subject, would have difficulty understanding much of the intricate chemistry. However, it should prove of extreme value to the research worker in the field of immunochemistry.

M. A. Levy, B.Sc.

Clinical Audiometry. By C. C. Bunch, M.A., Ph.D. Pp. 186 with 74 illustrations. St. Louis, C. V. Mosby Company. 1943. $4.00.

A comprehensive review of the development of the audiometer and its clinical use in otology is described. The importance of a trained technician and a sound-proof room is stressed, and comparison with the tuning fork test, shows the greater usefulness of the audiometer in testing the amount of residual hearing, and as a better guide in the selection of hearing aids. The fallacy in the reasoning of those who stated that there was a greater loss for low tones than for high in cases of conductive deafness, is clearly shown.

The book is written in a clear, simple manner and should be read by all those interested in audiometry.

I. V. Berney, M.D.

A Hundred Years of Medicine. By C. D. Haagensen and Wyndham E. B. Lloyd. Pp. 444. New York, Sheridan House. 1943. $3.75.

With the present interest of the laity in medicine and all medical subjects, this book fills a definite need. It gives the authentic facts in the development of scientific medicine as they have progressed since the phenomenal awakening of medicine after its mediaeval hibernation. Written in a readable style, it is yet not too simple for the trained physician to enjoy, and it will repay time spent on it by refreshing his knowledge of his own professional background. Of particular interest are the chapters in explanation of the need for, and demand for some kind of provision to cover the increased expenditures of illness for those with average incomes.

The book should not only be in all medical libraries, but there should be several copies in a prominent place in all public libraries, especially as many high schools are giving the history of medicine as a term thesis subject.

Mildred V. Naylor.

THE JOURNAL

OF

THE MEDICAL SOCIETY OF NEW JERSEY

Index 1943

Society established July 23, 1766
Journal founded September 1, 1904

VOLUME 40

JANUARY TO DECEMBER, 1943

Published monthly under direction of the
COMMITTEE ON PUBLICATION

HENRY C. BARKHORN, M.D., *Chairman*
RALPH K. HOLLINSHED, M.D. — J. LAWRENCE EVANS, M.D.
ALFRED STAHL, M.D. — LEWIS W. BROWN, M.D.
HENRY A. DAVIDSON, M.D., *Editor—In Active Service A. U. S.*

Editorial Office
222 WEST STATE STREET
TRENTON 8, N. J.

INDEX---1943

A

Abdominal and Genito-Urinary Injuries (National Research Council) ... br76
Adult Health Supervision Advisory Committee, Annual Report ... 182
Affiliated Units ... 288
Alexander, Samuel ... 115, 479
Alexander, Walter G. ... 353
Allergy, Primer of (W. T. Vaughan) ... br326
Alture-Werber, E. ... 107
Ambassadors in White (C. M. Wilson) ... br37
American Board of Obstetrics and Gynecology, Annual Meeting of ... 323
American Medical Association—
Council on Medical Service and Public Relations ... e453
Delegates, List of (Advertising page 3A each issue of *The Journal*)
Delegates' Report by Wells P. Eagleton ... 287, 314
Scientific Exhibit ... 475
Secretaries and Editors Conference 427, e456, 470
Amphetamine (Benzedrine) Sulfate in the Treatment of Obesity—Kalb ... *385
Anemia, Aplastic ... ab61
Anemia of Pregnancy—Graham ... *365
Anesthesia, Clinical (J. S. Lundy) ... br38
Ankle Sprain, Treatment of ... ab423
Annitto, John E. ... 299
Annual Meeting—
177th (1943) ... e161
Meeting Place, Change of ... e122
Official Program ... 163
Preliminary Program ... e1
Report on ... 236
Scientific Program ... e81
178th (1944) ... e413
Approval of Arrangements, by Board of Trustees ... 426
Arrangements for ... 287
Preliminary Program ... e413
Annual Meeting Committee, Annual Report ... 173
Annual Registration, Committee on ... 287
Annual Reports to the House of Delegates—
Index ... 164
Officers, Committees and County Societies 165-208
Anthrax in Shaving Brushes ... ab150
Aplastic Anemia ... ab61
Appendicitis Complicating Pregnancy—Underwood ... *62
Army Air Forces, Policy to be followed in placing present interns and residents who will be assigned to ... 209
Army Doctor, The ... e82
Arsenicals and Bismuth Compounds, Combined Use of, in Syphilotherapy—Silverman and Kovin ... *98
Arthritis, Your (A. E. Phelps) ... br409
Atlantic County Medical Society, Annual Report ... 201
Atypical Pneumonia, Primary — Kasich and Cohen ... *358
Audiometry, Clinical (C. C. Bunch) ... br488
Autonomic Regulations (E. Gellhorn) ... br254
Auxiliary Medical Services Advisory Committee, Recommendations ... 429
Available Physicians and the Selective Service Act ... 351

B

Bacon, Harry ... 441
Barlow, Frank ... 247
Beardwood, Joseph T. ... 155
Bergen County Medical Society ... 114, 154, 479
Berkow, Samuel G. ... 353
Bernstein, Arthur ... 353
Bingham, Arthur W., East Orange † ... *24, *25, *63, *100, *105, *148, *150, *227, *228
—In Memoriam ... e214
—Receives the Ill Award ... 109
Bingham, Arthur Walter, B.S., M.D., F.A.C.S., 1872-1943—Mount ... *424
Blood Banks and Plasma in War Time—Katzin *218
Boog, Janet M. ... 403
Book Reviews ... 37, 75, 117, 157, 252, 293, 324, 375, 408, 448, 486
(Listed alphabetically by title in general index and marked br)
Boozan, William E.† ... 113
Borow, Henry ... 299
Boyd, Rev. George H. ... 72
Bradshaw, John H.† ... 77
Brain Injuries in War, After-effects of (K. Goldstein) ... br76
Brakeley, Elizabeth ... 152
Branch, Harold W. ... 299
Breast, Diseases of the (C. F. Geschickter) ... br293
Breathing Exercises for Swimmers with Sinus Trouble ... ab221
Brown, Herbert R., Jr. ... 417
Bulletin Board ... 33, 71, 153, 290
Burlington County Medical Society ... 72, 202, 245
Burned Patient, Care of the—Schaaf ... *128

C

Camagni, Lillian ... 417
Camp Notes ... 216
Candide et Caute—Eldridge ... *298
Carberry, Edward T.† ... 404
Carbon Monoxide Poisoning, Factors in Peripheral Lesions Following—Seifert ... *418
Carcinoma (See organ affected)
Cardio-Vascular Advisory Committee, Annual Report ... 185
Cardio-Vascular Deaths Among Physicians, Report on ... 439
Carlisle, J. M., Westfield ... *89, *263, e350, 372, *459
Carpenter, C. C., Summit ... 107, *354
CCC Camps as Hospitals for Girls with Venereal Diseases ... ab14

* Original article
† Obituary
ab—Abstract
e—Editorial

br—Book review
Annual Reports: May Journal
Official List: April Supplement
Transactions: Incorporated in August Journal

Central Autonomic Regulations in Health and Disease (H. R. Miller) br38
Certificates of Availability 215, 298, e456
Cesarean Section, Why A?—Bingham *24
Cetrulo, Gerald O. 353
Changing Social Philosophy and the Practice of Medicine e457
Charitable Act, A e122
Chemistry and Metabolism of the Skin, Practical Survey of (M. Markowitz) br252
Chesley, Elizabeth R. 288
Chesley, Leon C. 288, 299, 403
Chest Physicians, New Jersey Officers 372
Child Care Committee—State Civilian Defense Administration 32
Child Health Advisory Committee, Annual Report 183
Child Welfare in War Time ab14
Children, Diseases of, Handbook on (B. Williamson) br408
Citta, Major James Philip † 322
Civilian Defense 43
Clay, Thomas A.† 243, 247
Clinical Importance of Disturbances of the Proteid Metabolism—Wilensky *462
Cobra Venom in the Relief of Pain Due to Cancer ab275
Cohen, Lieut. I. S., Fort Dix *358
Cohn, George M. 353
Collier, Martin H., Lakeland *421
Comando, Harry N. 54
Commissioning of Women Physicians 210
Committee—
Annual Reports (See Special Index, page 164)
Changes 108
Listings 426
(Advertising page 4A in January and August *Journals*)
Conley, John J. 403
Connolly, T. Vincent † 476
Constitution and Disease (J. Bauer) br118
Constitutional Amendment, Proposed e122
Contract Practice Advisory Committee, Annual Report 188
Convention, Annual (See Annual Meeting)
Coöperating Organizations (Advertising page 3A of January and August *Journals*)
Coroner Laws 287, 426
Cosgrove, Samuel A. 35, 72
Councilors, List of (Advertising page 3A each issue of *The Journal*)
County Medical Societies—
Annual Reports 201-208
Meeting Dates 373
Crain, William E.† 476
Craster, Charles V., Newark *134
Crecca, William D. 353
Crile, George W.† 77
Crossman, Lyman Weeks 441
Crunden, Allen B. 403
Cryotherapy for Common Skin Diseases—Carpenter *354
Cumberland County Medical Society 34, 114, 154, 254, 441
Currie, Norman W.† 375, 442
Cushnie, M. Esther, Philadelphia *311

D

Davey, Thomas Nelson † 477
Davidson, Louis L.† 404
Davis, James T.† 32
Day, Russell P. 114
Dear, Abraham L. 403
Death After Tonsillectomy with Recommendations, Also an Outline of a Simple and Rapid Method of Operation—Cushnie and Knauer *311
Death Certificates in Childbirth, Lessons from
—Bingham
No. 48 *26
No. 49 *63
No. 50 *105
No. 51 *150
No. 52 *227
—Mount
No. 53 *278
No. 54 *367
No. 55 *425
Deceased Physicians, Table of 32, 113, 152, 289, 405
Definitions Proposed for Introduction in Various State Legislatures 106
Deibert, Irvin E., Camden *12
Dermatitis Venenata Caused by Phenol-Camphor Mixtures—Satulsky and Halpern *137
Dermatology, Manual of (Pillsbury, Sulzberger and Livingood) br118
DeRosa, John † 243
DeVries, J. K. 155
Diabetes, Inheritance of, Chicago Study on ab99
Diarrhea, Infectious, of the Newborn, Made Reportable 70
Digitalis Poisoning, Two Cases of ab150
Disability Evaluation; Principles of Treatment of Compensable Injuries (E. D. McBride) br75
Discharged Army Mental Cases, Study of Case Histories of 15 Soldiers—Reznikoff *391
Doctor in the Making (Ham and Salter) br448
Doctors of the Mind; the Story of Psychiatry (M. B. Ray) br117
Dowd, Ambrose Francis † 477
Draft Board Physicians 426
Drill, Victor A. 238
Drug and Surgical Supplies, Adequate 374
Drugs Which May Be Sold Only on Prescriptions 321
Dues (see Transactions)
Dunlap, Harold J. 403
Dusenberry, Edwina A. 289

E

Eagleton, Wells P.—
Receives Degree of Doctor of Science from Rutgers University 237

Report of A. M. A. Delegates 314
Echikson, Joseph I. 54
Economic Outlook of the Postwar Physician ...e349
Editorial Office, Annual Report 169
Edwards, Herbert 480
Eldridge, Russell J.*298
Electrocardiogram and X-Ray Configuration of the Heart (A. M. Master) br157
Emergency Care (Wooders and Curtis) br38
Emergency Medical Service of the New Jersey State Defense Council, Annual Report..... 197
Endometriosis of the Sigmoid, Colon and Rectum ab278
Epidemic Kerato-Conjunctivitis 151
Epilepsy, Traumatic—Ney*270
Erysipelas, Sulfanilamide in the Treatment of ab136
Essential Procedures in the Immediate Care of Fresh Major Traumatic Wounds—Carlisle.*263
Essex College of Medicine and Surgery.111, 284, 426
Essex County Medical Society, Annual Report 203
Evans, E. E. 107
Ewens, Arthur E. 238
Ewing, James † 242
Executive Officer, Acting, Appointed 28
Executive Officer's Page 27
Executive Offices, Annual Report 169
Eye—
Fundus Lesions in Syphilis—Rados*304
Syphilis in Relation to the Iris and Uveal Tract—Meyer*55
Treatment of Burns and Foreign Bodies of the—Carlisle and Gibson*89
Eyelids, Reconstructive Surgery of the (W. L. Hughes) br486

F

Fall Clinical Conference Abandoned for the Duration 286
Federal Legislative Bulletin 64
Federal Medicine, Do We Need? e414
Federal-State War Conference on Social Protection 216, 282, 321
Fellows' Meeting 427
Field Physicians Appointed 71
Finance and Budget Committee, Annual Report 170
(Also see Transactions)
Finkler, Rita S. 353
First Aid and Bandaging; a Handbook (A. D. Belilois et al.) br117
First Aid, Surgical and Medical (Warren and Puestow) br252
First Aid to the Injured and Sick (ed. by N. Hammer) br75
Fischelis, Dr. Robert P., Honored ab420
Flicker, David J. 54, 353
Flying Men and Medicine (E. O. Barr) br324
Follicular Infections, Acute, of the Tonsils and Pharynx, Sulfadiazine in—Kraemer.....*468
Fomen, Samuel 74
Food Infection by Salmonella Para-Typhi—Craster and Haskin*134
Food Rationing and Invalid Diets e121
Foster, Jackson 299, 403
Fowler, Royal H. 54, 403
Fractures (P. B. Magnuson) br253
—and Dislocations for Practitioners (E. O. Geckeler) br487
—and Dislocations, Textbook of (K. Speed) br158
—Compound, Treatment of, in War Time—Deibert *12
—Dislocations and Sprains, Management of (Key and Conwell) br158
—of the Jaws and Other Facial Bones (G. Major) br294
Frame, Dorothy F. 289
Frankel, Emil, Trenton *266
Fundus Lesions in Syphilis—Rados *304
Furst, Nathan James 289

G

Gasoline for Your Office Patients 299
Gastro-Enterology (H. L. Bockus) br449
Gastro-Enterology, Section on 427
Geary, Paul 54
Genito-Urinary and Abdominal Injuries br76
Gerendasy, Julius, Elizabeth 227
Geriatric Medicine (ed. by E. J. Stieglitz)... br450
Gibson, Augustus, Scotch Plains *89
Globus, Joseph H. 247
Gloucester County Medical Society.....72, 154, 245
Goldenberg, K. R. 441
Goldstein, Hyman I. 54, 238, 403
Gonococcic Infections, Chemotherapy of (R. D. Herrold) br294
Gonococcus Culture Facilities Offered to New Jersey Physicians 67
Gonococcus Culture Stations in New Jersey 112, 237, 364
Goodhart, Robert 246
Gordon, Benjamin Lee, Atlantic City*17, 54
Gorenberg, Harold 289
Graessle, Otto 289
Graham, Theodore K., Paterson *365
Guidotti, Frank P. 403
Gynecology—
Essentials of (W. R. Cooke) br294
Textbook of (A. H. Curtis) br37
With a Section on Female Urology (L. R. Wharton) br409

H

Halpern, William, Woodbine*137
Halprin, Harry, Caldwell*140, 353
Hanan, James T., Montclair *95
Hand, the: Its Disabilities and Diseases (C. W. Cutler) br37
Haseltine, Sherwin L. 152
Haskin, Aaron H., Newark *134
Hauck, R. O. 248
Haury, Victor G. 54
Hausman, Leon A. 482
Health Committee of the Board of Children's Guardians 426

* Original article
† Obituary
ab—Abstract
e—Editorial
br—Book review
Annual Reports: May Journal
Official List: April Supplement
Transactions: Incorporated in August Journal

Health, Personal and Community (C. E. Turner) br488
Health, State Board of, Medical Representation on 426
Health Supervision and Prophylaxis Advisory Committee, Annual Report 182
Health Work, Local, Development of and Responsibility for—Williams *58
Heart Disease Complicating Pregnancy and Labor—Tunis *276
Heart Injuries by Blows to Chest Are Often Overlooked ab63
Hematology, Clinical (M. M. Wintrobe) br75
Henderson, Kenneth P.† 404
Hill, Robert H., Newark *51
Hollinshed, Ralph K. 245
—Biography e213
—Message e258
Hope Deferred (J. Seletz) br375
Horning, Elizabeth S. 289
Hospital Beds, Availability of, During the War Period e297
Hospital Building, Future 316
Hospital, Its Trustees and the Medical Staff—Hanan *95
Hospital Relationships Advisory Committee, Annual Report 188
Hospital Residents and Interns 123, 415
Hospital Service Plan Commission 83
Hospital Units, Affiliated 43
How to Learn and Advance (S. Kahn) br325
Hubbard, Fayette Elmore† 289, 404
Hudson County Medical Society 34, 72, 114, 154, 204. 245, 441, 479
Hulett, Albert G. 238, 417
Hunterdon County Medical Society, Annual Report 205
Hutner, Cyril I. 54
Hypoproteinemia in Surgical Shock ab265

I

Ill, Carl H.† 243
Ill. Edward J., Award Presented—
Arthur W. Bingham 109
Harrison S. Martland 239
Immunology, Fundamentals of (W. C. Boyd) br488
Indemnity Insurance, Premium Increase 287
Indigestion (M. E. Rehfuss) br253
Industrial and Orthopedic Surgery, 1942 Year Book of (ed. by C. F. Painter) br488
Industrial Areas, Medical Needs in 44, 45
Industrial Health and Hygiene Advisory Committee 189, 319, 372
Industrial Health, Essentials of (C. O. Sappington) br294
Industrial Hygiene and Medical Service in War Industries, Manual of (ed. by W. N. Gafafer) br326
Industrial Medical Practice, Trend of—Probst *388
Industrial Medicine 319
Industrial Medicine Course, Second Post-Graduate ab397
Industrial Medicine—Dubious Practices—Kagen and Carlisle 372
Industrial Physicians and Surgeons of N. J. 440, 476
Industrial Worker, Care of the e42
Industrial Workers, Tuberculosis Screening Examinations of—Collier and MacDonald *421
Infant and Child in the Culture of Today (Gesell and Ilg) br253
Infectious Diarrhea of the New Born Made Reportable 70
Intern and Hospital Residents 123
Intern-Resident Plan—January 1, 1944 to September 30, 1944 415
Interns and Residents, Policy to Be Followed in Placing in Army Air Forces 209
Intestinal Obstruction as a Phase of Carcinoma of the Cervix ab221
Invalid Diets and Food Rationing e121
Itching, the Relief of ab133

J

James, William L.† 77
Jaws, Traumatic Surgery of, Including First Aid Treatment (K. H. Thoma) br117
Jones, C. Mervin 299
Journal in Africa 70
Judicial Councilors (see Councilors)

K

Kagen, L. A. 372
Kalb, S. William, Newark 107, *385
Kasich, Col. M., Fort Dix *358
Katzin, Eugene M., Newark *218
Keeping the Normal Obstetrical Case Normal—Bingham *100
Kemper, Harry T.† 477, 481
Kerato-Conjunctivitis, Epidemic 151
Kessler, Henry H. 417
Kilduffe, Major Robert A.† 243
Klugman, Jules 238
Knauer, C. H., Trenton *311
Koerber, Walter L. 107
Kohman, Edward F. 107
Kovin, Abraham, Passaic *98
Kraemer, Manfred *468
Kroll, Adolph† 322
Kruger, Alfred L. 238

L

Labor Turnover Certificates 215, 298, e456
Laird, George S.† 32
Larynx, Syphilis of—Wood *15
Laugh at the Lawyer Who Cross-Examines You! (C. L. Cusumano) br448
Legislative Bulletin, Federal 64
Legislative News 29, 64, 106, 279, 317
Legislative Subcommittee 284
Annual Report 174
Leighton, Robert L.† 322
Lemmon, William T. 114
Leukocytosis During Various Emotional States ab136
Levering, J. Walter 246

Levine, Philip 152, 289, 417
Leyden, J. Wallace 479
Liability Insurance 287
Loeb, William A. 238
Ludwig's Angina ab367

M

MacDonald, William H., Trenton *421
Macpherson, E. H. 248
Madden, Edith L. 28
Mahaffey, J. Lynn 67, 401
Malnutrition ab262
Maren, Thomas H. 417
Marsh, Elias J., Paterson † .. 45, 111, 115, *260, e379
—Resolution on Death of 428, 480
Martin, Stevens J. 353
Martland, Harrison S. 299
—Receives the Edward J. Ill Award 239
Match This Record 66
Maternal Mortality Statistics in New Jersey for 1942—Bingham *228
Maternal Welfare Advisory Committee, Annual Report 186
Maternal Welfare Articles—
No. 77—Why a Cesarean Section?—Bingham . *24
No. 78—Appendicitis Complicating Pregnancy —Underwood *62
No. 79—Keeping the Normal Obstetrical Case Normal—Bingham *100
No. 80—Post Partum Hemorrhage—Bingham *148
No. 81—Maternal Mortality Statistics in New Jersey for 1942—Bingham *228
No. 82—Pregnancy and Labor Complicated by Heart Disease—Tunis *276
No. 83—Anemia of Pregnancy—Graham *365
No. 84—Arthur Walter Bingham, B.S., M.D., F.A.C.S., 1872-1943—Mount *424
Maternity Care of the Wives of Enlisted Men e259, 283, 428, 430, 436
McBride, Andrew F., Room Dedicated to 236
McDede, Frank Ford † 323, 442
McDowell, G. L. 481
McKissack, Dr. William, a New Jersey Physician with General Washington—Naylor ... *396
McNutt, Paul V. 44
Medical Applications of the Short Wave Current (W. Bierman) br157
Medical Care Program of Wives and Children of Enlisted Men e259, 283, 428, 430, 436, 475
Medical Courses, Accelerated 29
Medical Education and the State Society 111
Medical Education and Licensure, Council on . 83
Medical Education, the New Accelerated Program for e41
Medical Examiners, State Board of 69, 402
—Annual Report 199
Medical Heroes, Early, Portraits of ab318
Medical-Milk Commission of Hudson County, Resolution 246
Medical Needs in Industrial Areas 44, 45
Medical Parasitology (J. T. Culbertson) br75
Medical Practice Act Amendment 29
Medical Practice Subcommittee ... 284, 368, 398, 429, 443, 472
—Annual Report 179
Medical Service Administration 50, 85, 126, 287, 382, 427
—Annual Report 192
Medical Services, National Conference on 83
Medical-Surgical Plan of New Jersey . 9, 50, 85, 126, 287, 300, 352, 383, 415, 427
—Annual Report 193
Medicine, A Hundred Years of (Haagensen and Wyndham) br488
Medicine at the Crossroads 478
Medicine, March of (N. Y. Acad. of Med) br375
Medicine, Principles and Practice of (H. A. Christian) br117
Medico-Military Manpower e380
Members—
Serving in the Armed Forces—
No. 8 (1942-1943) 31
No. 9 (1942-1943) 112
No. 1 (1943-1944) 384
No. 2 (1943-1944) 474
Supplementary List to the Official List—
No. 1 210
No. 2 242
No. 3 289
No. 4 374
No. 5 401
No. 6 440
No. 7 475
Mendelsohn, David H.† 244
Mengel, Willard G.† 113
Meningitis, Epidemic, Treatment of ab105
Mental Hygiene Advisory Committee, Annual Report 181
Mental Illness (Stern and Hamilton) br252
Mercer County Medical Society, Annual Report 205
Meyer, George P., Philadelphia *55
Meyer, Theodore R. 479
Middlesex County Medical Society .. 34, 72, 155, 206, 246, 480
Miley, George 72
Mind and Its Disorders (J. N. Brawner) br76
Mind, Doctors of the; the Story of Psychiatry (M. B. Ray) br117
Monmouth County Medical Society 73, 114
Montfort, Robert J.† 244
Morris, Clement L.† 477
Morris County Medical Society 35, 206, 155
Mount, Walter B., Montclair 152, *278, *367, 424, *425
Mutchler, Julia C.† 323

N

Narcotic Act Registration e350
Nasal Medication; a Practical Guide (N. D. Fabricant) br118
National Blue Cross Plan for Medical Care ... 87
Naylor, Mildred V., Newark *396
New and Non-official Remedies, 1943 br410
New Jersey Formulary 426

* Original article
† Obituary
ab—Abstract
e—Editorial

br—Book review
Annual Reports: May Journal
Official List: April Supplement
Transactions: Incorporated in August Journal

New Jersey Medical Authors . . 54, 107, 152, 238, 288, 299, 353, 403, 417, 461
Newark Medical Plan 382, 427
Newman, Meta R., Pennock 238
Ney, K. Winfield, New York City *270
Norwood, W. D. 107
Nurses' Practice Act, Wartime Amendment to . 29
Nursing and Nursing Education Advisory Committee, Annual Report 190
Nursing Facilities, Summary of, in New Jersey 242
Nursing Procedures, Principles and Techniques of (Sr. M. A. C. Day) br448
Nutrition e82
Nutrition and Diet in Health and Disease (J. S. McLester) br409
Nutrition, Practical, a Guide to (ed. by Wohl and Willard) br409

O

Obesity Treated with Amphetamine (Benzedrine) Sulfate, Observation on 1200 Cases—Kalb *385
O'Brien, Paul † 477
Obstetrical Case Normal, Keeping the Normal —Bingham *100
Obstetrical Practice (A. C. Beck) br408
Obstetrics, Principles and Practice of (DeLee and Greenhill) br375
Ocean County Medical Society 35, 207, 246
O'Crowley, Clarence R. 74
Officers, List of
(Advertising page 3A each issue of *The Journal*)
Official List April Supplement
Ogden, M. A. 152
O'Mara, John A.† 115
Ophthalmology, American Board of 474
Ophthalmology and Otolaryngology br76
Opiferque per Orbem Dicor—Marsh *260
Opportunity for Distinguished Service e453
Oral Diagnosis with Suggestions for Treatment (K. H. Thoma) br486
Oral Surgery, Operative (L. Winter) br325
Orgasm, Function of the; Sex Economic Problems of Biological Energy (W. Reich) . . . br158
Orton, Henry B. 54, 107
Osteopathic Society, N. J., Committee to Meet with 286
Osteopaths as Commissioned Officers in the Navy 29
Otology, Rhinology and Laryngology, Manual of (H. C. Ballenger) br449
Our War Meeting e161

P

Pack, George T. 114
Pain Mechanisms (W. K. Livingston) br409
Parasitology, Medical (J. T. Culbertson) br75
Pardee, Irving H. 481
Parsonnet, Aaron E. 353
Passaic County Medical Society 73, 115, 207, 247, 441, 480
Patch, Esther M. 107
Pathology, Synopsis of (W. A. D. Anderson) . . br37
Peabody, Walter 246
Pediatrician, Compleat (W. C. Davison) br487
Peer, Lyndon A. 403
Penicillin ab313
Peripheral Lesions, Factors in, Following Carbon Monoxide Poisoning—Seifert *418
Perkins, William Harvey 154
Pharmacopoeia of the United States of America br75
Pharmacy and Chemistry, Reports of the Council on br410
Phenol-Camphor Mixtures Causing Dermatitis Venenata—Satulsky and Halpern *127
Physicians' Free Services to the Selective Service Boards 66
Pitkin, George P.† 404
Plasma and Blood Banks in War Time—Katzin *218
Pneumonia, Primary Atypical — Kasich and Cohen *358
Polowe, David 299
Post-Graduate Education Committee, Annual Report 171
Post-Partum Hemorrhage—Bingham *148
Post-War Medical Services, Conference on Planning of 431
Post-War Physician, Economic Outlook of e349
Post-War Planning, Preliminary Report on—
Article I 368
Article II 398
Article III 433
Article IV 472
Potter, Ellen C. 32
Pratt, Arthur G. 238
Pregnancy and Labor Complicated by Heart Disease—Tunis *276
Pregnancy Complicated by Appendicitis—Underwood *62
President-Elect, Annual Report 166
Presidential Address to House of Delegates—Marsh *260
President's Annual Report (Marsh) 165
President's Message (Hollinshed) e258
Primary Atypical Pneumonia — Kasich and Cohen *358
Probst, Major E. W. 155, *388
Proctology, Essentials of (H. E. Bacon) br157
Procurement and Assignment Service . . e2, 287, 351, 381, 415
—Annual Report 194
—Hospital Residents and Interns 123
—Intern-Resident Plan 415
—Meeting of Corps Area and State Chairmen, Dec. 21, 1942 5
—Meeting of State Advisory Committee:
Jan. 21, 1943 45
Mar. 4, 1943 124

—Physician Personnel of New Jersey 49
—Resume 3
Prostatic Hyperplasia, Benign, Treatment of ab390
Proteid Metabolism, Clinical Importance of Disturbances of the—Wilensky*462
Psychiatry, Fundamentals of (E. A. Strecker) br158
Psycosomatic Medicine (Weiss and English) br408
Public Health Integration, Venture in br410
Public Health Subcommittee 285, 430
—Annual Report 177
Public Health Unit, Second, in United States Established in New Jersey 401
Public Relations Subcommittee 285, 287, 430
—Annual Report 176
Public Speaking Can Be Painless—Wilkes 27
Publication Committee, Annual Report 171

R

Radiation Therapy of Acute Subdeltoid Bursitis ab387
Radiological Society, N. J. Officers 373
Rados, Andrew, Newark*304, 403
Rake, G. 54
Rauschenbach, Paul E.† 244
Rayston, Grandison D. 478
Rectum, Stricture of the—Yeoman*222
Reference Committees (See Transactions)
Reich, Henry 54
Renal Thrombosis in Infancy ab26
Revitch, Eugene 54
Reznikoff, Leon, Secaucus 238, 298, *391
Ripps, Maurice L. 299
Robertson, D. F. 74
Rogers, Harry L. 245
Rutgers Plan Committee, Annual Report ...191, 427

S

Saccharin, Use of, for Sweetening ab235
Saffron, M. H. 54
Salivary Gland Tumors, Mixed ab467
Salmonella Para-Typhi, Food Infection by—Craster and Haskin*134
Santora, Philip J. 403
Satulsky, Emanuel M., Elizabeth*137, 238, 353
Schaaf, Royal A., Newark*128
Scheffler, W. 107
Schmelkes, Franz 353
Scientific Work Committee e1, 30
—Annual Report 170
—Endowment Fund 70
Scott, Norman M. 5, 9, 48, 50, 74, 83, 84, 125
Secretary, Annual Report 168
Seeler, Albert O. 289
Segard, Christian P. 107
Seifert, Edwin A., Glen Ridge*418
Selective Service Act and Available Physicians 351
Sewall, Millard B. 154
Shaffer, C. Boyd 238
Shaffer, M. H. 54
Shapiro, Robert 289
Sherman, A. Russell 152
Shimer, A. Burton † 244
Shipman, James 245
Shippee, David N.† 244
Shiver, Charles H. DeT. 299
Shock, Diagnosis and Treatment of—Hill *51
Sickel, E. M. 353
Sight Saver (C. J. Gerling) br254
Silverman, Irving, Clifton *98
Sixth Year Molars 401
Skin Diseases, Common, Cryotherapy for—Carpenter*354
Skin, Diseases of the, Synopsis of (Sutton and Sutton) br326
Skin Grafting of Burns (Brown and McDowell) br486
Smith, Frederick M. 248
Social Evil, New Attack on 282
Social Protection, Federal-State Conference on 216, 282, 321
Social Security Committee 427, 431
Solomon, Hilda R. 34
Somerset County Medical Society 74, 208
Sommer, George N. J., Jr. 403
Speiser, Mortimer D. 246
Spencer, Ernest L. 289
Spencer, James H., Jr. 403
Spitz, Joseph 442
Stein, George H. 403, 417
Stein, William 54
Sterility, Tubal Insufflation and Lipiodol Injection in ab94
Stevenson, Louis 34
Stillwell, Harry C.† 323, 442
Stimson, Philip M. 34
Stokes, J. L. 353
Stokes, Joseph, Jr. 245
Stomach, Carcinoma of the ab357
Strelinger, Alexander 54, 417
Stricture of the Rectum—Yeoman*222
Stridor, Congenital Laryngeal ab469
Study of Case Histories of Fifteen Soldiers Admitted to a Mental Hospital After Discharge from United States Army—Reznikoff*391
Subacute Bacterial Endocarditis, a Report of Nine Cases—Halprin*140
Subdural Hematoma ab16
Sulfadiazine in Acute Follicular Infections of the Tonsils and Pharynx—Kraemer*468
Sulfanilamide and Related Compounds in General Practice (W. W. Spink) br77
Sulfanilamide in the Treatment of Erysipelas ab136
Sulfonamide Ointments, Bacterial Contaminations in ab469
Summit Medical Society 35, 115, 155, 248, 482
Supplements to *Journal*—
Official List of Members April
Transactions, incorporated in *Journal*....August
Surgeons, American College of, War Sessions.. 88
Surgical and Drug Supplies, Adequate 374
Sussex County Medical Society 208, 481
Syntropan in Parkinsonism ab133

* Original article
† Obituary
ab—Abstract
e—Editorial

br—Book review
Annual Reports: May Journal
Official List: April Supplement
Transactions: Incorporated in August Journal

Syphilis, Clinical, Synopsis of (J. K. Howles) br449
Syphilis, Fundus Lesions in—Rados*304
Syphilis in Relation to the Iris and Uveal Tract —Meyer *55
Syphilis of the Larynx—Wood *15
Syphilology, Essentials of (R. H. Kampmeier) br325
Syphilotherapy, Combined Use of Arsenicals and Bismuth Compounds in—Silverman and Kovin *98

T

Tachycardia, Persistent, and Pulse-Temperature Disproportion: Relation to Acute Myocardial Lesions ab467
Taranto, Michael 353
Taylor, G. Herbert † 404
Tellman, Daniel H.† 405
Therapeutics, Clinical, Manual of (W. C. Cutting) br325
Thermal Burns, Early Treatment of—Carlisle..*459
Thomas, J. Parnell 479
Thompson, Theodore F.† 244
Tocantins, Leandro M. 72
Tonsillectomy, Report of a Death After, with Recommendations, Also an Outline of a Simple and Rapid Method of Operation—Cushnie and Knauer*311
Tousey, Thomas G. 480
Towe, Harry L. 479
Toye, John E.† 405
Traffic Accidents Advisory Committee, Annual Report 181
Transactions 328
—Index 327
Traumatic Epilepsy—Ney*270
Traumatic Injuries of the Face and Jaws, Synopsis of (D. B. Parker) br118
Traumatic Surgery of the Jaws Including First Aid Treatment (K. H. Thoma) br117
Traumatic Wounds, Fresh Major, Essential Procedure in the Immediate Care of—Carlisle *263
Treasurer's Report (see Transactions)
Treatment in General Practice (H. Beckman) br158
Treatment, Methods of (Clendening and Hashinger) br449
Treatment of Members of the Armed Forces by Private Physicians e2
Trend of Industrial Medical Practice—Probst..*388
Tropical Medicine, American Foundation for... 97
Trustees, Board of—
Annual Report 169
Election of Chairman and Secretary 286
List of (Advertising page 3A each issue of *The Journal*)
Meeting of June 27, 1943 285
Meeting of October 24, 1943 426
Tubal Insufflation and Lipiodol Injection in Sterility ab94
Tuberculosis, a Historical Sketch of—Gordon.. *17
Tuberculosis Abstracts ...39, 79, 119, 159, 211, 255, 295, 347, 377, 411, 451, 499
Tuberculosis Advisory Committee, Annual Report 186
Tuberculosis in War Time and After—Frankel *266
Tuberculosis Screening Examinations of Industrial Workers—Collier and MacDonald*421
Tunis, Benno, Newark*276

U

Underwood, J. Harris, Woodbury *62
Union County Medical Society....115, 247, 442, 481
United States Public Health Service Affiliated Units for Civilian Defense 43
Urbanski, Adrian X. 54
Usher, Glenn S. 67, 440

V

Vegetables, Dried, in Infant Feeding ab14
Venereal Disease Control Advisory Committee, Annual Report 181
Villegas, Juan A.† 405
Virus Pneumonia ab423
Vision 217
Vreeland, Ralph D.† 405

W

Wagner Bill—S. 1161....e257, 283, 286, 427, 431, 441
—Committee Appointed 287
—Extracts from 279
—Resolutions on 282, 442, 480
Waksman, Selman A. 152, 289, 417
War and the Doctor; Essays on the Immediate Treatment of War Wounds (ed. by J. M. Mackintosh) br38
War Conference 125
War Participation Committee 215
—Annual Report 191
War Section of *The Journal*.....3, 43, 123, 215, 298, 351, 381, 415
Warren County Medical Society 74, 482
Warter, Peter James 238
Waters, Edward C. 107, 404
Welfare Committee—
Annual Report 173
Meeting of March 21, 1943 (Agenda) 108
Meeting of June 20, 1943 283
Meeting of October 10, 1943 428
Technical Adviser Appointed 431
When Doctors Are Rationed (Anderson and Baylous) br253
Wildmann, Captain George A.† 476
Wilensky, Abraham O., New York City.....*462
Wilkes, LeRoy A., Trenton †..... 27
—Resolution 73
Williams, George W.† 323
Williams, R. C., New York City *58
Williams Report on the State Board of Health. 431
—Committee Appointed 284
Wolf, I. J. 238, 299
Woman's Auxiliary (also see Transactions)
Albrecht, Agnes J.† 36
Annual Meeting, 16th 156

—Official Program 163
—Report on 249
"A" Is for Atlantic County 446
Atlantic County 36, 78, 250, 444, 483
Auxiliary Events 407, 444, 482
Bergen County 444, 483
"B" Is for Burlington County 446
Bingham, Mary Dodd † 251
"C" Is for Camden County 447
Camden County 78, 156, 250, 444
Chairmen of Committees 376
County Auxiliary Presidents 376
"E" Is for Essex County 485
Essex County 36, 116, 250, 407, 444
Executive Board 156
—Meetings 407, 445
Friske, Mrs. Oscar 444
"G" Is for Gloucester County 485
Gloucester County 445, 483
"H" Is for Hudson County 485
Hudson County 36, 78, 156, 250, 407
Hygeia 447
Mercer County 36, 445, 484
Middlesex County 407, 445, 484
Midsummer Message 324
National Convention, Report on 291
New Jersey Hospital Volunteer Corps..... 406
Officers of State Auxiliary 376
Passaic County 484
President's Message 324, 376, 406, 443, 483
Presidents of County Auxiliaries 376
Press and Publicity, Chairman on 292
Program 1943-1944 291
Public Relations 484
Scammell, Anna R.† 78
Sica, Mrs. L. Samuel † 376, 484
State Meeting 483
Warren County 251, 445, 484
Woman's Auxiliary Advisory Committee, Annual Report 173
Women Physicians, Commissioning of 210
Wong, Helena 289
Wood, Earl LeRoy, Newark *15
Wood, Fiske 248
Woodruff, H. Boyd 299, 404
Woodward, C. R., Jr. 353
Workmen's Compensation Advisory Committee, Annual Report 190
Wuester, William O. 114

Y

Yaguda, Asher 299
Yeoman, Frank C., New York*222

1943
The Journal of The Medical Society of New Jersey
Volume 40

HOW TO USE THIS INDEX

This is a single alphabetical index. When searching for an original article, look under the first significant word in the title. Authors are also listed alphabetically, with an asterisk (*) to indicate if reference is to an original article. Editorials are indexed by first significant word of title or by subject, book reviews by title or subject but not by author. City of residence is indicated for authors of original articles.

If you do not bind your Journals, use the table of pages (below) to find the month of issue to which any page citation refers.

The Official List of Members and Fellows will be found as the Supplement to the April issue. The Transactions of the Annual Meeting appear in the August issue.

A special index to the Transactions will be found on the first page of the Transactions, August *Journal*. The annual reports of the committees and officers of the Society are indexed on page 164 of the May *Journal*.

TABLE OF PAGES

January 1 to 40
February 41 to 80
March 81 to 120
April 121 to 160
May 161 to 212
June 213 to 256
July 257 to 296
August 297 to 348
September 349 to 378
October 379 to 412
November 413 to 452
December 453 to 500
Annual Reports May Journal
Official List April Supplement
Transactions ..Incorporated in August Journal 327 to 346

KEY TO SYMBOLS

* Original Articles
† Obituary
e Editorial
br—Book Review
ab—Abstract

Tuberculosis Abstracts

A Review for Physicians

ISSUED MONTHLY BY THE NATIONAL TUBERCULOSIS ASSOCIATION

Vol. XVI **December, 1943** **No. 12**

UNTIL recently, primary carcinoma of the lung was regarded as a relatively rare type of cancer. We are now recognizing that it is one of the commonest forms of neoplasm. It has been discovered that around 10 per cent of all cancers originate in the lung, that this organ is surpassed only by the stomach as the most frequent site of beginning malignancy, and that approximately 15,000 Americans succumb annually to carcinomata that arise from lung structures, usually in the bronchi. Such stark statistics and the demonstrated fact that cancer of the lung, like pulmonary tuberculosis, can be found early by employment of readily available diagnostic facilities, provide all physicians with food for thought as they evaluate the chest complaints presented by patients, especially men, and particularly those past 40 years of age.

CANCER OF THE LUNG—A GROWING PROBLEM

There is a masquerading lung disease which often gives quarter for a short time before the fatal issue and whose actions, in many ways, may simulate those of tuberculosis.

Both diseases are unique for they masquerade as other acute or chronic conditions of the lung. In neither are symptoms reliable in the early stages. Both diseases are marked by a lack of early reliable physical signs. Both are unique since in the early stages a single X-ray film will usually show some abnormality. Again, they ape one another because in spite of obscure clinical factors the diagnosis can be accurately made in a high percentage of cases. Lastly, there is a similarity between tuberculosis and this masquerading disease, cancer of the lung, as successful treatment depends to such a large degree upon early discovery.

However, the two diseases are different as regards the predominant age groups affected. Tuberculosis concerns principally the age groups between 15 and 40, whereas lung cancer usually affects those between the ages of 40 and 65. The diseases are totally different in respect to the matter of time. In tuberculosis, time plus rest is often a useful ally of the patient in regaining health. In cancer of the lung the element of time is always an enemy of the patient. Prolonged observation and rest treatment never improve the situation, but rob the patient of his only chance for possible cure.

In 165 cases of lung cancer it was found that they first consulted a doctor because of symptoms usually associated with almost any chronic chest condition. A review of these symptoms suggests it would be impossible to set apart any group of complaints that could be regarded as pathognomonic of pulmonary malignancy. Nevertheless, 82 per cent of all the patients reported chronic cough, while no less than 92 per cent had as a first symptom something that called for attention to be directed to the chest when first the physician was consulted. Besides cough, other common symptoms included chest pain, chills and fever, hemoptysis, dyspnea, loss of weight and weakness.

Reviewing the physical signs elicited it is again impossible to outline a specific and significant grouping any more suggestive of cancer than of other chronic pulmonary conditions. Cases examined in the early stages often presented no physical signs. When present, the signs were of considerable variety and frequently misleading. They included evidence of congestion, consolidation, fluid, localized emphysema, cavitation, bronchial obstruction, mediastinal shift and other phenomena varying with the case, thus emphasizing the unreliability of simple physical signs in the differential diagnosis of this condition.

Of the 165 cases, 104 (63 per cent) were incorrectly diagnosed by the first doctor consulted. In view of the confused picture of misleading

symptoms and physical findings, perhaps this majority in favor of error is not completely surprising, but the sobering thought emerges that treatment based upon an erroneous diagnosis was maintained for a long period of time, aimed at such supposed conditions as tuberculosis, 40 cases; unresolved pneumonia, 18 cases; lung abscess, 13 cases; bronchitis, 11 cases; asthma, 5; heart disease, 4; pleurisy, 4; metastatic tumors, 2; and miscellaneous, 9 cases. Most notable fact was the high frequency of false diagnosis of tuberculosis.

Unfortunately, lung cancer was not unmasked in far too many cases until long after the patient first visited a physician. It was possible in 125 case histories to determine how speedily a verified diagnosis was reached. Two facts stood out boldly. First, 36 per cent of the patients placed themselves under medical supervision at onset or within one month of the onset of symptoms. Second, the average patient consulted a doctor within three months of onset but did not receive benefit of a chest X-ray for an additional three months. The true diagnosis was not arrived at until nine months had elapsed from the time when the first doctor saw the patient.

The X-ray, without doubt, is by far the most valuable aid in apprehending pulmonary disease, but a distinction is necessary between its ability to yield presumptive and absolute evidence. In 98 per cent of this series of cases the initial film revealed trouble was present. An explanation of the delay in reaching a final diagnosis may be found in the fact that in the majority of instances the primary pathological process failed to produce upon the film or the fluoroscopic screen a shadow of itself. Those abnormalities that did appear were secondary effects due to the presence of the neoplasm and were of such variability as to be susceptible of a wide range of interpretation.

In 95 per cent of the cases it was possible to establish an unequivocal diagnosis during life, bronchoscopy being the leading method of obtaining tissue, and having been employed in 103 cases. In 39 other cases surgical exploration was used. Metastases were sectioned in a few cases, aspiration was the method in another small group, while the remaining 5 per cent were diagnosed only after post-mortem examination.

For a decade surgery has been available in the treatment of lung cancer. A creditable showing has been made during this pioneering period. For example, 2 out of every 5 cases surgically explored have been found to be free of extension of the cancer extrapulmonarily. The percentage of the entire group of verified cases for whom there was some hope of cure was 20 per cent. This seems an encouraging ratio when we recall that prior to 1933 there was no reason to regard the condition as anything but incurable. As a reward for our efforts, 20 patients, or 13 per cent, remain as the net salvage from the entire series of 156 verified cases of primary lung cancer, out of 32 individuals selected for an attempt at curative resection. These 20 patients are all reasonably well and devoid of evidence of metastatic disease, while five of them can be referred to as "cures" insofar as they have now passed the five-year mark.

In considering practical steps toward bringing cases of lung cancer to light during their curable stage we can learn valuable lessons from the record on tuberculosis case finding. Physicians have been taught that if tuberculosis is to be discovered during its minimal stage it is necessary not to search for absent or insignificant symptoms and physical signs but to go immediately to the X-ray. The same can be said for the apprehension of early lung cancer.

How may the first doctor consulted set in motion this mechanism of early discovery? He may save valuable time for his patient if he remembers:

1. That cancer of the lung is now one of the most important diseases of the chest in patients within the age period from 40 to 65 years, particularly in males.
2. That many patients do seek help at a time when the lesion is still confined to the lung.
3. That symptoms and signs are either lacking or misleading in the early stages.
4. That the earliest lesions will in almost every case produce some telltale shadow on the X-ray film, and
5. Finally, that there are two methods available for clinching the diagnosis:

First, that the majority of lesions are visible bronchoscopically and accessible for biopsy, and second, that when the suspicion cannot be verified in this way, it is possible to explore the chest safely by surgical means, settle the diagnosis and carry out curative treatment if necessary.

A Common Masquerading Lung Disease, Richard H. Overholt, M.D., Diseases of the Chest, May-June, 1943.

SUPPLIED BY

New Jersey Tuberculosis League

15 East Kinney Street, Newark, New Jersey

"SYMBOL OF QUALITY
IN THE FIELD OF
NUTRITION"



INFANT NUTRITION

• BIOCHEMICALS FOR
DEFICIENCY DISEASES

S. M. A. CORPORATION · 8100 McCORMICK BLVD. · CHICAGO, ILL.

DIVISION WYETH INCORPORATED



The NEW YORK POLYCLINIC
MEDICAL SCHOOL AND HOSPITAL

(ORGANIZED 1881)
THE PIONEER POST-GRADUATE MEDICAL
INSTITUTION IN AMERICA

ROENTGENOLOGY

A comprehensive review of the physics and higher mathematics involved, film interpretation, all standard general roentgen diagnostic procedures, methods of application and doses of radiation therapy, both x-ray and radium, standard and special fluoroscopic procedures. A review of dermatological lesions and tumors susceptible to roentgen therapy is given, together with methods and dosage calculation of treatments. Special attention is given to the newer diagnostic methods associated with the employment of contrast media, such as bronchography with Lipiodol, uterosalpingography, visualization of cardiac chambers, peri-renal insufflation and myelography. Discussions covering roentgen departmental management are also included.

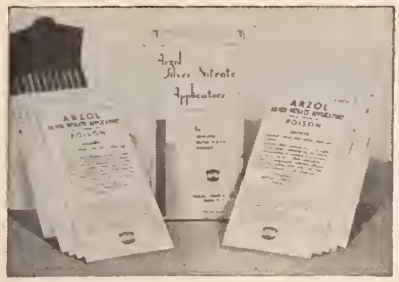
For the
General Practitioner

Intensive full time instruction in those subjects which are of particular interest to the physician in general practice. The course covers all branches of Medicine and Surgery.

For Information Address
MEDICAL EXECUTIVE OFFICER
345 West 50th Street **New York City 19**

ARZOL

Silver Nitrate Applicators



- Six inch wood applicators are tipped match-like with 75% Silver Nitrate.
- Ten applicators are individually assembled for easy withdrawal.
- Each unit provides a pocket-size container with a closing flap.
- The De Luxe package contains ten units (100 applicators).
- Price $1.50 per package.

ORDER FROM YOUR DEALER

ARZOL CHEMICAL CO.
Nyack, N. Y.

IN THE TREATMENT OF
Varicose Ulcers
IT'S

CRURICAST
Ready-to-Use
UNNA'S BOOT BANDAGE
EFFECTIVE—ECONOMICAL

American Medical Association ACCEPTED



BEFORE TREATMENT



AFTER TREATMENT

Clinical Pictures Courtesy of Dr. I. A. Brunstein, N. Y.

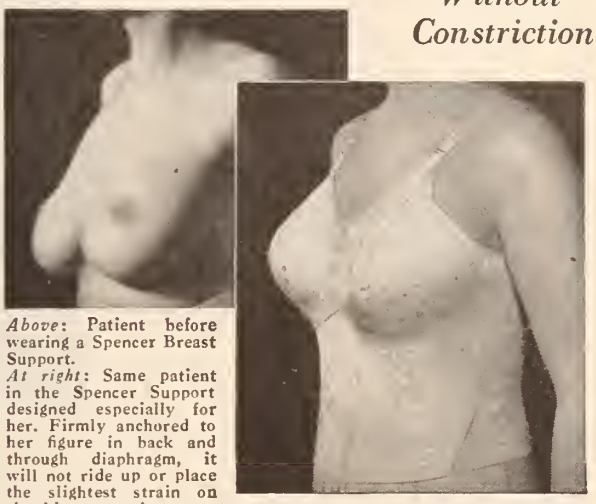
UNNA'S PASTE in ready-to-use bandage form — no heating, no painting, no messiness. Simple and easy to apply. Combines support and local dressing.

The soft but effective support of CRURICAST bandages stimulates granulation of the ulcer margin. Also effective in treatment of eczema, lymphedema, phlebitis, chronic thrombophlebitic induration. Excellent for partial immobilization.

Made by
E. K. DEMMEL COMPANY
59-11 67th Avenue, Brooklyn, N. Y.

DEFINITE UPLIFT FOR THE HEAVIEST PTOSED BREASTS!

This Spencer Support Holds Breasts in Natural Position. Without Constriction



Above: Patient before wearing a Spencer Breast Support.
At right: Same patient in the Spencer Support designed especially for her. Firmly anchored to her figure in back and through diaphragm, it will not ride up or place the slightest strain on shoulder straps!

IMPROVES CIRCULATION of the blood through the breasts, lessening the chance of the formation of non-malignant nodules, and improving tone.

PROVIDES COMFORT AND AIDS BREATHING when worn by women who have large ptosed breasts.

AIDS MATERNITY PATIENTS by protecting inner tissues and helping prevent outer skin from stretching and breaking.

HELPS NURSING MOTHERS by guarding against caking and abscessing.

Individually designed for each patient.

Spencer Supports are never sold in stores. For a Spencer Specialist, look in telephone book under "Spencer Corsetiere" or write us direct.

SPENCER *INDIVIDUALLY DESIGNED*

Abdominal, Back and Breast Supports

SPENCER INCORPORATED,
137 Derby Ave., New Haven, Conn.
In Canada: Rack Island, Quebec.
In England: Spencer (Banbury) Ltd., Banbury, Oxan.

May We Send You Booklet?

Please send me booklet, "How Spencer Supports Aid the Doctor's Treatment."

.....M. D.

Address D-12

PRESCRIPTION PHARMACISTS

TO THE MEMBERS OF

THE MEDICAL SOCIETY OF NEW JERSEY

Place	Name and Address	Telephone
AUDUBON	W. H. Tegeler, 315 Atlantic Ave.	Audubon 1037
CRANFORD	J. Walter Seager, 103 Union Ave. N.	CRanford 6-0700
ELIZABETH	Kerner's Prescription Pharmacy, 504 Court St.	ELizabeth 3-9497
HARRISON	Squier's Pharmacy, 234 Harrison Ave.	HArrison 6-2127
JERSEY CITY	Smith & Williams Prescription Phar., 343 Jackson Ave.	BErgen 3-2616
MONTCLAIR	Wm. J. McNulty, So. Fullerton Ave. & The Crescent	MOntclair 2-2014
NEWARK	Marquier's Pharmacy, Sanford & So. Orange Aves.	ESsex 3-7721
NEW BRUNSWICK	Hoagland's Drug Store, 365 George St.	New Brunswick 49
SOUTH ORANGE	Taft's Pharmacy, 2 So. Orange Ave.	SOuth Orange 2-0063
WEST NEW YORK	The Owl Pharmacy, 6611 Bergenline Ave.	UNion 5-0384

THE ORANGE PUBLISHING CO.

PRINTERS

12 SOUTH DAY STREET **ORANGE, N. J.**

Telephone ORange 3-0048

CLASSIFIED ADVERTISEMENTS

WANTS FOR SALE TO LET

SITUATIONS, ETC.

4 Cents per word; Minimum Charge, $1.00

CASH MUST ACCOMPANY ORDER

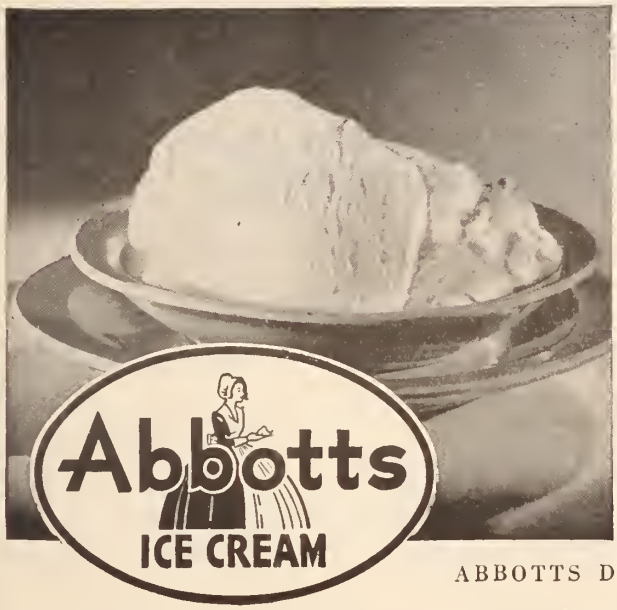
Forms Close 26th of the Month

SELECTION AND FITTING OF HEARING AIDS
THOMAS H. HALSTED, M.D., F.A.C.S.
OTOLOGIST

For the past four years practice limited exclusively to the individual Selection and Fitting of Hearing Aids. A report is sent the doctor referring the case. Hours, 9:30-4:30 daily, 9:30-1:00 Saturday. By appointment. 475 Fifth Avenue (cor. 41st St.), New York City. Lexington 2-3427.

RECOGNIZED BY PHYSICIANS AS A

Fine Energy Food . .



Abbotts Ice Cream is rich in high-quality proteins, calcium and Vitamin A. It also contains Vitamins B_1, C, D and G.

We make it from our own deluxe Cream, produced under strict bacteriological laboratory control at our Country Creameries.

ABBOTTS DAIRIES, INC., *Philadelphia, Pa.*

INFORMATION FOR READERS AND CONTRIBUTORS

The Journal is the official organ of The Medical Society of New Jersey, published monthly under the direction of the Committee on Publication. *The Journal* is released on or about the tenth of each month, and a copy is sent to each member of the Society.

Change of Address: Notice of change of address should be sent promptly to The Medical Society of New Jersey, 222 West State Street, Trenton 8, New Jersey.

Communications: Members are invited to submit to *The Journal* any suggestions for the welfare of the Society, as well as comments or criticisms of any material in *The Journal.* All such communications should be directed to the Editorial Office of *The Journal.* The Publication Committee reserves the right to publish, reject, edit or abbreviate any communications submitted to it.

Contributions: Manuscript submitted to *The Journal* should be typewritten, double-spaced on letter-size (about 8½ by 11 inch) paper, and forwarded to the Editorial Office at the address below. The Publication Committee expressly reserves the right to reject any contributions, whether solicited or not; and the right to abbreviate or edit such contributions in conformity with the needs and requirements of *The Journal.* Galley-proofs of edited or abbreviated manuscripts will be submitted to authors for approval before publication. Every care will be taken with the submitted material, but *The Journal* will not hold itself responsible for loss or damage to manuscripts. Authors are required to submit original copies only, and are urged to keep carbon copies for reference. It is understood that material is submitted here for exclusive publication in this *Journal.*

Illustrations: Authors wishing illustrations for their articles will submit glossy prints or original sketches, from which cuts or plates will be made by *The Journal.* The cost of making such cuts will be borne by the author, who will, after publication, receive the cuts for his own use. The cost of these cuts varies with size and type of the illustration, but averages about five dollars for a 3-by-3-inch plate. An estimate of the cost will be submitted to authors before the cuts are ordered.

THE JOURNAL OF THE MEDICAL SOCIETY OF NEW JERSEY

Editorial Office, 222 West State Street, Trenton 8, New Jersey

REPRESENTATIVE FUNERAL DIRECTORS

OF THE STATE OF NEW JERSEY

Special and Dependable Service Day and Night. Special Attention Given to Hospital Calls, Train and Express Shipments.

Place	Name and Address	Telephone
ELIZABETH	Aug. F. Schmidt & Son, 139 Westfield Ave.	ELizabeth 2-2268
MORRISTOWN	Raymond A. Lanterman & Son, 126 South St.	MOrristown 4-2880
NEWARK	Peoples Burial Co., 84 Broad St.	HUmboldt 2-0707
PATERSON	Robert C. Moore & Sons, 384 Totowa Ave.	SHerwood 2-3914
RED BANK	The Wordens—Albert, Harry & James, 60 E. Front St.	Red Bank 557
RIVERDALE	George E. Richards, Newark Turnpike	Pompton Lakes 164

EFFECTIVE THERAPY
IN
Otitis Media
Requires Analgesia-Bacteriostasis, and Dehydration of the Tissues.
Auralgan
The Doho Chemical Corp., New York-Montreol-London

Income Tax Reporting is EASY with the...
DAILY LOG



The Daily Log keeps complete records of income and expense. Because it's tailored to a physician's needs, it can save you *hours* of precious time. No special bookkeeping training required . . . used by thousands of physicians year after year. Fully recommended by medical authorities. Examine a copy yourself . . . $6.00 complete . . . *satisfaction guaranteed.* Or send for free literature . . .
COLWELL PUBLISHING CO., 229 University Ave., Champaign, Ill.

CHANGE OF ADDRESS COUPON

In the event of a change of address or failure to receive the Journal regularly fill out this coupon and mail it at once to

The Medical Society of New Jersey, 222 W. State St., Trenton 8, N. J.

Change my address on mailing list

From

To

Journal is not being received

My correct address is

Date..... *Signed*....., *M.D.*

Belle Mead Sanatorium

BELLE MEAD :: NEW JERSEY

Under State License Since 1910

Sanatorium Phone BELLE MEAD, N. J. 21

● **For the individual care and modern treatment of nervous, mental, alcoholic, drug patients and general invalidism.**

FULL COOPERATION WITH REFERRING PHYSICIANS
RATES VERY REASONABLE FOR ATTRACTIVE ACCOMMODATIONS

●

J. C. KINDRED, M.D., *Consultant*
L. R. HARRISON, M.D., *Consultant*
MASON PITMAN, M.D. RUSSEL N. CARRIER, M.D.*
Medical Directors
Military Service

COOK COUNTY
Graduate School of Medicine

(In affiliation with COOK COUNTY HOSPITAL)
Incorporated not for profit

Announces Continuous Courses

SURGERY—Two Weeks Intensive Course in Surgical Technique starting January 10th, and every two weeks throughout the year.

MEDICINE—Courses to be announced in January.

GYNECOLOGY—Two Weeks Intensive course starting February 7th. Clinical Course.

OBSTETRICS—Two Weeks Intensive Course starting February 21st.

ANESTHESIA—One Week Course in Continuous Caudal Anesthesia for Obstetrics.

OPHTHALMOLOGY—Clinical Course.

OTOLARYNGOLOGY—Special and Clinical Courses.

ROENTGENOLOGY—Courses in X-Ray Interpretation, Fluoroscopy, Deep X-Ray Therapy every week.

UROLOGY—Two Weeks Course and One Month Course available every two weeks.

CYSTOSCOPY—Ten Day Practical Course every two weeks.

GENERAL, INTENSIVE AND SPECIAL COURSES IN ALL BRANCHES OF MEDICINE, SURGERY AND SPECIALTIES.

TEACHING FACULTY
Attending Staff of Cook County Hospital

Address: Registrar, 427 So. Honore St., Chicago 12, Ill.

Accident, Hospital, Sickness
INSURANCE

FOR ETHICAL PRACTITIONERS EXCLUSIVELY
[57,000 Policies in Force]

$5,000.00 ACCIDENTAL DEATH $25.00 weekly indemnity, accident and sickness	For $32.00 per year
$10,000.00 ACCIDENTAL DEATH $50.00 weekly indemnity, accident and sickness	For $64.00 per year
$15,000.00 ACCIDENTAL DEATH $75.00 weekly indemnity, accident and sickness	For $96.00 per year

ALSO HOSPITAL EXPENSE FOR MEMBERS, WIVES AND CHILDREN

41 Years Unaer the Same Management

$2,418,000.00 INVESTED ASSETS

$11,750,000.00 PAID FOR CLAIMS

$200,000 deposited with State of Nebraska for protection of our members.

Disability need not be incurred in line of duty—benefits from the beginning day of disability.

86c out of each $1.00 gross income used for members' benefit

PHYSICIANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION

400 First National Bank Bldg. Omaha 2, Nebr.



An Institute for Better Health

FOUNDED 1920 BY ROBERT SCHULMAN, M.D.

• • •

CARDIOVASCULAR • METABOLIC
ENDOCRINOLOGICAL AND NEUROLOGICAL DISTURBANCES
RESIDENT PHYSICIAN • PHYSICAL THERAPY

Literature on Request

MORRISTOWN, N. J.
ON ROUTE 24
MORRISTOWN 4-3260

Medical Staff BENJAMIN SHERMAN, M.D.
HERMAN WEISS, M.D.
ADOLPH WEINSTEIN, M.D.

Mountain View Rest, Inc.

Established
1927

Roseland, New Jersey
P. O. Box 158

A HOMELIKE NEUROPSYCHIATRIC SANITARIUM, where reliable and individual care and treatment are available.

Descriptive Booklet on Request

Phones: Caldwell 6-1651
6-1652

MRS. DONALD ST. CLAIR, Directress

FAIR OAKS

SUMMIT **NEW JERSEY**

DR. THOMAS P. PROUT, Medical Director
DR. CAMELLA A. LOSADA
DR. CARROLL S. THOMSON

A sanatorium equipped with many of the facilities of the hospital, minus the hospital atmosphere, for the modern treatment and management of problems in neuropsychiatry. We have finished our fortieth year.

PSYCHO-THERAPY
PHYSIO-THERAPY
CLINICAL LABORATORY
BASAL METABOLISM
DIETETICS
HYDRO-THERAPY
OCCUPATIONAL THERAPY
ELECTRIC SHOCK THERAPY

Telephone: Summit 6-0143



WHIPPANY REST

(Formerly Whippany River Health Farm)

Licensed by State Department of Institutions and Agencies

Ideal for Chronic and Elderly Patients

Phone Whippany 8-0311

THERESA CUDDY SCOLA, R.N.
Directress

Whippany Road, Whippany, N. J.

Next Door to Seeing Eye

CHARLES B. TOWNS HOSPITAL

Serving the Medical Profession for Over 40 Years

For Alcoholism and Drug Addiction Exclusively

Definite Treatment • Fixed Charges • Minimum Hospitalization

293 CENTRAL PARK WEST, NEW YORK, N. Y. — Tel. SChuyler 4-0770

(Hospital Literature)

"INTERPINES"

GOSHEN, N. Y. Phone 117

ETHICAL — RELIABLE — SCIENTIFIC

Disorders of the Nervous System

BEAUTIFUL QUIET HOMELIKE WRITE FOR BOOKLET

FREDERICK W. SEWARD, M.D., Director

FREDERICK T. SEWARD, M.D., Res. Physician CLARENCE A. POTTER, M.D., Res. Physician

"The Glenwood" Sanitarium

Licensed for the care and treatment of

Nervous and mental disorders, alcoholism and drug addiction

Homelike surroundings, good nursing, psychiatric treatment and excellent food

R. GRANT BARRY, M.D.

2301 NOTTINGHAM WAY

TRENTON, N. J.

Tel. 2-8053

Wage Taxes Boost Collections

The new tax law permits the deduction of amounts paid on old bills from the Income Tax.

By telling debtors how to make this deduction, we are getting miraculous results on accounts that our clients considered uncollectible. We welcome a chance to handle your bills for a modest percentage of the amount recovered.

Send card or prescription blank for details.

National Discount & Audit Co.

Herald Tribune Bldg. New York, N. Y.

The leading reliable collection service.

ZEMMER

Prescribe or Dispense Zemmer

Pharmaceuticals . . . Tablets, Lozenges, Ampoules, Capsules, Ointments, etc. Guaranteed reliable potency. Our products are laboratory controlled. Write for catalogue.

Chemists to the Medical Profession NJ 12-43

THE ZEMMER COMPANY • Oakland Station • Pittsburgh 13, Pennsylvania



The Enchanted Ring . . .

Greatly prized among the Moors is a stone called **ain 1-horr.** *It is said that as long as a man wears this gem in a ring of gold he will beget no offspring.**

● An important phase of medical practice and public health programs today is instruction on child-spacing. When the physician advises deferment of pregnancy modern methods enable him to make his counsel practicable. Ortho-Gynol Vaginal Jelly meets the most exacting requirements for a contraceptive preparation.

It immobilizes sperm instantly on contact, is well tolerated in continued use, stable and uniform in its properties. Ortho-Gynol Vaginal Jelly is widely prescribed in doctors' offices and clinics . . . a tribute not only to its effectiveness but to its acceptability among patients.

**Hines, *Medical History of Contraception*

COPYRIG T-1943. ORTHO PRODUCTS, INC. LINDEN, N. J.

ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

ortho-gynol
VAGINAL JELLY

ACTIVE INGREDIENTS: RICINOLEIC ACID, BORIC ACID, OXYQUINOLINE SULFATE.



HOW CAN A DOCTOR HAVE A

MERRY Christmas?

You are a healer, a saver of life . . .

Yet, this Christmas you see a world intent on maiming, on killing.

You wish you were out where the wounded and dying are, doing everything in your power for them . . .

But, circumstance holds you and commands, "Stay, do your work here—where the need for it is greater than ever before!"

Because today twice as many people are dependent upon your skill, no hour of day or night is completely and certainly your own...

Not even at Christmas.

So, to wish you a *merry* Christmas at this time would be to wish you the impossible.

However, the House of Wyeth—dedicated, too, to the relief of suffering—does wish that on Christmas Day you find a moment to yourself . . .

To hope, to believe, that this time the maiming and killing of war are being endured for the last time . . .

To be thankful for the wonderful healers and healing techniques that are coming out of the war to serve the peace . . .

To take pride in the glorious achievements of your professional brothers in uniform . . .

And to feel that your own service, wearying and unheroic though it be, is appreciated—and in the finest traditions of the selflessness of the medical profession.

WYETH
INCORPORATED

a Poor Scholar . . . because of a Poor Breakfast

MANY a child is scolded for dullness when he should be treated for undernourishment. In hundreds of homes a "continental" breakfast of a roll and coffee is the rule. If, day after day, a child breaks the night's fast of twelve hours on this scant fare, — or less — small wonder that he is listless, nervous, or stupid at school.

Pablum offers a happy solution to the problem of the school-child's breakfast. Mothers who learn about Pablum from their physicians are delighted to serve it, for it needs no cooking and can be prepared in a minute at the table — more quickly than many less nourishing foods. Right now, this feature is especially valuable in homes where the mother is engaged in war work. Pablum not only ends the bane of long cooking of cereals but in addition furnishes a variety of minerals (calcium, phosphorus, and iron) and the vitamin B complex. It is an excellent vehicle for milk.



PABLUM is rich in calcium and iron, minerals likely to be deficient in the school-child's diet yet needed in more than average amounts during childhood. Numerous clinical studies have demonstrated that Pablum gives good weight gains and increases hemoglobin values in both normal and sick infants and children. Reprints on request of physicians.

Pablum (Mead's Cereal thoroughly cooked) is a palatable cereal enriched with vitamin- and mineral-containing foods, consisting of wheatmeal, oatmeal, wheat embryo, cornmeal, beef bone, alfalfa leaf, brewers' yeast, sodium chloride and reduced iron. (The oatmeal form of Pablum is called Pabena.)
MEAD JOHNSON & COMPANY, EVANSVILLE 21, IND., U.S.A.



"TOMMY, that's the third time this week you haven't learned your lesson. Why don't you listen to me when I tell you how to work the problems?"

APR 1 1943
LIBRARY

OFFICIAL LIST

of the

Fellows and Members

of

The Medical Society *of* New Jersey

March 15, 1943

Supplement to The Journal of The Medical Society of New Jersey, April, 1943

Supplement to The Journal of The Medical Society of New Jersey, April, 1943

OFFICIAL LIST OF MEMBERS

OF

THE MEDICAL SOCIETY OF NEW JERSEY

FOR THE YEAR 1943

FELLOWS

"THE FELLOWS ARE THE EX-PRESIDENTS OF THE SOCIETY." (Constitution, Article IV, Section 2-a)

Year of Election

1. 1766—Robert McKean, Perth Amboy, 1732-1767
2. 1767—William Burnet, Newark, 1730-1791
3. 1768—John Cochran, New Brunswick, 1730-1807
4. 1770—Nathaniel Scudder, Freehold, 1733-1781
5. 1771—Isaac Smith, Trenton, 1740-1807
6. 1772—James Newell, Freehold, 1725-1791
7. 1773—Absalom Bainbridge, Lawrenceville, 1742-1807
8. 1774—Thomas Wiggins, Princeton, 1731-1801
9. 1775—Hezekiah Stites, Cranbury, 1726-1790

No formal meetings 1776-1780 on account of the War of the Revolution.

10. 1781—James Newell, No. 6 reëlected
11. 1782—John Beatty, Trenton, 1749-1826
12. 1783—Thomas Barber, Matawan, 1730-1807
13. 1784—Lawrence Vander Veer, Roycefield, 1740-1815
14. 1785—Moses Bloomfield, Woodbridge, 1729-1791
15. 1786—William Burnet, No. 2 reëlected
16. 1787—Jonathan Elmer, Bridgeton, 1745-1817
17. 1788—James Stratton, Swedesboro, 1755-1812
18. 1789—Moses Scott, New Brunswick, 1738-1821
19. 1790—John Griffith, Rahway, 1736-1805
20. 1791—Lewis Dunham, New Brunswick, 1754-1821
21. 1792—Isaac Harris, Middlesex County, 1741-1808
22. 1795—Elisha Newell, Allentown, 1755-1799

No formal meetings for twelve years, owing to an attempt to establish a rival society in Eastern New Jersey.

23. 1807—Jonathan F. Morris, Somerville, 1760-1810
24. 1808—Peter I. Stryker, Somerville, 1766-1859
25. 1809—Lewis Morgan, Rahway, 1757-1821
26. 1810—Lewis Condict, Morristown, 1773-1862
27. 1811—Charles Smith, New Brunswick, 1768-1848
28. 1812—Matthias H. Williamson, Elizabeth. Served two years.
29. 1814—Samuel Forman, Freehold, 1764-1845
30. 1815—John Van Cleve, Princeton, 1778-1826
31. 1816—Lewis Dunham, No. 20 reëlected
32. 1817—Peter I. Stryker, No. 24 reëlected
33. 1818—John Van Cleve, No. 30 reëlected
34. 1819—Lewis Condict, No. 26 reëlected
35. 1820—James Lee, Newark
36. 1821—William G. Reynolds, Manalapan

Year of Election

37. 1822—Augustus R. Taylor, Somerville, 1782-1840
38. 1823—William B. Ewing, Greenwich, 1776-1866
39. 1824—Peter I. Stryker, No. 24 and 32 reëlected
40. 1825—Gilbert S. Woodhull, Manalapan, 1794-1830
41. 1826—William D. McKissack, Millstone, 1781-1853
42. 1827—Isaac Pierson, Orange, 1770-1833
43. 1828—Jephtha B. Munn, Chatham, 1780-1863
44. 1829—John W. Craig, Somerset County, 1795-1871
45. 1830—Augustus R. Taylor, No. 37 reëlected
46. 1831—Thomas Yarrow, Sharptown, 1778-1841
47. 1832—E. FitzRandolph Smith, New Brunswick, 1786-1865
48. 1833—William Forman, Monmouth County, 1796-1848
49. 1834—Samuel Hayes, Newark, 1776-1839
50. 1835—Abraham P. Hagerman, Somerset County
51. 1836—Henry Vander Veer, Somerville, 1792-1874
52. 1837—Lyndon A. Smith, Newark, 1795-1865
53. 1838—Benjamin H. Stratton, Mt. Holly, 1804-1875
54. 1839—Jabez G. Goble, Newark, 1799-1859
55. 1840—Thomas P. Stewart, Hackettstown, 1798-1846
56. 1841—Ferdinand S. Schenck, Six Mile Run, 1790-1860
57. 1842—Zachariah Read, Mt. Holly, 1808-1879
58. 1843—Abraham Skillman, Bound Brook, 1796-1862
59. 1844—George R. Chetwood, Elizabeth, 1802-1885
60. 1845—Robert S. Smith, Bound Brook, 1800-1874
61. 1846—Charles Hannah, Deerfield, 1782-1857
62. 1847—Jacob T. B. Skillman, Woodbridge, 1794-1864
63. 1848—Samuel Hayes Pennington, Newark, 1806-1900
64. 1849—Joseph Fithian, Woodbury, 1795-1881
65. 1850—Elias J. Marsh, Paterson, 1803-1850
66. 1851—John H. Phillips, Pennington, 1814-1878
67. 1852—Othneil H. Taylor, Camden, 1803-1869
68. 1853—Samuel Lilly, Lambertville, 1815-1880
69. 1854—Alfred B. Dayton, Middletown Point, 1812-1870
70. 1855—James B. Coleman, Trenton, 1806-1877
71. 1856—Richard M. Cooper, Camden, 1816-1874

Year of Election

72. 1857—Thomas Ryerson, Newton, 1821-1887
73. 1858—Isaac Pierson Coleman, Pemberton, 1804-1869
74. 1859—John R. Sickler, Mantua, 1800-1886
75. 1860—William Elmer, Bridgeton, 1814-1889
76. 1861—John Blane, Perryville, 1802-1885
77. 1862—John Woolverton, Trenton, 1825-1888
78. 1863—Theodore R. Varick, Jersey City, 1825-1887
79. 1864—Ezra M. Hunt, Metuchen, 1830-1894
80. 1865—Abraham Coles, Newark, 1813-1891
81. 1866—Benjamin R. Bateman, Bridgeton, 1807-1883
82. 1867—John C. Johnson, Blairstown, 1828-1907
83. 1868—Thomas J. Corson, Trenton, 1828-1879
84. 1869—William Pierson, Orange, 1796-1882
85. 1870—Thomas F. Cullen, Camden, 1822-1877
86. 1871—Charles Hasbrouck, Hackensack, 1818-1877
87. 1872—Franklin Gauntt, Burlington, 1823-1900
88. 1873—Thomas J. Thomason, Perrineville, 1833-1880
89. 1874—George H. Larison, Lambertville, 1831-1892
90. 1875—William O'Gorman, Newark, 1824-1887
91. 1876—John V. Schenck, Camden, 1825-1882
92. 1877—Henry R. Baldwin, New Brunswick, 1829-1902
93. 1878—John S. Cook, Hackettstown, 1827-1900
94. 1879—Alexander W. Rogers, Paterson, 1814-1905
95. 1880—Alexander N. Dougherty, Newark, 1822-1882
96. 1881—Lewis W. Oakley, Elizabeth, 1828-1888
97. 1882—John W. Snowden, Blackwood, 1823-1888
98. 1883—Stephen Wickes, Orange, 1813-1889
99. 1884—Phanett C. Barker, Morristown, 1835-1903
100. 1885—Joseph Parrish, Burlington, 1818-1891
101. 1886—Charles J. Kipp, Newark, 1838-1911
102. 1887—John W. Ward, Trenton, 1840-1916
103. 1888—H. Genet Taylor, Camden, 1837-1916
104. 1889—Beriah A. Watson, Jersey City, 1836-1892
105. 1890—James S. Green, Elizabeth, 1829-1892
106. 1891—Elias J. Marsh, Jr., Paterson, 1835-1908
107. 1892—George T. Welch, Passaic, 1845-1924
108. 1893—John G. Ryerson, Boonton, 1834-1916
109. 1894—Obadiah H. Sproul, Flemington, 1844-1925
110. 1895—William Elmer, Trenton, 1840-1908
111. 1896—Thomas J. Smith, Bridgeton, 1841-1932
112. 1897—David C. English, New Brunswick, 1842-1924
113. 1898—Claudius R. P. Fisher, Bound Brook, 1859-1927
114. 1899—Luther M. Halsey, Williamstown, 1858-1921
115. 1900—William Pierson, Jr., Orange, 1830-1900
116. 1901—John D. McGill, Jersey City, 1846-1912
117. 1902—Edward L. B. Godfrey, Camden, 1850-1913

Year of Election

118. 1903—Henry Mitchell, Asbury Park, 1845-1919
119. 1904—Walter B. Johnson, Paterson, 1852-1922
120. 1905—Henry W. Elmer, Bridgeton, 1847-1907
121. 1906—Alexander Marcy, Jr., Riverton, 1860-1934
122. 1907—Edward J. Ill, Newark, 1854-1942
123. 1908—David St. John, Hackensack, 1850-1917
124. 1909—Benjamin A. Waddington, Salem, 1842-1917
125. 1910—Thomas H. MacKenzie, Trenton, 1847-1920
126. 1911—David Strock, Camden, 1850-1927
127. 1912—Norton L. Wilson, Elizabeth, 1861-1931
128. 1913—Enoch Hollingshead, Pemberton, 1843-1924
129. 1914—Frank D. Gray, Jersey City, 1857-1916
130. 1915—William J. Chandler, South Orange, 1842-1927
131. 1916—Philip Marvel, Atlantic City, 1856-1938
132. 1917—William G. Schauffler, Lakewood, 1862-1933
133. 1918—Thomas W. Harvey, Orange, 1853-1938
134. 1919—Gordon K. Dickinson, Jersey City, 1855-1930
135. 1920—Philander A. Harris, Paterson, 1852-1924
136. 1921—Henry B. Costill, Trenton, 1860-1935
137. 1922—James Hunter, Jr., Westville, 1866-1931
138. 1923—**WELLS P. EAGLETON**, Newark, born 1865
139. 1924—Archibald Mercer, Newark, 1849-1931
140. 1925—**LUCIUS DONOHOE**, Bayonne, born 1868
141. 1926—James S. Green, Jr., Elizabeth, 1864-1936
142. 1927—**WALT P. CONAWAY**, Atlantic City, born 1873
143. 1928—Ephraim R. Mulford, Burlington, 1880-1939
144. 1929—**ANDREW F. McBRIDE**, Paterson, born 1869
145. 1930—**GEORGE N. J. SOMMER**, Trenton, born 1874
146. 1931—John F. Hagerty, Newark, 1869-1937
147. 1932—A. Haines Lippincott, Camden, 1867-1937
148. 1933—**FREDERIC J. QUIGLEY**, Union City, born 1883
149. 1934—**LANCELOT ELY**, born 1875
150. 1935—**MARCUS W. NEWCOMB**, Brown's Mills, born 1880
151. 1936—Francis R. Haussling, Newark, 1875-1941 —resigned
152. 1936—**SPENCER T. SNEDECOR**, Hackensack, born 1900
153. 1937—**WILLIAM G. HERRMAN**, Asbury Park, born 1890
154. 1938—**WILLIAM J. CARRINGTON**, Atlantic City, born 1884
155. 1939—**E. ZEH HAWKES**, Newark, born 1865
156. 1940—**WATSON B. MORRIS**, Springfield, born 1878
157. 1941—**THOMAS K. LEWIS**, Camden, born 1887
158. 1942—**ELIAS J. MARSH**, Paterson, born 1875

The names of living Fellows are in bold face type.

HONORARY MEMBERS

Year of Election

1. 1930—Joseph E. Raycroft, Princeton
2. 1935—Wells P. Eagleton, Newark
3. 1936—Andrew F. McBride, Paterson
4. 1939—Nathan B. Van Etten, New York

Year of Election

5. 1939—Haven Emerson, New York
6. 1940—James Ewing, New York
7. 1942—Josephine S. Baker, Belle Mead

An Alphabetical List of the Members of The Medical Society of New Jersey

COMPILED MARCH 15, 1943

The figures in parentheses refer to County Societies as follows: (1) Atlantic, (2) Bergen, (3) Burlington, (4) Camden, (5) Cape May, (6) Cumberland, (7) Essex, (8) Gloucester, (9) Hudson, (10) Hunterdon, (11) Mercer, (12) Middlesex, (13) Monmouth, (14) Morris, (15) Ocean, (16) Passaic, (17) Salem, (18) Somerset, (19) Sussex, (20) Union, (21) Warren.

Bold face type indicates members in service
An asterisk (*) indicates a deceased member

A

ACTIVE MEMBERS

Abbate, Charles C. (2)
Abel, Arthur R. (7)
Abel, Henri E. (20)
Abey, William J. H. (11)
Abramo, Anthony E. (2)
Abrams, Abram B. (7)
Abramson, Solomon (20)
Ackerhalt, Martin J. (16)
Ackerman, Arthur F. (20)
Ackerman, Edward (14)
Ackley, David B. (11)
Adams, Rayford K. (18)
Adelman, Nathan (7)
Adler, Howard E. (12)
Adler, Joseph (9)
Africano, Julius V. (9)
Agayoff, John D. (2)
Agnew, Hobart M. (7)
Agolia, Michael W. (9)
Ainsley, H. Bryson (9)
Aitken, Frank J. (6)
Aitken, Herbert M. (19)
Albano, Edwin H. (7)
Albano, Frank J. (7)
Albano, Joseph (7)
Albert, Perry (11)
Albrecht, William J. (18)
Albright, Louis F. (13)
Alcamo, John H. (7)
Alcaro, Joseph A. (14)
Alexander, Samuel (2)
Alexander, Stewart F. (2)
Alexander, Walter G. (7)
Alford, Ralph I. (7)
Allan, James S. (7)
Allegrante, Anthony J. (18)
Allen, Arthur A. (16)
Allen, Chester B., Jr. (7)
Allen, Edwin J. (16)
Allen, G. Herbert (7)
Allen, Isaac L. (9)
Allen, James M. (16)
Allen, Samuel L. (20)
Alling, Frederic A. (7)
Allman, David B. (1)
Alpert, Edward (9)
Alpren, Bernard F. (16)
Alter, Nicholas M. (9)
Altman, Charles D. (7)
Altschul, Frank J. (13)
Ambrose, Anthony (7)
Ambrose, Robert R. (18)
Amdur, Louis A. (9)
Anderson, Ethelyn J. C. (7)
Anderson, John F. (12)
Anderson, Reuben M. (2)
Anderson, Richard D. (3)
Anderson, Robert C. (7)
Anderson, William A. (7)
Anderson, William M. (4)
Andrews, Albert G. K. (16)
Andrews, Clarence L. (1)
Andrus, David L. (4)
Angelillis, Paul (2)
Angelillo, Marc C. (7)
Angelo, Joseph A. (9)
Angioletti, Louis V. (2)
Anrig, Grace E. (9)
Anson, Leon J. (20)
Antonius, Nicholas A. (7)
Antopol, William A. (7)
Anuario, Charles B. (7)
Applebaum, Irving L. (7)
Applegate, Edward T. R. (11)
Applestein, Robert (11)
Appleton, Ralph (15)
Appold, George D. (2)
Apter, Abraham H. (16)
Arbeit, Sidney R. (9)
Areson, William H. (7)
Aria, Charles J. (9)
Aria, Michael H. (9)
Armstrong, Lorrimer B. (20)
Arndt, Frank R. (9)
Aronis, Harry R. (11)
Aronowitz, Harry T. (9)
Arons, Harry (7)
Artaserse, George V. (9)
Arthur, Frances H. (20)
Asbell, Nathan (4)
Ash, Arthur F. (9)
Ash, Frank W. (16)
Ash, Samuel (7)
Ashby, Clifford (7)
Asher, Maurice (7)
Ashley, Harmon H. (11)
Assante, M. Hugo (4)
Aszody, Paul (7)
Athey, Kenneth L. (4)
Atkinson, James Q. (3)
Atkinson, John M. (14)
Atwell, David R. (9)
Atwood, Edward A. (16)
Auriemma, Michele (9)
Austin, Henry J. (11)
Austin, Thomas R. (20)
Averbach, Jacob (16)
Avery, Philip S. (12)
Axilrod, Maurice H. (1)

ASSOCIATE MEMBERS

Andrews, Thomas H. (13)
Auerbach, Friedrich (7)

B

ACTIVE MEMBERS

Babbitt, Hugh M., Jr. (20)
Bachmann, William (7)
Bacon, Mary (6)
Bacote, Ernest F. (7)
Baeseman, R. Winfield (13)
Bagg, Linus W. (7)
Bahnson, Conrad M. (9)
Bailyn, Emanuel (9)
Baime, Jules E. (7)
Baiocchi, Pascal J. (7)
Baird, Thompson M. (7)
Baker, Augustus L. (14)
Baker, Banks S. (4)
Baker, Charles F. (7)
Baker, Elsworth F. (13)
Baker, Hugh W. (6)
Baker, Maclyn F. (7)
Baker, Maurice E. (4)

Baker, Philip W. (10)
Baker, Raymond D. (20)
Baketel, H. Sheridan (2)
Baldauf, Herman, Jr. (21)
Baldwin, John F. (2)
Baldwin, Samuel H. (7)
Balles, Edward S. (16)
Ballinger, Reeve L. (9)
Balogh, William A. (12)
Balsamo, Anthony J. (9)
Balsamo, Joseph J. (7)
Balson, Zachery D. B. (7)
Balze, Henry R. (2)
Bambara, Aurelius J. (10)
Banker, George T. (20)
Banta, Raymond E. (2)
Bar, Samuel (13)
Barb, Kirk B. (4)
Barbarito, William N. (9)
Barbash, Roslyn H. W. (2)
Barbash, Samuel (1)
Barbella, Joseph D. (7)
Barberio, A. Arthur (20)
Barbour, George E. (18)
Barishaw, Samuel B. (9)
Barkhorn, Charles W. (7)
Barkhorn, Henry C. (7)
Barlow, Frank A. (16)
Barlow, G. Barton (2)
Barlow, John D. (11)
Barnard, Frank G. (7)
Barnes, William J. (2)
Barnshaw, Harold D. (4)
Barolsky, Benjamin (16)
Baron, Herbert A. (2)
Baron, Leo E. (20)
Barone, Francis A. (9)
Barr, Joseph (16)
Barrett, John E. (7)
Barrett, Joseph F. (7)
Barroway, James N. (4)
Barrows, Arthur M. (11)
Barrows, Victor I. (8)
Barry, R. Grant (11)
Bartlett, Clara K. (1)
Baruch, Hilde (20)
Baruch, Rudolf J. (20)
Basralian, Joseph B. (2)
Bass, Rose D. (7)
Bassett, Lavern C. (12)
Bassett, Norman H. (1)
Battaglia, Richard S. (20)
Baum, Felix (7)
Baum, Samuel (7)
Bauman, Everett O. (7)
Bauman, Kenneth R. (6)
Bauman, Rush C. (7)
Baxt, Sidney J. (16)
Bayne, Joseph K. (11)
Beairsto, Everett B. (11)
Beatty, Hannah J. (10)
Beaver, Jennie D. (14)
Becker, C. Frederick (4)
Becker, Frank F. (16)
Becker, Frederick W. (7)
Beeker, George L. (16)
Becker, Leo V. (16)
Becker, Martin (7)
Becker, Sidney D. (13)
Behrens, Herman H. E. (9)
Beideman, Casper M. (4)
Beir, Ily R. (1)
Beisler, Lawrence G. (20)
Belafsky, Henry A. (12)
Belfer, Jacob J. (11)
Belford, Ralph J. (11)
Beling, C. Abbott (7)
Beling, Christopher C. (7)
Bell, Horace O. (7)
Bell, Thomas (7)
Bellak, Ellis R. (6)
Bellina, George L. (9)
Bellis, Horace D. (11)
Ben-Asher, Solomon (9)
Bender, Dorothea A. (20)
Bender, Louis (7)
Bender, Theodore (16)
Bendix, Gerhard M. (18)
Bengelsdorf, Aron (7)
Benjamin, Harold C. (9)
Benjamin, Joseph F. (16)
Bennett, Robert E. (11)
Bennett, William F. (7)
Bensley, Maynard G. (20)
Bentley, David F., Jr. (4)
Berardinelli, Carmine G. (7)
Berenson, Samuel J. (20)
Beres, Albert J. (2)
Berg, Samuel (7)
Berger, William A. (7)
Bergin, Joseph V. (16)
Bergman, Meyer W. (7)
Bergmann, Ewald H. (19)
Bergmeyer, Josef T. (9)
Bergsma, Daniel (11)
Berk, M. David (16)
Berke, Raynold N. (2)
Berkhout, Peter G. (16)
Berkow, Samuel G. (12)
Berkowitz, Benj. (6)
Berlin, Joseph I. (9)
Berman, H. Robert (7)
Berman, Jacob J. (11)
Berman, Leonard M. (20)
Berman, Sol (20)
Bernard, Richard C. (2)
Bernhard, William G. (7)
Bernheisel, Louis E. (5)
Bernson, Samuel T. (16)
Bernstein, Arthur (7)
Bernstein, Benediet J. (20)
Bernstein, Julius (7)
Berry, C. Hartley (20)
Berry, Leonard M. (11)
Bertha, Nicholas A. (14)
Beshlian, Hagop K. (16)
Besson, Franklin J. (7)
Betancourt, Raul R. (4)
Betcher, Albert M. (9)
Betts, R. Winfield (3)
Bew, Richard C. (1)
Beyer, Othmar J. (7)
Beyer, William (2)
Bianchi, Angelo R. (7)
Biczak, Arkad K. (16)
Bien, Frank A. (7)
Bigelow, Elizabeth F. (7)
Bigelow, Nelson S. (7)
Bigliani, Urban R. (9)
Binder, Israel L. (7)
Binder, Joseph (13)
Bingham, Arthur W. (7)
Bird, Frank L. (14)
Birdsall, Clarence A. (7)
Birrell, Russell G. (20)
Bishop, Carl (20)
Bissett, John V. (7)
Bitten, Robert M. (9)
Biunno, Anthony J. (7)
Black, Emanuel S. (8)
Black, Maskell B. (8)
Black, Max S. (20)
Blackburne, George (7)
Blackwell, Enoch (11)
Blair, Thomas D. (20)
Blasidell, C. Byron (13)
Blake, Albert J. (16)
Blakey, Abram P. (9)
Blanchard, Charles L. (14)
Blanchard, Kenneth (7)
Blank, Samuel (18)
Blatt, David (20)
Blaugrund, Samuel (11)
Blaustein, Maurice L. (7)
Blauvelt-Wells, Grace B. (2)
Bleiberg, Jacob (7)
Blenkle, Victor A. (2)
Bloch, Harry (20)
Block, Marcus T. (7)
Block, Max (7)
Block, Milton (7)
Blum, Joseph M. (11)
Blum, Milton (9)
Blumberg, Jack (20)
Blythe, Rowland P. (20)
Bobadilla, Juan E. B. (14)
Bocchini, Joseph A. (7)
Bohl, Louis J. (16)
Bokor, Emery (7)
Boland, Lucy E. (9)
Bolanowski, Kasimier J. (20)
Bolten, Bernard (7)
Bonanno, Peter J. (9)
Bongiorno, Henry D. (16)
Bonnet, W. Laurence (11)
Bono, Joseph J. (2)
Bonomo, Michael J. (7)
Bonynge, Henry A. (16)
Bookrajian, Edward N. (9)
Booth, George R. (8)
Booth, Walter S. (20)
Booth, William K. (14)
Boothby, I. Roland (10)
Boquist, Walter A. (21)
Bornstein, David (16)
Bornstein, Paul K. (13)
Borow, Benjamin (18)
Borow, Henry (18)
Borow, Louis S. (18)
Borow, Maurice (18)
Borrella, Dominic D. (11)
Borrone, Milton G. (9)
Borshaw, Hyman (9)
Borsher, Irving P. (7)
Bortone, Frank (9)
Bosch, Taeke (2)
Boselli, Emile H. (9)
Bossard, Harry B. (21)
Bossone, Joseph E. (13)
Bostwick, Delazon S. (6)
Bostwick, Wallace R. (21)
Botbyl, Burt W. (16)
Botti, John A. (9)
Bourns, Edward G. (20)
Bove, Joseph (7)
Bowen, Robert N. (4)
Bowers, F. Clyde (14)
Bowersox, Clarence A. (8)
Bowles, Harry H. (20)
Bowman, Ned O. (12)
Boyd, John B. (13)
Boyd, Robert P. (20)
Boyd, William B., Jr. (19)
Boyer, Charles G .(10)
Boyer, Paul K. (20)

Boyers, Sidney S. (9)
Boyes, James G. (20)
Boylan, Lawrence B. (16)
Boyle, Francis L. (9)
Boysen, Theophilus H. (1)
Brackett, Elizabeth R. (7)
Bradasch, George A. (9)
Bradford, Stella S. (7)
Bradley, Robert A. (1)
Brady, Raymond J. (7)
Brady, Thomas S. (9)
Brady, William A. (9)
Braitman, Max (9)
Brakeley, Elizabeth (7)
Bramble, Halsey S. (17)
Brancato, Peter (16)
Brandman, Otto (7)
Branin, Howard S. (6)
Branon, Mark E. (2)
Brasefield, Edgar N. (21)
Brauer, Selig L. (9)
Braun, David C. (19)
Braun, Gustav A. (7)
Braun, William (4)
Braunstein, Sigmund C. (9)
Braunstein, William P. (9)
Bray, William E. (3)
Bregman, Alexander (2)
Bregman, Milton (13)
Breitstadt, Charles A .(7)
Brennan, Alfred T. V., Jr. (2)
Brennan, Charles L. S. (4)
Brennan, John P. (4)
Brennock, Thomas McG. (9)
Bresey, Morris (9)
Breslow, Alexander E. (20)
Breslow, Samuel (12)
Brethwaite, Samuel H., Jr. (20)
Brick, George J. (9)
Brien, William M. (7)
Briggs, Henry (7)
Brignola, Gerald C. (9)
Brim, Anne S. (7)
Brindle, Harry R. (13)
Brittain, Elmore G. (18)
Broadnax, Mary E. (7)
Brock, H .F. (20)
Brodkin, Eva T. (7)
Brodkin, Henry A. (7)
Brody, Morton S. (12)
Brogan, Francis B. (16)
Brokaw, Christopher A. (20)
Bromberg, Charles B. (16)
Brooke, Charles R. (7)
Brooks, George M. (5)
Brooks, Sidney S. (16)
Broselow, Benjamin G. (8)
Brothers, James H., Jr. (7)
Brotman, Harry (7)
Brotman, Morton M. (7)
Brown, Chester R. (7)
Brown, Chester T. (7)
Brown, Edith L. (13)
Brown, Edward V. (7)
Brown, Frederick L. (12)
Brown, Harold W. (7)
Brown, Harvey S. (13)
Brown, J. Carlisle (1)
Brown, John H. (16)
Brown, John L. (2)
Brown, Kenneth G. (13)
Brown, L. Greeley (20)
Brown, Leonard (2)
Brown, Lewis W. (7)
Brown, Stanley L. (4)
Brown, William H. (20)
Browning, William J. (4)
Brozdowski, John J. (9)
Bruning, Richard H. (7)
Brunkow, Charles D. (7)
Buchanan, Ralph M. L. (21)
Buckley, Charles F. (2)
Buckley, Jeremiah L. (7)
Buckley, Paul J. (2)
Buckley, Richard T., Jr. (11)
Budd, J. Reuben (16)
Buermann, Robert (15)
Bull, Louis M. (7)
Bull, William J. (7)
Bullen, Victor E. (16)
Bump, Samuel C. (2)
Bunnell, Frederick N. (15)
Burbidge, J. Raymond (11)
Burke, Leonard P. (7)
Burke, Stephen E. (7)
Burkett, J. Paul (8)
Burkett, Wendell J. (8)
Burn, Victor E. (19)
Burne, John J. (7)
Burnett, Charles B. (12)
Burnham, Lyman (2)
Burns, Geoffrey C. H. (2)
Burns, Joseph R. (11)
Burns, Wilmer F. (4)
Burpeau, William P. (7)
Burrill, Benj. B., Jr. (7)
Burritt, Norman W. (20)
Burroughs, Edmund W. (11)
Burrus, Thomas P. (7)
Burstein, Frank (7)
Burstein, Leo Q. (7)
Burstein, Rachel (7)
Busansky, Samuel T. (3)
Busch, Herman (7)
Bush, Archer C. (7)
Bush, Ralph K. (4)
Busicco, Philip S. (2)
Butan, Louis (7)
Butcher, Charles (6)
Butenas, Joseph J. (20)
Butler, Samuel S. (4)
Butler, Vincent P. (9)
Butterfield, Arey A. (16)
Buvinger, Charles W. (7)
Buzby, B. Franklin (4)
Byck, Louis (7)
Byer, M. Yale (11)
Byrne, J. Arthur (14)
Bythewood, Alton E., Jr. (7)

ASSOCIATE MEMBERS

Baeder, Frederick N. (7)
Barbano, Alfred J. (12)
Barnett, Lester A. (12)
Belott, Louis V. (7)
Berlin, Morris R. (7)
Biber, David (16)
Bird, Ivan F. (11)
Boyt, Theodore (12)
Braun, Edgar M. (7)
Bremer, Kenneth M. (7)
Burkhead, Howard C. (13)

C

ACTIVE MEMBERS

Cacciarelli, Robert A. (7)
Caggiano, Anthony P. (7)
Caggiano, John D. (17)
Cahill, Laurence A. (7)
Calabrese, D. John (2)
Calasibetta, Charles J. (7)
Caldwell, Donald M. (7)
Caldwell, Julius A. (7)
Caleca, Jack J. (19)
Callahan, Edward J. (20)
Calligaro, Egildo A. (16)
Calvert, William C. (7)
Calvin, Charles H. (12)
Camche, Leo J. (7)
Cameron, Arthur E. (7)
Cameron, C. Paul (5)
Cameron, Edwin A. (7)
Campana, Vincent R. (9)
Campbell, Everette L. (7)
Campbell, James M. (2)
Campbell, William (7)
Campbell, William K. (13)
Campo, A. Guy (8)
Candio, Vincent P. (2)
Cannon, Edward A .(9)
Canright, Cyril M. (20)
Cantalupo, Emidio (7)
Cantelmo, Alphonse L. (7)
Cantini, Raphael S. (20)
Capell, Harry H. (16)
Caprio, Orlando G. (7)
Captanian, Aram A. (13)
Carabelli, A. Albert (11)
Carberry, Edward T. (14)
Carbone, Francesco N. (7)
Carbone, Ralph (2)
Card, Charles F. (20)
Cardinale, Pasquale F. (20)
Cardwell, Edgar P. (7)
Carey, David S. (13)
Caridi, Salvatore (9)
Carlander, Oswald R. (4)
Carlisle, J. Mallory (20)
Carlisle, John H. (16)
Carlisle, Paul E. (7)
Carlough, David J. (16)
Carman, Fletcher F. (7)
Carmona, L. Roberto (15)

Carpenter, Cedric C. (20)
Carpenter, Charles A. (7)
Carpenter, William H. (8)
Carr, Mary B. (9)
Carrigan, Francis P. (7)
Carrington, William J. (1)
Carrol, Wilfred (7)
Carroll, C. Walter (11)
Carroll, Thomas R. (2)
Carroll, William V. (11)
Carsley, Sidney H. (20)
Carter, Joseph F. S. (13)
Cartisser, Joseph J. (19)
Cartnick, Louis C. (2)
Caruso, Paul F. (2)
Casagrande, Stephen R. (13)
Casale, John B. (7)
Casciano, Adolph D. (2)
Casilli, Arturo R. (20)
Casselman, Arthur J. (4)
Cassini, Henry C. (7)
Castaldo, Neil (20)
Castellano, Martin G. (7)
Catanzaro, Francesco (16)
Cater, Douglas A. (7)
Cella, Charles F. (11)
Cerone, Daniel M. (7)
Cestone, Canio (7)
Cetrulo, Gerald I. (7)
Chaiken, Louis H. (20)
Chalfant, W. Paxson, Jr. (1)
Chalfant, William P. (8)
Chamberlain, Aims R. (7)
Chamberlain, Richard R. (7)
Champlin, Paul M. (7)
Chapman, Ellis J. (9)
Chapman, Otis P. (20)
Chapman, Walter I. (16)
Chapnick, Maurice M. (16)
*Charbonneau, Eugene G. (7)
Charleroy, Durant K. (11)
Charlton, C. Coulter (1)
Charney, William (16)
Chattin, J. Franklin (7)
Chayes, Sydney (9)
Chernus, Jack (7)
Cherry, Homer H. (16)
Cheskin, Louis J. (7)
Chesler, Maurice (17)
Chesner, William A. (11)
Chesnick, Reuben B. (4)
Chester, Saul W. (16)
Chianese, C. Chester (11)
Chiger, Alexander S. (7)
Childers, Robert J. (20)
Chilton, Forrest S. (16)
Chimacoff, Hyman (7)
Chinelnik, Abraham G. (7)
Chodosh, Maurice A. (20)
Chrisman, Irving (16)
Christensen, Alexander H. (10)
Christensen, Osborne D. (2)
Christian, Albion C. (7)
Christian, Henry A .(9)
Christoph, Francis T. (7)
Church, Franklin H. (17)
Ciampa, Ralph P. E. (13)
Ciccone, Anthony C. (16)
Ciccone, Edwin L. (7)
Cieri, Daniel S. (9)
Ciliberti, Frank J., Jr. (4)
Cita, J. Philip (15)
Clarie, D'Arcy C. (2)
Clark, Alice L. (11)
Clark, Charles C. (9)
Clark, Charles E. (11)
Clark, Ernest W. (4)
Clark, Frank G. (10)
Clark, J. Henry (7)
Clark, John C. (13)
Clark, Arlo H. (16)
Clark, S. Worth (1)
Clarke, Edward W. (2)
Clarken, Joseph A. (7)
Claus, C. Hermann (7)
Cleary, Joseph P. (1)
Clement, Baxter L. (7)
Clement, John B. (3)
Close, Byron H. (16)
Cloud, Albert W. (2)
Coburn, J. Wesley (7)
Cochrane, Cleland D. (2)
Coe, Richard (7)
Coffey, Michael J. (7)
Coffin, Henry F. (7)
Cogan, Henry (16)
Coghlan, Jasper (7)
Cohan, Charles C. (11)
Cohen, Harry X. (20)
Cohen, Herman (9)
Cohen, Herman (11)
Cohen, Herman N. (9)
Cohen, I. Elvin (7)
Cohen, Julian (16)
Cohen, Louis (16)
Cohen, M. Marvin (16)
Cohen, Maurice (7)
Cohen, Maurice B. (5)
Cohen, Max (7)
Cohen, Meyer J. (7)
Cohen, Nathan B. (12)
Cohen, Oscar H. (14)
Cohen, Paul (4)
Cohen, Samuel (9)
Cohen, Samuel A. (9)
Cohen, Sidney A. (7)
Cohen, Sidney L. (7)
Cohen, Sidney P. (7)
Cohen, William (11)
Cohn, George M. (7)
Cohn, Hermann (7)
Cohn, Isidor (16)
Cohn, Royal M. (7)
Colavita, James J. (11)
Colby, Maxwell X. (13)
Cole, L. Frank (16)
Cole, Walter H., Jr., (20)
Coleman, Austin H. (10)
Coleman, Joseph G. (19)
Coleman, Peter F. (13)
Coleman, Russell M. (7)
Collier, Martin H. (4)
Collins, Henry J. (11)
Collins, Laurence M. (14)
Collins, Louis K. (8)
Colmer, M. Jonas (7)
Colsh, LeRoy L. (7)
Colton, Ethan T., Jr. (7)
Comando, Harry N. (7)
Comeau, George W. (14)
Comfort, John B. (11)
Commini, Frank F. (11)
Comunale, Anthony R. (20)
Conaway, Walt P. (1)
Conlon, Philip J. (7)
Connamacher, Harold S. (7)
Connell, Emmet J. (9)
Connell, John N. (9)
Connelly, John A. (11)
Connolly, John J. (7)
Connolly, Joseph P .(16)
Connolly, Richard N. (7)
Connolly, T. Vincent (16)
Connolly, Thomas W. (9)
Connor, Clarence A. (2)
Conroy, John S. (3)
Conserva, Peter V. (16)
Conti, Michael (9)
Conty, Anthony J. (9)
Convery, Robert (7)
Conway, James V. (20)
Cook, Hugh F. (7)
Cooke, William H. (7)
Cooley, Justus H., II (18)
Cooper, Howard M. (2)
Cooper, Irving J. (12)
Cooper, J. Howard (18)
Cooper, Jules (5)
Cooper, Robert A. (4)
Cooperman, Eli L. (12)
Cooperman, William (7)
Copleman, Benjamin (12)
Copleman, Hyman B. (12)
Coplin, George J. (20)
Coppoletta, Joseph M. (2)
Corbusier, Harold D. (20)
Cordasco, Peter (7)
Corio, George A. (11)
Corn, David (2)
Cornish, Charles H. (7)
Cornwell, Alfred (6)
Corrigan, Patrick H. (11)
Corson, Filbert R. (1)
Corson, Kenneth E. (6)
Cortese, Alvin E. (16)
Cosgrove, Robert A. (9)
Cosgrove, Samuel A. (9)
Costa, Philip L. (13)
Costabile, Vincent (2)
Costello, William F. (14)
Cotton, Henry A., Jr. (11)
Cotton, Norman T. (16)
Cottone, Rosario J. (11)
Cottrell, Judson G. (12)
Coughlan, Ella A. (7)
Coughlin, Frank J. (7)
Coughlin, John P. (9)
Coughlin, Joseph J. (2)
Coultas, Aldo B. (14)
Cowlbeck, Harry D. (11)
Cox, Harold C. (11)
Cox, John C. (7)
Cox, William T. R. (20)
Cox, William W. (7)
Coxson, Harold P. (4)
Crabtree, Loren H. (20)
Cracco, Frederick A. (9)
Craig, Henry A. (18)
Crandall, John K. (2)
Crandell, C. Archie (14)
Crane, Bernard (1)
Crane, Charles G. (7)
Crane, Norman T. (20)
Crankshaw, Orrin F. (20)
Crapanzano, Domenico (7)
Craster, Charles V. (7)
Crawford, Georgina U. (7)
Crawford, John W. (18)
Crecca, Anthony D. (7)
Crecca, William D. (7)
Cregar, John S. (7)
Cremens, John F. (16)
Crescente, Fred J. (16)
Cricco, Carl F. (9)
Crist, Walter A. (4)

Cronin, Francis J. (20)
Cropsey, Charles D. (2)
Crossfield, Henry C. (7)
Crounse, David R. (16)
Crowe, Aldrich C. (5)
Cryder, Millard C. (5)
Crystell, Edward H. (7)
Csema, Emery J. (12)
Ctibor, Vladimir F. (10)
Cufari, Carmine J. (9)
Culver, S. Herbert (9)
Cunningham, Charles, Jr. (6)
Cunningham, Joel B. (4)
Cupaiuoli, Richard A. (9)
Currie, Norman W. (20)
Curry, Marcus A. (14)
Curtis, A. Maurice (16)
Curtis, Donald A. (2)
Curtis, Elbert A. (7)
Curtis, Howard C. (3)

ASSOCIATE MEMBERS

Capio, Mario D. (16)
Charnock, Maurice P. (11)
Cohen, Joseph (11)

D

ACTIVE MEMBERS

D'Acierno, Pellegrino A. (9)
D'Addario, Anthony R. (7)
D'Agostin, Henry (2)
D'Agostini, Alfred J. (7)
D'Agostini, Robert J. (7)
Dailey, Edward S. (7)
Dalberg, Walter (20)
D'Alessandro, Arthur J. (7)
Dalton, S. Eugene (1)
Daly, Edmund J. (9)
D'Amato, Charles R. (2)
D'Ambola, Philip R. (7)
D'Amico, Thomas V. (7)
Dandois, George F. (5)
Dane, Charles (7)
Dane, John (7)
D'Angelo, Joseph C. (7)
Danielson, John J. (9)
Danzis, Louis (7)
Danzis, Maximillian (7)
Darby, C. Eugene (5)
Darby, I. Kermit (7)
D'Arcy, Walter E. (11)
Darden, Walter T. (7)
Darlington, Emlen P. (3)
Daron, Simeon (7)
Davenport, Irwin P. (11)
Davey, Thomas N. (9)
Davidson, E. Norwell (20)
Davidson, Harold S. (1)
Davidson, Henry A. (7)
Davidson, Louis L. (7)
Davidson, Maurice M. (20)
Davies, George A. (6)
Davies, George W. (7)
Davis, A. Hobson (16)
Davis, Albert B. (4)
Davis, Daniel (9)
Davis, E. Vernon (3)
Davis, F. Cleveland (20)
Davis, Harold L. (11)
Davis, J. Stannard (4)
Davis, Jacob M. (3)
Davis, John E., Jr. (11)
Davis, Louis (7)
Davis, Stanton H. (20)
Davis, Thomas C. (7)
Davis, W. Cole (1)
Davison, C. Spencer (17)
Davison, Royden W. (11)
Davison, Wilbur S. (17)
Dawson, Harry (16)
Day, Grafton E. (4)
Day, Hayward F. (18)
Day, Samuel T. (6)
Day, Willis B. (20)
Dayton, Spencer T. (2)
Dean, Guy K., Jr. (11)
DeBell, Peter J. (16)
DeBiaso, Cornelius V. (2)
DeCesare, Ferdinand J. (20)
Decker, Charles T. (20)
Decker, Henry B. (4)
Decker, John G. (2)
DeFelice, Mario T. (14)
DeFronzo, Morando (7)
DeFuccio, Charles P. (9)
DeFusco, G. Thomas (9)
Degenhardt, Ira H. (12)
DeGerome, James H. (7)
DeGrace, Francis H. (16)
DeHart, George K. (7)
deHellenbranth, Roland T. (1)
Deibert, Irvin E. (4)
Deibert, Kirk R. (4)
Deich, Samuel R. (16)
Deichman, Charles H. (14)
Deitz, Joseph R. (11)
Delario, Anthony J. (16)
DelBaglivo, Mario (9)
Del Deo, Nicholas V. (7)
Del Duca, Vincent P. (4)
DeLeonardis, James V. (7)
Del Guercio, Olindo (7)
Del Mauro, Alphonse (16)
Del Negro, Albert E. (7)
Demarest, Gerald B. (20)
Demarest, J. Willis (2)
DeMattia, Michael (16)
Dembinski, T. Henry (11)
DeMeritt, Charles L. (9)
DeMichele, Roland V. (7)
Dempsey, J. Harvey (4)
Denbo, Elic A. (4)
Denelsbeck, J. Otis (11)
Denes, Oscar (7)
Dengler, Henry P. (20)
Denholtz, Emanuel (7)
DePalma, Anthony F. (7)
DePhillips, Benedict R. (7)
dePons, Sarah C. (13)
DeRosa, Armand (16)
DeRosa, John (16)
DeRosa, Louis (14)
DeSantis, Orazio J. (6)
DeSanto, Anthony M. (2)
Desmet, Victor F. (16)
Dessauer, Joseph (7)
DeTroia, Frederick C. (7)
Deuell, William D. (2)
Deutel, Oscar R. (7)
Deutsch, Nathan S. (20)
DeVincentis, Henry (7)
DeVincenzo, F. Richard (9)
DeVita, Anthony J. (13)
Devlin, Arthur D. (7)
Devlin, Hugh J. (7)
Dewis, Edwin G. (13)
Dexter, Harriet E .T. (9)
DeYoe, Leon E. (16)
Dezer, Charles N., Jr., (2)
Diamond, David I. (13)
Diamond, J. George (20)
Dias, Joseph L. (7)
Dickson, John D. (2)
Dickson, T. Bruce (3)
Dieffenbach, Richard H. (7)
Dieker, Howard E. (12)
Diener, Samuel (7)
DiFino, Felix J. (7)
DiGiacomo, Harry E. (7)
DiGiacomo, William H. (7)
DiIelsi, Anthony J. (4)
Dilger, Frederick G. (2)
DiMarino, Anthony J. (8)
Dimun, John T. (11)
Dinge, Ferdinand C. (7)
Dingman, Norman M. (16)
DiNicolantonio, Vincent J. (1)
DiNoreia, Joseph (7)
Diverty, Henry B. (8)
Dochtermann, Warren P. (14)
Dodd, Edward L. (7)
Dodd, William E. (15)
Dodge, James T. (11)
Doggett, E. Hugh (20)
Doktor, David (16)
Dolsky, Irving (20)
Donahue, William J. (7)
Donchi, Sol M. (7)
Donges, Clarence B. (4)
Donlan, Francis A. (12)
Donnelly, John H. (7)
Donnelly, Joseph E. (16)
Donnelly, Joseph P. (9)
Donnelly, William A. (1)
Donohoe, Lucius F. (9)
Donovan, Joseph (14)
Doody, William M. (9)
Doran, Ralph J. (9)
Doran, William G. (9)
Doranz, Harold K. (11)
Dorn, Elliott I. (7)
Dougherty, Daniel D. (9)
Douglass, Stephen A. (16)
Douglass, William C. (18)
Dow, Robert F. (16)
Dowd, Ambrose F. (7)

Downing, Perley E. (12)
Downs, Roscius I. (3)
Doyle, John J. (9)
Draesel, Charles (9)
Dragonetti, Elvige N. (7)
Drake, Daniel E. (16)
Drake, Leo B. (19)
Drake, Paul F. (21)
Dranow, Paul (7)
Drapkin, Berta (7)
Dreskin, Jacob L. (7)
Drezner, Henry L. (11)
Driscoll, Charles D. (4)
Driscoll, Raymond S. (9)
Drossner, Jacob L. (4)
DuBois, Morris G. (7)
duBusc, L. C. Victor (20)
Duckett, Warren J. (9)
Duffy, Edward P., Jr. (7)
Dukes, Howard R. (9)
Dulany, Theodore L. (7)
Dulin, Everett V. (7)
Duncan, Owsley B. (16)
Dunham, Malcolm M. (12)
Dunn, H. Irving (20)
Dunn, John S. (17)
Dunn, Theodore B. (7)
Dunning, Walter L. (16)
Durchlag, E. Nelson (7)
Durham, Robert B. (1)
Durham, Royal E. (1)
Durrah, Fred F. (20)
Duschock, Edward F. (12)
Duvall, Albert I. (13)
Dwork, Harold K. (7)
Dwoyer, Leon C. (20)
Dwyer, Henry E. (16)
Dwyer, William A. (16)
Dyer, Edward H. (1)

ASSOCIATE MEMBERS

Daly, John F. (2)
Dann, Frederick J. (7)
Dear, Abraham L. (7)
Delcau, Jules (13)
DeLia, Emilio (7)
Denison, Ward C. (2)
Drewniany, Bernardine (7)

E

ACTIVE MEMBERS

Eagleton, Wells P. (7)
Eames, William N. (11)
Earp, Ruth (14)
Eason, Samuel W. (20)
Ebenfeld, Samuel W. (7)
Ebner, Paul G. (4)
Echikson, Joseph I. (7)
Eckert, Walter L. (1)
Eckhardt, Ralph A. (14)
Eddy, Lester R. (19)
Edelberg, Sidney S. (18)
Edelen, James J. (7)
Edelson, Samuel (13)
Edgar, Joseph A. (9)
Edgar, Malcolm S. (20)
Edgerly, Sherburn E. (2)
Edlkraut, Edward C. (16)
Edwards, J. Bennett (2)
Edwards, Lena F. (9)
Ehrenfeld, Edward (16)
Ehrenfeld, Irving (16)
Ehrlich, Edward (7)
Ehrlich, Max (20)
Ehrlich, William E. (7)
Eichler, Bernard B. (7)
Eigen, Louis A. (7)
Ein, William B. (7)
Einhorn, Samuel E. (7)
Eisemann, Jerome S. (17)
Eisenberg, David S. (7)
Ekings, Frank P. (16)
Elias, Elmer J. (11)
Ellenson, Solomon S. (13)
Elliott, Frazier J. (1)
Ellis, Alexander (4)
Ellis, Arthur J. (7)
Ellis, Moury I. (7)
Ellmers, Basil J. (2)
Elsasser, Theodore H. (9)
Elwood, Benjamin J. (9)
Ely, Lancelot (18)
Emerson, Linn (7)
Emmer, S. Wolfe (7)
Emory, George B., Jr. (14)
Engelhart, Ferdinand K. (11)
Englander, Charles (7)
English, Harrison F., III (11)
English, John T. (7)
English, Samuel B. (10)
Enright, James G. (9)
Epler, Don A. (7)
Epstein, Harry B. (7)
Epstein, Rubie (11)
Epstein, William M. (7)
Erber, Leonard B. (1)
Erdman, George L. (7)
Erler, Eugene W. (7)
Ernest, Richard B. (11)
Ervin, Millard B. (7)
Esposito, Antonio L. (1)
Esposito, Anthony L. (16)
Essertier, Edward P. (2)
Esty, Geoffrey W. (20)
Etheridge, Charles H. (7)
Eulner, Elmer H. (12)
Evans, Charles H. (7)
Evans, David P. (7)
Evans, Edgar E. (17)
Evans, Edgar J. (14)
Evans, J. Lawrence (9)
Evans, J. Lawrence, Jr. (2)
Ewens, Arthur E. (1)
Ewing, Harvey M. (7)
Ewing, Leslie H. (4)
Eynon, Harold K. (4)
Eynon, James R. (4)

ASSOCIATE MEMBER

Eisenstodt, Lester W. (7)

F

ACTIVE MEMBERS

Faber, Edward (9)
Fabian, Paul L. (11)
Facciolo, Frank (9)
Fader, Ferdinand (7)
Fagan, James L. (12)
Fager, Rudolph O. (7)
Fagin, Joseph (20)
Fahrenbruch, Frederick D. (3)
Failing, Brayton E. (7)
Failmezger, Theodre R. (14)
Faison, John B. (9)
Falcone, Nicholas A. (18)
Falkinburg, LeRoy W. (15)
Falvello, Nicholas A. (14)
Fanburg, Sol J. (7)
Fanelli, Antonio (12)
Farden, Joseph L. (7)
Farkas, Gustav (16)
Farkas, Morris (7)
Farmer, Vincent (2)
Farmer, Walter D. (11)
Farr, Irving L. (7)
Farr, Walter J. (2)
Farrell, Edgar A. H. (4)
Fasano, Giovanni (7)
Fattel, Henry C. (9)
Faughnan, Rose C. (7)

Faulkingham, Ralph J. (12)
Fauquier, Leonard B. (9)
Faux, Frederick J. (8)
Fava, Philip V. (7)
Fazio, Vincent J. (12)
Featherston, Daniel F. (13)
Federer, John J. (9)
Feher, Ladislas A. M. (12)
Feigenoff, Israel (16)
Fein, Bernard (7)
Feinberg, Harry (9)
Feinberg, Harry D. (13)
Feinsod, Samuel N. (7)
Feinstein, Louis (1)
Feldman, Frank H. (7)
Feldman, Joel (13)
Feleppa, Edward E. (20)
Feliciano, Vincent (16)
Felitti, Vincent J. (9)
Feller, William (9)
Feman, J. George (13)
Fendrick, Edward (7)
Fenichel, Benjamin (7)
Fenimore, Edward D. (9)
Fenster, Morton N. (16)
Fenton, Tennant E. (13)
Fenwick, John R. (16)
Ferguson, William E. (7)
Fermaglich, Harry B. (2)
Fern, Samuel S. (7)
Ferrari, Andrew F. (2)
Ferrary, Paul B. (16)
Ferriss, Ruth B. (14)
Fessler, A. James (11)
Fessman, John W. (4)
Feuer, Joseph A. (7)
Ficke, Sylvia A. (9)
Fiedler, Michael J. (20)
Field, Frank L. (18)
Fiering, Abraham M. (16)
Fietti, Vincent G. (2)
Fifer, William T. (9)
Fine, Hyman P. (12)
Fine, Irvin J. (12)
Fine, M. James (7)
Fine, Sydney G. (11)
Fineberg, Bernard J. (9)
Fineberg, Jacob C. (9)
Finegan, Paul J. (11)
Finger, Frederick A. (9)
Fink, A. Elston (7)
Fink, Irving E. (7)
Fink, Stanley J. (20)
Finke, Charles H. (9)
Finke, George W. (2)
Finke, John H. D. (2)
Finkel, Joshua (7)
Finkelstein, Abe S. (7)
Finkle, Lester J. (11)
Finkler, Rita S. (7)
Finn, Frederick A. (9)
Finn, Henry R. W. (9)
Finnerty, Urban R. (7)
Fiorello, Joseph R. (11)
Fischbein, Martin M. (7)
Fischer, Edward J. (7)
Fischman, Harold H. (7)
Fish, Clyde M. (1)
Fishbein, Elliot (16)
Fisher, James A. (13)
Fisher, Percy C. (2)
Fisher, Samuel (16)
Fisher, Stella C. (4)
Fishkoff, Alexander H. (12)
Fisler, Charles F. (8)
Fitch, Thomas S. P. (20)
Fithian, George W. (12)
Fitzhugh, William F. (2)
Fitzpatrick, Edward F. (7)
Fitzpatrick, Leo J. (2)
Flanagan, John J. (7)
Flax, Charles H. (7)
Flax, Ira I. (7)
Flax, Jacob L. (7)
Fleischmann, Viola G. (7)
Fleming, Charles L. (17)
Fleming, Joseph A. (7)
Flichtenfeld, Morris (9)
Flicker, David J. (9)
Fliegel, Hilda C. (9)
Fliegel, William M. (2)
Flint, Edgar T. (18)
Flitcroft, William (16)
Flower, Morrie A. (7)
Fluck, David A. (11)
Fluck, Paul H. (10)
Flynn, Edward A. (7)
Fooder, Horace M. (8)
Forbes, John S., Jr. (14)
Ford, Theodore R. (7)
Forer, Robert (11)
Forney, Norman N. (12)
Forney, Norman N., Jr. (12)
Forsyth, Kenneth C. (7)
Fort, J. Irving (7)
Fort, William B. (20)
Forte, Daniel L. (7)
Forte, F. Chester (2)
Forte, Frank S. (7)
Fortuin, Floyd (16)
Fortunato, Samuel J. (7)
Foster, Frank L. (20)
Foster, Herbert W. (7)
Fowler, Richard M., Jr. (1)
Fowler, Royale H. (7)
Fox, William W. (1)
Frame, Dorothy L. (7)
Francy, Donald G. (7)
Frank, Morris (9)
Frank, Myrtile (1)
Frank, Nathan (9)
Frank, Perry (1)
Frank, Reuben (3)
Franklin, Frank A. (7)
Franklin, I. Harold (9)
Franklin, Joseph E. (20)
Franklin, Lewis J. (20)
Franzoni, Andrew E. (11)
Fratantuno, Michael J. (7)
Fraulo, Louis (16)
Frazee, William H., Jr. (15)
Freedman, Harold H. (13)
Freedman, Jacob S. (16)
Freeland, Frank (2)
Freeman, George C. (7)
Freeman, Joseph (9)
Freeman, Ray M. (20)
Freeman, Richard D. (7)
Freinkel, Jacob (7)
Freyberger, George A. (9)
Fridrich, Harry E. (4)
Friedburg, George H. (20)
Friedenberg, Sidney (4)
Friedenthal, Bernard (12)
Friedland, Arnold J. (5)
Friedlander, Kurt F. (7)
Friedman, Abraham I. (2)
Friedman, Harry (7)
Friedman, Hyman (7)
Friedman, Max (11)
Friedman, Meyer H. (11)
Friedman, Milton (7)
Friedmann, Gustav (16)
Friedmann, Leonard L. (11)
Friedrich, Adam H. (7)
Frieman, Hyman (9)
Fritts, Lewis C. (18)
Fritz, John F., Jr. (10)
Froelich, Joseph C. (7)
Frohwein, Ida H. (20)
Fromkin, Charles (6)
Frost, Inglis F. (14)
Frutig, Harold C. (9)
Fuchs, Jacob N. (11)
Fuhrmann, Barclay S. (10)
Furman, Benj. A. (7)
Furman, Sol T. (9)
Furst, Nathan J. (7)

ASSOCIATE MEMBERS

Ferguson, John (13)
Fischer, Louise (7)
Forrest, Henry (12)
Fritsch, Alfred (7)

G

ACTIVE MEMBERS

Gadek, Stanley A. (12)
Gadek, William V. (12)
Gadomski, Casimir F. (20)
Gairdner, Thomas M. (8)
Galgoczy, Julius (18)
Galioto, Frank M. (7)
Gallardo, Agustin (16)
Gallaway, George E. (20)
Gamba, Joseph (7)
Gambill, Perry J. (14)
Gamon, Robert S. (4)
Ganley, Arthur J. (7)
Gannon, Joseph M. (20)
Ganot, Frank I. (7)
Gantt, Margaret H. (14)
Gardam, Joseph W. (7)
Gardner, Kenneth E. (7)
Garfinkel, Abraham (10)

Garibaldi, Louis J. (9)
Garrison, George H. H. (4)
Garrison, W. Sherman (6)
Garwood, Norman W. (11)
Gatti, Joseph D. (2)
Gauch, William (7)
Gaumer, George W. (15)
Gauzza, Valentine P. (12)
Gaylor, Earl L., Jr. (7)
Geary, Daniel J. (14)
Geary, Paul (20)
Geary, Russell D. (3)
Gebirtig, Theodore (14)
Gehl, Sidney H. (7)
Geiger, Harold C. (16)
Geissler, Elmer E. (4)
Gelb, Jerome (7)
Geller, Samuel (7)
Gelman, Sidney (16)
Gencher, Benjamin (7)
Gennell, Ernest (7)
George, Melbourne E. W. (7)
Gerard, Patrick D. (7)
Gerendasy, Julius (20)
Gerhardt, Paul E. (7)
Germain, Raymond J. (10)
German, George B. (4)
Gerne, Timothy A. (9)
Gerner, Harry E. (9)
Gershenfeld, David B. (7)
Gershman, Joseph G. (2)
Gessner, Gerard R. (12)
Gesswein, Carl A. (13)
Ghee, Euclid P. (9)
Giambra, Sante M. (16)
Giannetti, Ernest D. (7)
Giardina, John S. (7)
Gibb, Alice S. (20)
Gibb, W. Blake (14)
Gibbins, A. Leslie (7)
Gibson, Augustus (7)
Gibson, Charles F. (3)
Giffoniello, Arthur A. (7)
Gifford, William R. (7)
Giglio, Alphonsus S. V. (20)
Gilady, Raphael (2)
Gilbert, Philip D. (4)
Gilbertson, Robert L. (14)
Gilligan, Walter W. (7)
Gillis, Alfred G. (8)
Gillson, Hugh V. (16)
Gilman, Charles M. B. (7)
Gilmour, John R. (7)
Gilpin, Fletcher (20)
Gindhart, John H. (11)
Ginsberg, George (9)
Ginsberg, Leon (7)
Ginsburg, Samuel (16)
Girardo, Anthony J. (4)
Gittelman, Morton (20)
Gittelsohn, Isador (2)
Gitterman, David A. (2)
Giuffra, Frank (7)
Gladstone, Albert L. (2)
Glaser, Emanuel (20)
Glasgow, Thomas M. (16)
Glass, Benjamin E. (20)
Glass, Harry L. (20)
Glass, Oscar (7)
Glass, William H. (7)
Glasser, Benjamin F. (12)
Glassner, Frank (20)
Glasston, Hyman M. (20)
Glazebrook, Francis H. (14)
Glazer, Edward (13)
Glazier, Jesse T. (7)
Gleason, Thomas P. (9)
Gleeson, William J. (9)
Glover, Lawrence L. (4)
Gluckman, I. Edward (7)
Gluckman, Saul K. (7)
Gnassi, Angelo M. (9)
Gochman, Harry M. (16)
Godfrey, Alan O. (7)
Goeller, Jacob D. (7)
Goff, Frank J. (13)
Goffman, Emanuel (7)
Goldberg, Benjamin M. (11)
Goldberg, David (2)
Goldberg, Harold H. (7)
Goldberg, Harry C. (12)
Goldberg, Isidore (12)
Goldberg, Jacob (13)
Goldberg, Louis E. (7)
Goldberg, Samuel A. (7)
Goldberg, Samuel M. (7)
Golden, Clement H. (7)
Golden, William M. (20)
Goldfarb, Abraham (2)
Goldfield, Harold H. (20)
Golding, Harry N. (16)
Goldmacher, Herman B. (20)
Goldman, Jerome (7)
Goldman, Leo L. (11)
Goldman, Lester M. (7)
Goldman, Samuel (4)
Goldman, Sol B. (16)
Goldman, Solomon (12)
Goldmann, Joseph (7)
Goldowsky, Ira (9)
Goldsmith, Alfred S. (9)
Goldstein, Abraham (15)
Goldstein, Henry Z. (7)
Goldstein, Herman H. (20)
Goldstein, Hyman I. (4)
Goldstein, Joseph D. (9)
Goldstein, Samuel (1)
Goldstein, Samuel M. (7)
Goldstein, William H. (7)
Goldstone, Karl H. (9)
Gonczy, Edward J. (20)
Goodfellow, Gordon P. (7)
Goodman, Kenneth (7)
Goodrich, Stewart L. (9)
Gordon, A. Julius (7)
Gordon, Abel (16)
Gordon, Benjamin L. (1)
Gordon, Charles D. (14)
Gordon, Frank S. (21)
Gordon, Isaac L. (9)
Gordon, J. Berkeley (13)
Gordon, Maurice B. (1)
Gordon, Milton H. (4)
Gordon, Samuel (16)
Gorden, Sarah (2)
Gorenberg, Harold (9)
Gormley, Cyrus M. (16)
Gorog, Nicholas M. (12)
Gorten, Manfred L. (7)
Gottlieb, Morris (1)
Gould, John H. (16)
Gould, Werner (2)
Graddick, Lester W. (14)
Graeter, F. Albert (16)
Graham, Archibald F. (16)
Graham, Ernest E. (11)
Graham, Richard B. (15)
Graham, Theodore K. (16)
Gramsch, A. Louis (2)
Granberry, D. Webb (7)
Granelli, Humbert A. (9)
Grant, William E. (20)
Graves, Charles C., Jr. (13)
Gray, Charles M. (6)
Gray, John W. (7)
Gray, W. Burritt (18)
Green, David W. (17)
Green, Thomas J. (15)
Greenberg, George A. (18)
Greenberg, Jacob L. (7)
Greenberg, Max (20)
Greenberg, Nathan H. (7)
Greenberg, Philip (9)
Greenberg, Samuel (7)
Greenberg, Solomon (9)
Greene, Albert D. (9)
Greene, Edwin C. (6)
Greene, Harry (9)
Greenfield, Arthur W. (2)
Greenfield, Bernard H. (7)
Greenfield, Herbert (7)
Greenfield, Leonard S. (7)
Greenfield, William J. (2)
Greengrass, Jacob J. (16)
Greenwald, Theodore L. (7)
Greenwood, Samuel B. (7)
Greenwood, William R. (12)
Gregorius, Ralph F. (7)
Gregory, Marie F. (14)
Gregory, Mildred G. (7)
Greifinger, Marcus H. (7)
Greifinger, William (7)
Grenhart, George W. (4)
Grieco, Emil H. (9)
Grier, Robert M. (1)
Griesemer, Z. Lawrence (20)
Grieve, James (12)
Griffey, William C. (4)
Griffin, Guy B. (7)
Griffith, Roy (7)
Grimes, Robert R. (2)
Griscom, I. Norwood (14)
Griscom, Lee E. (4)
Griswold, Merton L., Jr. (20)
Groeschel, August H. (19)
Groff, Parker A. (2)
Grosfeld, William (16)
Gross, Isidore (7)
Gross, Max (1)
Grossblatt, Philip (7)
Grossman, Morris (9)
Grossman, Rubin (9)
Grubin, Harold (7)
Grueninger, Edward F. (2)
Gruhler, Jean A. (1)
Grunt, Louis (7)
Guarraia, Joseph (16)
Guertin, Diomede (18)
Guglielmelli, Angelo D. (11)
Guidi, Guido M. (20)
Guidotti, Frank P. (11)
Guion, Edward (1)
Gulick, James B. (7)
Gullord, Edward G. (7)
Gurley, Katharine A. (9)
Gurnee, Quinby D. (16)
Gurshman, Sol. (12)
Guthrie, Wilson G. (7)
Gutmann, Erwin K. (9)
Gutowski, Joseph M. (12)
Gutowski, Walter T. (7)
Guzy, Morton (6)

ASSOCIATE MEMBER

Gereben, Arpad G. (12)
Giardina, Vincent J. (7)
Goldstein, Edward W. (16)
Grant, Francis (7)
Gribbin, James A. (11)
Gruber, William L. (7)

H

ACTIVE MEMBERS

Hackett, Edward J. (20)
Hackett, Leon W. (21)
Hadley, C. Frazer (4)
Hadley, C. Frazer, Jr. (4)
Hadley, Elinor E. (7)
Hafetz, M. Morris (11)
Hagen, Orville R. (16)
Hagen, Walter H. (7)
Haggerty, D. Leo (11)
Hagman, Frank E. (7)
Hahn, Katharine B. (7)
Hahn, William H. (7)
Haight, Harry W. (12)
Haines, Edgar J. (3)
Haines, Emerson S. (13)
Haines, F. B. Lane (5)
Haines, Mabel C. S. (4)
Haines, Willits P. (5)
Halbstein, Bernard M. (13)
Haldeman, Robert E. (3)
Haley, Paul W. (7)
Hall, Perry O. (9)
Hall, Wayne W. (16)
Hall, Winthrop H. (20)
Hallett, Frederick S. (2)
Halligan, Earl J. (9)
Hallinger, Earl S. (4)
Hallock, Wilton J. (20)
Halnan, John J., Jr. (16)
Halperin, David (9)
Halpern, Jesse O. (2)
Halpern, Melvin M. (7)
Halpern, Samuel (1)
Halpern, William (7)
Halprin, Harry (7)
Halsey, Levi W. (7)
Hamblin, Donald O. (18)
Hambright, Arthur M. (16)
Hamilton, Lloyd A. (10)
Hamilton, Robert G. (7)
Hamley, John J. (20)
Hammell, Frank M. (11)
Hammett, Lee J. (4)
Hampton, George R. (14)
Hanan, James T. (7)
Hancock, Michael Q. (13)
Handler, Harry (9)
Haney, John J. (11)
Hansen, Harry (20)
Hanson, Alfred S. (4)
Hanson, Carl G. (20)
Hantman, Harold (7)
Harden, Albert S. (7)
Hardy, John W. (13)
Harley, Halvor L. (1)
Harman, Byron M. (7)
Harman, James R. (11)
Harman, William J. (11)
Harreys, Charles W. (16)
Harrington, J. Henry (14)
Harris, Morris (7)
Harris, William G. (8)
Harrop, George A. (11)
Harryman, William K. (2)
Harter, Louis F. (9)
Hartman, Luther M. (3)
Hartman, Winfield L., Jr. (7)
Hartwell, H. Ameroy (9)
Harvey, John W. (9)
Harvey, Robert K. (7)
Harvey, Thomas W., Jr. (7)
Harz, William V. (9)
Haschec, Walter (7)
Haseltine, Sherwin L. (20)
Haskin, Aaron H. (7)
Hasking, Arthur P. (9)
Hasner, Frederick A. (7)
Hatch, Harold S. (14)
Hatcher, George A. (7)
Hatem, Elias J. (16)
Hauck, Lydia R. B. (7)
Hauck, William H. (7)
Hauptman, Harry (9)
Haury, Victor G. (4)
Hausman, Samuel W. (13)
Haven, Samuel C. (14)
Hawes, Vernon L. (2)
Hawke, Edward K. (19)
Hawkes, E. Zeh (7)
Hawkes, Stuart Z. (7)
Hayes, Gerald W. (7)
Hayman, Irving R. (16)
Hays, Roy G. (4)
Haywood, Henry (12)
Heatley, William (13)
Heaton, Stuart C. (18)
Hebble, Howard M. (3)
Hegeman, Runkle F. (18)
Heil, Alva A. (10)
Heineken, Theodore S. (7)
Hekimian, Jacob H. (9)
Helff, Joseph R. (2)
Heller, Abraham R. (7)
Heller, George (2)
Heller, Nathan B. (7)
Heminway, Norman L. (18)
Hemphill, Everett H. (4)
Henderson, Kenneth P. (1)
Henle, Carye-Belle (7)
Hennig, Paul F. (7)
Henriksen, J. Bruce (15)
Henry, Frank C., Jr. (12)
Henry, George (10)
Hensle, Otto S. (2)
Herbener, Eugene G. (15)
Hermann, John H. (7)
Herndon, Lewis S. (7)
Herold, Harvey T. (7)
Herradora, Juan R. (9)
Herrington, Lee R. (20)
Herrman, William G. (13)
Hersh, David H. (7)
Hersohn, William W. (1)
Hess, George A. (11)
Hesseltine, Clair E. (12)
Hessert, Edmund C. (4)
Hewson, George F. (7)
Hexamer, Fred (7)
Heyman, Arthur (7)
Heyman, Ernest F. (13)
Hicks, Alfred M. (7)
Hiden, Joseph C. (11)
Higgins, Gerald L. (9)
Higgins, John T. (9)
Higgins, Thomas A. (9)
Higgins, Thomas F. (20)
Higi, Joseph E. (7)
Hiler, Stuart A. (14)
Hilker, George F. (12)
Hill, Clarence T. (20)
Hill, Dean F. (19)
Hill, James O. (7)
Hill, Robert H. (7)
Hill, William F. (9)
Hillel, Joseph (9)
Hilliard, William T. (17)
Hillmann, Frederick C. (16)
Hillsman, R. Bryan (2)
Hindle, F. Lawton (13)
Hinton, Samuel H. (12)
Hipple, Percy L. (20)
Hird, Emerson F. (18)
Hirsch, John J. (2)
Hirsch, Samuel (16)
Hirsch, Solomon (9)
Hirsch, Theodore (7)
Hirschberg, Samuel (7)
Hirschfield, Bernard A. (11)
Hirst, E. Reed (4)
Hitzemann, Louis A. (2)
Hnat, Frederick (20)
Hobart, Richard T. (7)
Hochheimer, Arthur (18)
Hodas, Sidney M. (13)
Hofer, William R. (4)
Hoffman, Charles A. (20)
Hoffman, Charles W. (12)
Hoffman, Florentine M. (12)
Hoffman, Harry S. (1)
Hogan, Carlton P. (3)
Hogan, James J. (15)
Hogan, Marshall D. (14)
Holland, Moses H. (9)
Holland, Reuben J. (20)
Holler, Henry G. (7)
Hollinger, Chauncey O. (9)
Hollingsworth, H. Hale (16)
Hollinshed, Beulah S. (4)
Hollinshed, Ralph K. (8)
Hollywood, James L. (9)
Holman, Francis W. (13)
Holmes, George J. (7)
Holmes, Grace A. (20)
Holmes, H. David (1)
Holmes, Thomas J. E. (16)
Holoman, M. Browne (1)
Holster, Stephen G. (16)
Holt, Edward Z. (1)
Holt, Evelyn (20)
Holt, Herman H. (16)
Holters, Otto R. (13)
Holtzman, Michael (20)

Hoops, Harold J. (9)
Hooton, Thomas C. (7)
Horhovitz, George I. (11)
Horland, Aaron H. (7)
Horn, Harry (7)
Horn, Max (7)
Hornberger, J. Howard (3)
Horner-Rodger, Clara L. (4)
Hornstine, Harry H. (5)
Horoschak, Anne (20)
Horowitz, Herman J. (2)
Horre, George W. H. (20)
Hosp, Paul H. (7)
Howard, J. Edgar (4)
Howard, James W. (7)
Howell, E. Gaylord (12)
Howell, Thomas W. (7)
Howeth, John L. (9)
Hubbard, Fayette E. (7)
Hubbard, Harry H. V. (20)
Hubbard, Robert Y. (7)
Huber, William H. (7)
Huberman, John (7)
Hubert, Antonio O. (14)
Hudson, Howard S. (1)
Hudson, Woodburn J. (1)
Hughes, Frank R. (5)
Hughes, Frederic J. (20)
Hughes, J. Vernon (16)
Hughes, Joseph F. (8)
Hughes, Lee W. (7)
Hughes, Samuel B. (5)
Hughes, Thomas E. (4)
Hulett, Albert G. (7)
Hull, Donald B. (2)
Humbert, Joseph C., Jr. (21)
Hummel, Ernest G. (4)
Hummel, Lee C. (17)
Hummel, Merwin L. (4)
Humphrey, Hubert G. (20)
Humphries, Robert E. (7)
Hunt, Melvin M. (12)
Hunt, Thomas F. (20)
Hunter, Edward R. (3)
Hunter, Floyd D. (11)
Hunter, Harold H. (8)
Hurff, J. Wallace (7)
Husserl, Siegfried (7)
Husted, Gerald W. (4)
Husted, Samuel H. (18)
Hutchinson, A. Dunbar (11)
Hutchinsn, George F. (11)
Hutner, Cyril I. (12)
Hutton, Frederick T. (20)
Hyman, Charles (1)
Hymowitz, Ben (7)

ASSOCIATE MEMBER

Hansen, Harold T. (7)
Holderith, Albert E. (7)

I

ACTIVE MEMBERS

Ianacone, John A. (16)
Ill, Edmund W. (7)
Ill, Herbert M. (7)
Imbleau, Joseph E. L. (20)
Imhoff, John G. (9)
Imhoff, Robert E. (3)
Infield, Gerald L. (1)
Inge, Hutchins F. (7)
Ingling, Harry W. (13)
Introcaso, Dominick A. (9)
Iraggi, James V. (16)
Ironside, Paul A. (4)
Irving, Henry C. (9)
Irwin, James R. (7)
Irwin, John H. (2)
Isaac, Benoit C. (7)
Ishkhanian, Nouri I. (9)
Israeloff, Howard H. (7)
Ivins, William C. (11)
Ivory, Harry S. (15)
Izenberg, David (16)

ASSOCIATE MEMBERS

Idelcowitz, Marie (12)
Irmisch, George W. (11)

J

ACTIVE MEMBERS

Jablonski, John J. (12)
Jack, H. Wesley (4)
Jacks, Oscar (9)
Jackson, Albert F. (7)
Jackson, Charles H. (4)
Jackson, Dominick P. D. (16)
Jackson, Elmer C. (21)
Jackson, George H. (7)
Jacobitti, Edmund E. (2)
Jacobs, Alan L. (20)
Jacobs, William (7)
Jacobson, J. Joseph (1)
Jacobson, Murray B. (12)
Jaffe, Benjamin (9)
Jaffe, Herman M. (9)
Jaffe, Hyman (16)
Jaffin, Abraham E. (9)
Jahn, Albert G. (16)
James, Bart M. (7)
James, J. Thomas (11)
Jamison, William F. (13)
Jani, Frank F. (16)
Janifer, Clarence S. (7)
Janoff, Henry (11)
Jaques, J. Eugenia (9)
Jarecki, Max M. (13)
Jarmulowsky, Harry (16)
Jaso, James V. (7)
Jaspan, Samuel C. (11)
Jedel, Meyer (7)
Jehl, Joseph R. (16)
Jenkins, Alvah R. (2)
Jenkins, Arthur M. (10)
Jennings, Robert E. (7)
Jensen, Grover H. (9)
Jentz, John H. (9)
Jessurun, Samuel H. (7)
Jirouch, Edwin A. (17)
Joelson, Dora (16)
Joelson, Morris S. (16)
Joffe, Philip M. (16)
Joffe, Sidney H. (16)
Johnsen, Sigurd W. (16)
Johnson, Archie W. (9)
Johnson, Fenimore S. (17)
Johnson, George F. (19)
Johnson, G. Leonard (2)
Johnson, Harold F. (20)
Johnson, Herbert F. (4)
Johnson, John F. (11)
Johnson, Robert A. (7)
Johnson, V. Earl (1)
Johnston, Julian F. (14)
Johnston, Rufus O. (2)
Johnston, Sidney F. (2)
Jonas, August (17)
Jones, Clement M. (9)
Jones, Edward C. (7)
Jones, Granville L. (13)
Jones, Herbert E. (20)
Jones, J. Morgan (9)
Jones, John C. (4)
Jones, Lewis H. (20)
Jones, Rhys (7)
Jonitz, Robert (7)
Jordan, Joseph C. (13)
Jordan, Walter L. (2)
Joseph, Benjamin M. (9)
Joseph, Morris (16)
Joy, Ernest H. (15)
Judd, Wilbur M. (14)
Judge, John F. (7)
Judson, G. Vernon, Jr. (4)
Judy, Kenneth H. (9)
Jukofsky, Isidore D. (2)
Just, Francis (7)
Justin, Arthur W. (9)

K

ACTIVE MEMBERS

Kachdorian, Vartan (11)
Kaderabek, Erwin J. (7)
Kahn, Leo (1)
Kahrs, Grace M. (7)
Kain, Thomas M. (4)
Kainer, Herbert (9)
Kakascik, Emil J. (2)
Kalb, S. William (7)
Kaletkowski, Marion F. (16)
Kallen, Arnold M. (7)
Kalter, George E. (7)
Kanengiser, Clifford H. (9)
Kanses, Edmund S. (13)
Kaplan, Henry L. (7)
Kaplan, Herman B. (9)
Kaplan, S. Bernard (7)
Kaplan, Samuel D. (20)
Kapp, Carl G. (20)
Karshmer, Ernest E. (20)
Karshmer, Nathan (12)
Kassow, Philip B. (21)
Kastler, Franz (2)
Katz, Herbert I. (16)
Katz, Jacob D. (9)
Katzin, Eugene M. (7)
Kauffmann, Louis J. (6)
Kaufman, Edgar W. (4)
Kaufman, Jerome G. (7)
Kaufman, Michael J. (7)
Kavanaugh, Daniel E. (7)
Kay, Albert E. (12)
Kay, Clarence R. (18)
Kazmann, Harold A. (13)
Kearney, Edward P. J. (7)
Kearney, John F. (7)
Kearney, John V. (9)
Keating, Charles A. (16)
Keating, Joseph M. (16)
Keegan, Thomas D. (9)
Keeney, Cadwell B. (20)
Keeney, James C. (9)
Keil, Sigmund S. (20)
Keim, William F. (7)
Keir, Floyd E. (2)
Keith, Theodore R. (7)
Kelemen, Nicholas M. (7)
Keller, Michael L. (16)
Keller, Paul (7)
Keller, Rudolph J. (9)
Kelley, Charles B. P. (9)
Kelly, Bernard S. (9)
Kelly, Harry R. J. (9)
Kelly, Leo J. (12)
Kemeny, Imre (12)
Kemper, Harry T. (20)
Kennedy, A. Andrew (16)
Kennedy, Eugene T. (16)
Kennedy, John W. (9)
Kennedy, Paul A. (2)
Kennedy, William M. (7)
Kenney, John A. (7)
Keppler, Charles, Jr. (16)
Kerdasha, George S. (9)
Kerdasha, Richard F. (4)
Kern, E. Clarence (7)
Kerns, Francis J. (7)
Kessell, John S. (7)
Kessler, Edward I. (14)
Kessler, Henry B. (7)
Kessler, Henry H. (7)
Keyser, David (4)
Kibbe, Milton H. (20)
Kiely, Eugene M. (9)
Kiessling, Charles E. (7)
***Kllduffe, Robert A. (1)**
Kiley, John E. (7)
Kim, Gay B. (16)
Kimler, William D. (4)
Kimmel, Charles (7)
Kimmel, M. Leonard (9)
Kimmel, Seymour S. (21)
Kinczel, John A. (11)
King, Alden P. (14)
King, Chester A. (2)
Kingma, John G. (2)
Kingslow, George L. (2)
Kinkead, Hilda (14)
Kinney, Albert G. (4)
Kinney, Burton O. (16)
Kirkby, Cyril S. (7)
Kirkman, Leroy G. (7)
Kirkwood, Allan S. (7)
Kirschner, Martin I. (19)
Kissinger, Donald J. (2)
Kleiber, Estelle E. (12)
Klein, Alexander (12)
Klein, Andrew J. V. (7)
Klein, Edward C., Jr. (7)
Klein, Edward F. (12)
Klein, Julius (9)
Klein, Milton (14)
Klein, William (12)
Kleinberger, Harry H. (7)
Kleiner, Samuel (16)
Kleinman, Maurice (7)
Klempner, Paul (11)
Klenk, Joseph P. (7)
Kler, Joseph H. (12)
Kline, George L. (7)
Kline, Herman (1)
Kline, Joseph J. (11)
Kline, Oram R. (4)
Klompus, Irving (18)
Klosk, Emanuel (7)
Klostermann, Julius A. (2)
Klughaupt, Dorothy K. (16)
Knapp, Richard E. (2)
Knapp, Victor (13)
Knauer, Charlels H., Jr. (11)
Knauer, George (20)
Knight, Augustus S. (18)
Knight, William T. (2)
Knowles, Frederick E. (14)
Knowles, George M. (2)
Knowles, James S. (6)
Knox, Charles A. (2)
Knox, Harriet L. (2)
Knox, Howard A. (10)
Kobes, John J. (7)
Koeck, George P. (7)
Koelsch, Frederick J. E. (12)
Koenig, Bertram (16)
Koerber, George (16)
Kohn, Joseph J. (11)
Kohn, Leo (7)
Kohn, Ralph B. (11)
Kohut, George J. (12)
Kolb, John M. (9)
Kolodin, Abraham (7)
Kondor, Joseph S. (11)
Konzelman, Henry J. (20)
Kooperman, Barnett (9)
Kooperstein, Samuel I. (9)
Koplin, A. Herman (11)
Koplin, Nathaniel H. (11)
Koppel, Joseph A. (9)
Kornfeld, Werner (7)
Kosminsky, Louis (2)
Kossmann, Walter J. (14)
Kosterlitz, Henry H. (7)
Kovaleski, Walter A. (16)
Kovin, Abraham (16)
Kraemer, Manfred (7)
Kraemer, Samuel H. (9)
Krafchik, Louis L. (12)
Kraissl, Cornelius J. (2)
Kraker, David A. (7)
Kralick, Louise C. (2)
Kralik, Joseph J. (7)
Kramer, Douglas W. (20)
Kramer, Samuel E. (12)
Krans, DeHart (20)
Krans, Edward S. (20)
Kratka, William H. (6)
Krauss, Fletcher I. (14)
Krausz, Emery (21)
Kraut, Arthur M. (9)
Krechmer, Abraham (1)
Kresch, Philip (9)
Kreutz, Paul J. (20)
Krichbaum, Carroll E. (7)
Krieger, George (16)
Krohn, Marc (13)
Kroll, Adolph, Jr. (16)
Krone, William F. (7)
Kruger, Alfred L. (9)
Kruger, William (7)
Kuchlewski, Edward J. (20)
Kuder, Joseph M. (3)
Kuhl, John P. (16)
Kuhlmann, Alvin E. (9)
Kuite, George B. (14)
Kummel, Max (7)
Kump, Albert B. (6)
Kun, Bertram (9)
Kunz, Harold G. (7)
Kuperman, Henry L. (7)
Kushner, Alexander (20)
Kustrup, John F. (11)
Kutner, Charles (4)
Kwint, Joseph A. (20)
Kyle, Ernest I. (20)

ASSOCIATE MEMBERS

Kaney, Emil M. (7)
Keim, William F., Jr. (7)
Kempe, George (7)
Kleinmann, Eberhart H. (16)
Korman, Arnold (16)
Kramer, Bernard M. (12)

L

ACTIVE MEMBERS

Laauwe, Harold W. (16)
La Barba, Peter J. (2)
Labash, Charles S. (16)
Labow, Joseph J. (20)
Ladas, George (20)
Lafferty, Elton B. (7)
Lakiszak, Roman T. (9)
Lamberto, Vito A. (2)
Lance, Elton W. (20)
Landaw, Louis (16)
Landes, Edwin W. (19)
Landesman, William (7)
Landis, Harry P., Jr. (3)
Landry, Ernest J. (10)
Landshof, Charles A. (9)
Lane, Austin W. (7)
Lane, Edgar W. (10)
Lane, Thomas F. (9)
Lang, Joseph (12)
Lang, Richard E. (16)
Lange, Louis C. (9)
Lapin, Louis P. (11)
Lapin, Samuel B. (11)
Largay, Arthur C. (9)
Larkey, Charles J. (9)
Larkey, Irving G. (7)
Larossa, Ernest A. (4)
Larrabee, Callie H. (20)
Larson, Henry M. (14)
Larsson, Evert A. (11)
Lathrop, Frederic W. (20)
Lathrope, George H. (14)
Latona, Joseph A. (2)
Landig, Guy H. (14)
Laurie, Andrew L. (20)
Lavine, Barney D. (11)
Lavine, Sidney B. (11)
Lawless, Edward T. (7)
Lawrence, Arthur C. (16)
Lawrence, Elias D. (16)
Lawrence, William H. (20)
Lawsing, G. Conde (9)
Lawton, A. Anderson (18)
Leach, John E. (16)
Leaman, Granville M. (7)
Leaver, Morris H. (10)
Le Bel, Louis J. B. (7)
Leber, Otto H. (7)
Lee, Benjamin F. (4)
Lee, Frederick P. (16)
Lee, John J. (7)
Lee, Robert E. (7)
Lee, Thomas B. (4)
LeFavor, Dean H. (3)
Leff, William A. (7)
Legato, Samuel F. (2)
Leggett, Lindley H., Jr., (20)
Leggett, Thomas H., Jr. (20)
Lehmacher, Frank (15)
Lehman, David J., Jr. (7)
Lehman, Irving J. (7)
Leibovitz, Altan C. (16)
Leighton, Robert L. (13)
Leining, Albert (9)
Leir, J. Krevin (9)
Lemay, Albert T. (16)
Lemkin, Samuel (7)
Lemmerz, Willard H. (2)
Lemmon, Junius M. (21)
Leonard, George F. (12)
Leonard, Isaac E. (1)
Leonard, Isaac E., Jr. (1)
Leonard, Lothair L. (13)
Lepis, A. Albert (9)
Lepree, Joseph A. (20)
Lerman, Irving (20)
Leshin, Harry (11)
Lesko, Stephen W. (2)
Lettiere, Anthony J. (11)
Levendnsky, Daniel E. (16)
Levin, Jack (13)
Levin, Joseph (7)
Levin, Louis (11)
Levine, David B. (16)
Levine, Edward P. (7)
Levine, G. Irving (9)
LeVine, Israel (16)
Levine, Philip (7)
Levine, Sidney C. (16)
Levinsohn, Sandor A. (16)
Levinson, Louis J. (7)
Levinson, Reuben (12)
Levinson, Robert M. (7)
Levison, William (7)
Levitas, George M. (2)
Levitas, Irving M. (2)
Levitt, Jesse N. (7)
Levy, Abram (18)
Levy, Anna L. (7)
Levy, David (16)
Levy, Herman (16)
Levy, Irvin (11)
Levy, Jack D. (2)
Levy, Julius (7)
Lewandowski, Edmund E. (7)
Lewis, Albert (20)
Lewis, Alice B. (2)
Lewis, Collins E. (12)
Lewis, G. Rae (7)
Lewis, Jacob (13)
Lewis, Leon (7)
Lewis, Thomas K. (4)
Liana, Stephen M. (16)
Liccese, Emanuel (7)
Licks, Frederick C. (7)
Liddell, Raymond N. (18)
Lieb, Saul (7)
Lieberman, David P. (20)
Lieberman, Milton L. (20)
Lief, Lawrence H. (12)
Liegner, Ben (7)
Liehr, Raymond (17)
Light, Arthur B. (11)
Lihn, Barney (6)
Lillien, Bernard B. (7)
Lilien, Milton (7)
Lilien, Milton M. (20)
Lima, John G. (16)
Linares, A. Carfi (16)
Lincoln, Jennings S. (7)
Linden, Mortimer H. (9)
Lindroth, Lawrence V. (9)
Linke, James J. P. (20)
Lintz, Sidney Z. (8)
Lipkin, Isadore (17)
Lippincott, Lansing Y. (20)
Lipshutz, Benjamin (9)
Lipshutz, Charles (9)
Lipsitz, Leopold S. (4)
Lipstein, William (7)
Lipton, Louis (16)
Little, Alonzo W. (9)
Little, William R. (11)
Littwin, Charles (2)
Liva, Arcangelo (2)
Liva, G. Albin (2)
Liva, Paul F. (2)
Livengood, Baxter A. (8)
Livengood, Horace R. (20)
Livingston, Bernard (7)
Livingston, Paul (7)
Lloyd, Samuel J. (11)
Llull, Gabriel J. (20)
Lobban, Robert B. (9)
Lobsenz, Nathan P. (16)
Loder, Horace B. (6)
Loder, Joseph S. (7)
Loeb, William A. (18)
Loeser, Lewis H. (7)
Loksa, Harold T. (14)
Loman, Samuel G. (2)
Lomauro, James R. (16)
Lombardi, Frank L. (2)
Lomhoff, Irving I. (7)
London, Jules R. (16)
London, William (12)
Londrigan, Joseph F. (9)
Londrigan, Joseph F., II (9)
Long, John F. (7)
Long, Miles T. (9)
Long, Pauline A. (12)
Longnecker, John E., Jr. (19)
Longo, James J. (7)
Longsdorf, Harold E. (3)
Longshore, Walter E., Jr. (7)
Lord, C. Donald (2)
Lore, Harry E. (6)
Lorenzo, Michael J. (13)
Losada, Camella A. (20)
Lottridge, Dorothy (7)
Loux, Henry A. (19)
Love, Elizabeth F. (3)
Lovejoy, James L. (18)
Lovell, John F. (7)
Lovett, Irving K. (13)
Lovett, Joseph C. (4)
Low, Donald B. (16)
Lowell, Milton E. (20)
Lowenstein, Aaron (7)
Lowenstein, Ernest C. (20)
Lowenstein, Harry A. (7)
Lowits, Otto (7)
Lowrey, James H. (7)
Lowy, Otto (7)
Luban, Benjamin (7)
Lucas, W. Fred (3)
Lucent, S. Bell (16)
Lucey, James J. (12)
Luczynski, Edward W. (9)
Ludlum, Walter D. (20)
Lufburrow, Charles B. (20)
Luippold, Eugene J. (9)
Lnippold, Eugene J., Jr. (14)
Luksteid, Casimir J. (16)
Lummis, Clarence P. (17)
Lund, John L. (12)
Lundblad, Walter E. (7)
Luongo, Federico (7)
Lupin, Edward E. (9)
Luria, Sanford A. (2)
Lurie, Solomon I. (7)
Lurie, Wolf (7)
Lushear, Frank H. (19)
Lussier, Georges H. (13)
Lutz, William M. (7)
Lyerly, James M. (20)
Lynch, Albert E. O. (7)
Lynch, Donald C. (11)
Lynch, Edward T. (20)

Lynch, Maurice M. (2)
Lynch, Roland J. (9)
Lynn, Irving I. (9)

Lyon, Archibald (7)
Lyon, Charles H. (21)
Lyon, Earl C. (6)

Lyon, Leslie C. (4)
Lyons, James V. (7)
Lyons, Romola L. K. (2)

ASSOCIATE MEMBERS

Lavine, Samuel C. (12)

Lehmann, Otto (13)

Liddy, Frank J. (2)

M

ACTIVE MEMBERS

Maas, Max A. (7)
Mabey, J. Corwin (7)
MacAlister, William W. (16)
MacAlpine, Kenneth B. (4)
Macaluso, Dominic C. (7)
MacArt, James H. (7)
MacArthur, Clymont (7)
Macaulay, Francis A. (2)
MacBrayer, Reuben A. (20)
MacDermid, Lynden E. (11)
MacDonald, John J. (9)
MacDonald, Wentworth S. (7)
Mace, Margaret (5)
MacGregor, Allan W. (16)
MacGuffie, Robert N. (16)
MacKellar, James M. (2)
MacKenzie, Robert A. (13)
Mackes, Claude B. (17)
Mackin, John J. (9)
Mackler, Harry S. (20)
Mackler, Meyer E. (16)
MacLaren, Philip J. (2)
Maclay, Joseph A. (16)
MacMillan, C. Wright (7)
Macpherson, Elwood H. (7)
Madaras, John S. (9)
Madden, Leland S. (1)
Madden, Theophilus W. (4)
Madden, William L. (9)
Maddren, Russell F. (2)
Mader, A. Ivan, Jr. (2)
Madison, L. Keith (9)
Maffongelli, Joseph A. (16)
Magee, Edward S. (4)
Magee, Harold S. (11)
Magee, Russell S. (4)
Maggio, George A. (7)
Maggio, Nicholas A. (7)
Maggio, Ross J. (20)
Magill, Marcus (1)
Magnes, Max (16)
Magolda, Anthony F. (6)
Magovern, Thomas F. (7)
Magson, Albert E. (11)
Mahaffey, J. Lynn (4)
Maher, John E. (13)
Mahood, Herbert L. (7)
Maisel, Irving (7)
Majeski, Henry J. (11)
Major, Morton M. (1)
Makin, John B. (13)
Malatesta, Charles S. (20)
Maldeis, Albertos M. K. (4)
Mallison, Herbert (20)
Mamlet, Alfred M. (7)
Manahan, Daniel V. (13)
Mancene, Edward M. (2)
Mancusi-Ungaro, Elviro (7)
Mancusi-Ungaro, Lodovico (7)
Manfro, Gerard (7)
Mangelsdorff, Arthur F. (18)
Mangogna, Philip (12)
Manly, Thomas E. (16)
Mann, Benjamin (12)
Mann, Jacob J. (12)
Manser, Ernest E. (4)
Manzione, Frank A. (16)
Maps, Howard L. (16)
Marcarian, Henry G. (4)
Marchione, Nicholas E. (6)
Marcus, Donald (7)
Marcy, John W. (4)
Margaretten, Edward I. (12)
Margolis, Alfred (7)
Margulies, Charles (7)
Marini, Dominick (16)
Mark, Harry B. (3)
Mark, Joseph S. (12)
Markel, Albert G. (16)
Markley, Luther A. (2)
Markowitz, Benjamin B. (9)
Markowitz, Irwin B. (9)
Markowitz, Louis (16)
Marks, Edward G. (7)
Marks, Zelda I. (7)
Marlett, Neumann C. (21)
Marone, Carmine R. (20)
Maroney, James H. (20)
Marquis, Dean W. (7)
Marquis, W. James (7)
Marra, Rocco S. (7)
Marroceo, William A. (16)
Marsh, Elias J. (16)
Marshall, Frank A. (9)
Marshall, H. Donald (1)
Martin, Leonard J. (13)
Martin, Theodore (16)
Martin, William P. (7)
Martland, Harrison S. (7)
Marts, George H. (20)
Marvel, Peter H. (1)
Marvel, Philip, Jr. (1)
Marvin, Dorothy H. (12)
Marx, Frederick J. (2)
Mascioechi, Thomas A. (7)
Mason, Alvin S. (17)
Mason, Howard B. (13)
Mason, James H. (1)
Mason, Virgil A. (7)
Massengill, Fulton (7)
Massey, J. Bruce (7)
Masterson, John F. (7)
Mastroianni, Frank M. (20)
Mastromonaco, Joseph D. (9)
Masucci, Alberico (16)
Matera, Joseph (9)
Matheke, George A. (7)
Matheke, Otto G. (7)
Matheke, Otto G., Jr. (7)
Mathesheimer, Jacob L. (9)
Matheson, Gilchrist E. (7)
Mathews, Raymond H. (14)
Mathews, William J. (9)
Matthews, Clifford B. (7)
Matthews, Harry E. (7)
Matthews, Leonard M. (16)
Matthews, William (13)
Matthews, William F. (7)
Matturri, Dominick A. (9)
Maturi, Vincenzo E. (9)
Maurer, K. Virginia (7)
Maver, William W. (9)
Maxwell, Carl A. (21)
May, Ernst A. (7)
Mayhew, Charles H. (6)
McAlpine, Paul (20)
McAveney, Thomas F. G. (7)
McAveney, William (7)
McBride, Andrew F. (16)
McBride, Andrew F., Jr. (16)
McCall, Jesse (19)
McCallion, William H. (20)
McCandliss, William K. (11)
McCarroll, E. Mae (7)
McCarron, James A. (9)
McCarthy, Arthur M. (4)
McCarthy, Cornelius P. (9)
McCarthy, George L. (16)
McCarthy, John J. (9)
McCarthy, William P. (11)
McCauley, Francis J. (7)
McCluskey, Harry B. (14)
McConaghy, Thomas P. (4)
McConaughy, Francis (18)
McCorkle, William E. (10)
McCormack, Frank C. (2)
McCormick, James E. (7)
McCormick, William H., Jr. (12)
McCreight, David W. (13)
McCroskery, James H. (7)
McCue, John B. (16)
McCullough, John H. (11)
McCullough, Walter A. (7)
McDede, Frank F. (16)
McDermott, Vincent T. (4)
McDonald, Richard J. (16)
McDonnel, Gerald E. (3)
McDonnell, George J. (13)
McElroy, Ervin (14)
McFeely, Percy R. (2)
McGeary, John A. (20)
McGeehan, Stanley M. (1)
McGinn, William J. (20)
McGlade, Thomas H. (4)

McGovern, John F., Jr. (12)
McGuigan, Francis A. (11)
McGuire, John J. (7)
McGuire, Joseph T. (2)
McKelvie, Julius C. (13)
McKiernan, Robert L. (12)
McKim, William F. (7)
McKinley, C. Scott (20)
McKinstry, John W. (12)
McLane, A. Donald (2)
McLaughlin, Thomas F. (12)
McLean, Herbert E. (9)
McLean, Hugh A. (9)
McLellan, George A. (7)
McLeod, Harry J. (2)
McLeod, Neill S. (12)
McLoughlin, Frank J. (9)
McLoughlin, John W. (9)
McMahon, Bernard C. (14)
McMurray, George B. (14)
McNenney, Claudio E. (9)
McParland, Timothy W. (18)
McPherson, Malcolm E. (16)
McTague, Robert S. (13)
McVay, Edward A. (7)
McVeigh, Charles J. D. (19)
McWilliams, Charles E. (4)
Meacham, Eugene A. (12)
Means, Paul B. (11)
Mears, William G. (2)
Mecray, Paul M. (4)
Mecray, Paul, Jr. (4)
Medd, John C. (7)
Meehan, George E. (9)
Meehan, Martin M. (7)
Meeker, Irving A. (7)
Meeker, John L. (20)
Megibow, Harold J. (2)
Meier, William U. (16)
Meineke, William C., Jr., (20)
Meinhard, Fred (7)
Meinzer, Martin S. (12)
Meisel, David B. (7)
Mellen, Stanley H. (7)
Meloney, Lester F. (16)
Meltsner, Louis (9)
Meltzer, Louis (9)
*Mendelsohn, David H. (16)
Mendenhall, Clinton D. (3)
Meneve, Alfred D. (16)
Menge, Carl H. (15)
Menk, Paul E. (7)
Mensch, Harvey G. (20)
Merendino, Anthony G. (1)
Merkelbach, Walter P. (7)
Merliss, Eugene (7)
Merlo, Francis A. (20)
Merlo, Francis V. (20)
Merrill, Charles F. (12)
Merrill, Edwin D. (10)
Merselis, John G. (7)
Mersheimer, Christian H. (9)
Messina, Thomas (7)
Metsky, Joseph (7)
Metz, Henry (2)
Metzer, Emma P. W. (3)
Metzer, Freeman W. (3)
Metzger, Karl F. (13)
Meurlin, Alfred (7)
MeVay, James C. F. (1)
Meyer, Eugene A. (3)
Meyer, George P. (4)
Meyer, Howard M. (2)
Meyer, William (9)
Meyers, Francis R. (16)
Meyerson, Noah (9)
Mezzetti, Alfred F. (6)
Michelson, Henry (16)
Mickewich, Stephen A. (9)
Miele, Frank A. (13)
Mierau, Ernest W. (7)
Milano, Cesare A. (1)
Miller, Earle K. (11)
Miller, George M. (12)
Miller, Gerald H. (11)
Miller, H. Garrett (6)
Miller, Herbert G. (2)
Miller, Herman P. (7)
Miller, I. Irwin (7)
Miller, Joseph A. (7)
Miller, Lewis H. (17)
Miller, Lucille F. (7)
Miller, Max H. (9)
Miller, Nathan (7)
Miller, Reginald C. (11)
Miller, Robert M. (20)
Miller, S. David (12)
Miller, S. Thomas (13)
Miller, Samuel R. (11)
Miller, Theodore R. (7)
Miller, William H. (17)
Milligan, Robert S. (20)
Milliser, Estelle T. (20)
Mills, Charles S. (3)
Mills, Clifford (14)
Mills, Stephen D. (20)
Minard, Edwy L. (7)
Minier, Carl L. (7)
Miningham, William D. (7)
Minnefor, Charles A. (7)
Minnella, Thomas J. (20)
Minschwaner, Geo. G., Jr. (11)
Mishell, Daniel R. (7)
Missonellie, William (16)
Mitchell, Augustus J. (7)
Mitchell, Charles H. (11)
Mitchell, Charles R. (16)
Mitchell, Walter L., Jr. (7)
Mitchell, Willis B. (21)
Mitskas, Theodore V. J. (11)
Modrys, Walter F. (2)
Moeckel, Clarence W. (7)
Mohair, John P. (13)
Mohrbacher, John J. (7)
Molitch, Matthew (1)
Monaco, Saverio A. (7)
Monaloy, Morris A. (16)
Monasson-Friedland, Ida (5)
Monfort, Robert N. (9)
Monte, Thomas D. (14)
Montfort, Robert J. (20)
Moon, Alexander C. (5)
Moore, Dean C. (7)
Moore, James A. (7)
Moore, Ralph L. (8)
Moran, John F., Jr. (10)
Mores, Herbert R. (2)
Moress, Edward J. (7)
Moretti, John J. (7)
Morgan, Browne (7)
Morici, Theodore (16)
Moriconi, Albert F. (11)
Morley, Grace C. (9)
Morris, Carlyle (12)
Morris, Clement (7)
Morris, David G. (9)
Morris, Karl E. (20)
Morris, Nathan (18)
Morris, Thomas M. (20)
Morris, Watson B. (20)
Morrison, Caldwell (7)
Morrison, Frederick H. (19)
Morrow, Joseph R. (2)
Moschkowitz, Hermann (7)
Moscoe, Harry A. (16)
Moss, Mary C. (7)
Mott, Joseph E. (16)
Motzenbecker, Peter F. (7)
Motzenbecker, William J. (7)
Mount, Walter B. (7)
Mountford, William E. (11)
Muccia, John J. (9)
Mueller, George H. (9)
Muldoon, Edward J. (3)
Muller, Frederick L. (2)
Muller, Joseph H. (7)
Mulligan, Luke A. (2)
Mullin, Eugene F. (7)
Mullin, Raymond J. (7)
Mullins, Roy L. (10)
Mulvihill, William J. (9)
Munger, Ray T. (20)
Munro, Charles A. (3)
Munro, Jeannette (11)
Murn, Charles J. (16)
Murphy, Albert T. (20)
Murphy, Charles M. (13)
Murphy, Herschel S. (20)
Murphy, James A. (11)
Murphy, James M. (9)
Murphy, Leo J. (9)
Murphy, Patrick H. W. (9)
Murphy, Thomas W., Jr. (7)
Murray, Clifford K. (1)
Murray, Edwin N. (4)
Murray, Harrold A. (7)
Murray, Joseph A. (9)
Murray, Norman L. (20)
Murray, Robert A. (4)
Murto, Thomas V. (11)
Musetto, Carmelo A. (14)
Mustermann, Otto H. (9)
Muta, Samuel A. (7)
Mutchler, H. Raymond (14)
Mutchler, Julia C. (14)
Muttart, George W. (9)
Mutter, Alfred A. (9)
Myatt, Leslie E. (6)
Myers, Norman V. (2)

ASSOCIATE MEMBERS

Marchigiano, Michael A. (7)
Marin, Robert B. (7)
Mark, George E., Jr. (11)
McCracken, Josiah C., Jr. (1)
McNeely, Julia A. (7)
Mermod, Camille (7)
Merrick, Evelina (7)
Modeski, Chester J. (7)
Monaco, Dante P. (7)
Mulligan, Edward W. (13)

N

ACTIVE MEMBERS

Nacca, Carl A. (7)
Nadel, Charles I. (7)
Nadler, Arthur A. (20)
Nafash, Shafeek (9)
Nafey, Herbert W. (12)
Nagler, Benedict (7)
Naidorff, Saul A. (20)
Nalitt, David I. (9)
Nappi, Pasquale E. (7)
Nash, Alexander E. (7)
Nash, William G. (7)
Nataro, Joseph (7)
Naulty, Charles W., Jr. (12)
Navazio, Attilio (14)
Nayfield, Ronald C. (11)
Neal, Charles B. (6)
Neary, Edward R. (2)
Neer, William (16)
Neiderhoffer, Sydney L. (13)
Neiman, Watson E. (15)
Nelson, Harry (8)
Nemirow, Martin (16)
Nemzek, William P. B. (7)
Nesbitt, Elizabeth (16)
Netz, Lester W. (2)
Neville, Robert J. (2)
Nevius, William B. (7)
Newbury, Graham C. (20)
Newcomb, Marcus W. (3)
Newman, Abraham J. (9)
Newman, Grace T. (7)
Newman, Julius (7)
Newmeyer, Joseph (3)
Ney, J. Marshall (7)
Nichols, Frank I. (2)
Nichols, Stanley H. (13)
Nicholson, Frank P. (9)
Nickman, E. Harrison (1)
Nicol, Lorenz C. (2)
Nicola, Toufick (7)
Nicoll, George L. (14)
Nieman, Solomon Z. (12)
Niemtzow, Frank (13)
Nittoli, Rocco M. (20)
Nobile, James J. (9)
Noll, Louis (7)
Nonziato, Frank A. (11)
Normand, Alphonse F. (12)
North, Harry R. (11)
Norton, James F. (9)
Norval, William A. (16)
Notkin, Meyer (16)
Noto, Philip (16)
Novello, Joseph A. (20)
Nuse, Edward F. (9)
Nussbaum, Harvey E. (7)
Nussbaum, Joseph (20)
Nussbaum, Nathan (16)
Nye, Howard H. (16)
Nyiri, William A. (7)
Nyvall, Pierre J. (15)

O

ACTIVE MEMBERS

Oberlander, Gertrude (7)
Obert, J. Edwin (15)
Obester, Gabriel E. (20)
O'Brian, Dennis M. (16)
O'Brien, Edwin J., Jr. (20)
O'Brien, Paul (2)
Ockene, Abraham (9)
O'Connell, James J. (12)
O'Connor, Bernard A. (7)
O'Connor, Dennis F. (7)
O'Connor, John J. (9)
O'Connor, Michael J. (7)
O'Connor, Paul A. (7)
O'Crowley, Clarence R. (7)
Oderr, Charles (20)
Oesterlin, Ernst J. (1)
Oesterreicher, Desider (9)
Offenkrantz, Frederick M. (7)
Ogden, Andrew E. (11)
Ogden, Michael A. (16)
O'Gorman, Michael W. (9)
O'Grady, Michael J. (7)
O'Hanlon, George (9)
Okin, Irving (16)
Oleynick, Simeon A. (20)
Olini, Joseph J. (7)
O'Lini, Louis J. (7)
Olpp, Archibald E. (9)
Olpp, John L. (2)
Ondovchak, M. Frederic (4)
O'Neill, Charles L. (7)
O'Neill, Gonzalo, Jr. (7)
O'Neill, John H. (9)
O'Neill, Joseph F. (11)
Opacity, Ernest A. (7)
Opdyke, Gordon M. (7)
Openchowski, Mieczyslaw (7)
Opfermann, John L. (13)
Opper, Philip (16)
Oram, Joseph H. (16)
Oransky, Marvin (7)
Oren, Hyman (2)
Orloff, Samuel (7)
Ormsby, Thomas J. (7)
Ornaf, I. Edward (4)
O'Rourke, James J. (11)
Orris, Harold J. (7)
Ortolano, James J. (9)
Orton, Foster (20)
Orton, George L. (20)
Orton, Henry B. (7)
Osborn, A. Downey (13)
Osborn, Edward G. (4)
O'Shea, John J. (9)
Osher, Morris M. (20)
Oshrin, Henry (9)
Osmun, Milton M. (4)
Ostrowski, Sigismund J. (7)
O'Sullivan, John R. (9)
Owen, Logan S. (9)
Owen, Philip (20)

ASSOCIATE MEMBERS

Ormand, Joseph (7)
Outwin, Richard N. (7)

P

ACTIVE MEMBERS

Padden, Aloysius F. (2)
Paddock, Royce (7)
Padney, Edward V. (9)
Pagano, Peter (2)
Pagliughi, John J. (9)
Palazo, William L. (14)
Palladino, Alessandro (7)
Pallen, Conde, DeS. (2)
Palma, Nicholas (16)
Palmer, Francis R. (16)
Palmer, Gideon H. (7)
Palmer, Henry S. (7)
Panigrosso, Louis R. (12)
Panitch, William (7)
Pannullo, John N. P. (7)
Pansy, Abraham A. (12)
Pantaleone, Joseph (11)
Papera, John J. (7)
Parell, George C. (7)
Parent, Sol (7)
Paris, William (16)
Parker, Horace N. (11)
Parker, James W. (13)
Parker, John E. (7)

Parkes, Morey (7)
Parry, Allen A. (14)
Parry, Antoinette R. (14)
Parry, Oliver K. (13)
Parsonnet, Aaron E. (7)
Parsonnet, Eugene V. (7)
Pascall, Thomas M. (7)
Pasternack, Elroy (16)
Patella, Fulvio (16)
Pattendon, Franklin J. (13)
Patterson, Isaac N. (8)
Patti, Frank A. (2)
Pattyson, Ralph A. (7)
Paul, George A. (7)
Paul, H. Carl (7)
Paulson, Arch M. (20)
Pavia, John R. (7)
Payne, Guy (7)
Payne, Guy Jr. (7)
Peacock, Arthur B. (3)
Pearl, Sydney S. (20)
Pearlstein, Frank (9)
Pearson, J. Gerald (9)
Pearson, Theodore A. (18)
Pecora, Carmine L. (15)
Pecora, Samuel (7)
Pedevill, Joseph R. (2)
Pedrick, William W. (8)
Peer, Lyndon A. (7)
Pegau, Paul M. (8)
Pellegrini, Vincent J. (2)
Pellet, Thomas L. (19)
Pellicane, Anthony J. (12)
Pelliciari, Donald (7)
Penchansky, Samuel J. (9)
Pendexter, Sidney E. (7)
Pennington, Alfred W. (7)
Pennington, John (1)
Pentecost, Salvador D. (7)
Pentel, Louis S. (9)
Perez, John F. (1)
Perham, Bertram S. (7)
Perham, Roy G. (2)
Perkel, Louis L. (9)
Perlberg, Harry J. (9)
Perrine, Cornelius C. (13)
Perrone, Anthony J. (7)
Perrone, Arthur F. (9)
Perrotta, Anthony J. (13)
Perry, Frank L. (17)
Pessel, Johannes F. (11)
Peters, Edgar A. P. (9)
Peters, Richard C. (20)
Peterson, Charles A. (9)
Peterson, Walter R. (11)
Petry, William (7)
Pettit, Harry H. (2)
Pettit, Herschel (5)
Phelan, Walter F. (20)
Phelps, James E. (16)
Phillips, Algernon A. (7)
Phillips, Claude B. (4)
Phillips, Walter (2)
Piasecki, Chester A. (16)
Pieper, Ernest E. (18)
Pieper, Howard C. (13)
Pierce, Henry A. (2)
Pierson, Carl L. (11)
Pierson, Joseph R. (11)
Pietri, Raoul (13)
Pigott, Albert W. (18)
Pike, Charles E. (4)
Pilch, Arthur G. (7)
Pilkington, Albert (1)
Piller, Jacob (16)
Pilloni, Louis (7)
Piltz, George F. (9)
Pinckney, Frank H. (9)
Pindar, Arthur W. (2)
Pindar, Frederick, S. (9)
Pindar, Irene D. (2)
Pindar, William A. (9)
Pinerman, Robert B. (11)
Pink, Solomon H. (16)
Pinkerton, William A. (9)
Pino, Anthony (6)
Pinsky, Harry A. (4)
Pinto, Joseph A. (7)
Piskorski, Abdon V. (9)
Pitkin, George P. (2)
Pitman, Mason, W. H. (18)
Pittis, Harold E. (20)
Pittman, Allen R. (11)
Pizzi, Francis W. (7)
Pizzi, Mario V. (7)
Pizzi, Peter J. (2)
Plant, James S. (7)
Plante, Amos A. (7)
Platt, Edward V. (4)
Platt, Thomas H. (12)
Plavin, Nathan J. (9)
Pleasants, Edward N. (13)
Plinke, Fritz W. (16)
Plume, Clarence A. (14)
Podell, A. Alfred (13)
Pogoloff, Samuel H. (18)
Pois, John (7)
Poland, George A. (1)
Poleshuck, Rubin (20)
Policastro, Nelson C. (2)
Polizzotti, Joseph L. (16)
Polk, Charles C. (20)
Pollack, Louis (20)
Pollak, Berthold S. (9)
Poller, Frederick K. (7)
Pollis, Nicholas L. (7)
Pollock, Franklyn J. (7)
Pollock Theodore (16)
Polow, Benjamin (7)
Polowe, David (16)
Pomeranz, Raphael (7)
Pons, Carlos A. (13)
Pontery, Herbert B. (9)
Potter, Benjamin P. (9)
Potter, Charles W. (21)
Potter, Ellen C. (11)
Potter, Raymond T. (7)
Pottinger, William E. (14)
Povalski, Alexander W. T. (9)
Powis, Ethel M. (11)
Poyas, Morton L. (11)
Prager, Bert A. (14)
Prather, Charles G. (2)
Pratt, Arthur G. (4)
Pratt, William H. (4)
Preece, John D. (11)
Pregnall, James P. (13)
Prestifilippo, Silvestro (7)
Preston, Perry B. (7)
Price, Charles W. (7)
Price, H. Preston, (9)
Price, Henry S., Jr. (4)
Price, Nathaniel G. (7)
Prigger, Edward R. (17)
Prince, Robert A. (16)
Prince, Samuel (9)
Principato, Roberto (4)
Probst, Everett W. (7)
Proctor, Francis E. (11)
Proctor, Jesse E. (7)
Protzman, Thomas B. (2)
Prout, Charles D. (13)
Prout, Thomas P. (20)
Prout, William B. (2)
Provisor, Benjamin (16)
Pullen, Guy F. (2)
Purcell, Ernest F. (11)
Purdy, Charles H. (9)
Pyle, Louis A. (9)
Pyle, Wallace (9)

ASSOCIATE MEMBER

Pepe, Salvatore A. (11)

Q

ACTIVE MEMBERS

Quad, Clifford W. (7)
Quaglieri, Charles L. (9)
Quigley, Frederic J. (9)
Quin, John A. (20)
Quinn, Edward D. (7)
Quinn, John J. (9)
Quinn, Norman J. (1)
Quirk, Martin A. (13)

R

ACTIVE MEMBERS

Raab, Michael (16)
Rachlin, Harry T. (7)
Rader-Hoheb, Katherine A.(2)
Radest, Louis J. (16)
Rados, Andrew (7)
Raffeto, Joseph F. (13)
Ragany, Joseph (11)
Ragione, Mario D. (7)
Rainey, Willard G. (11)
Ram, Nathan H. (7)
Rampona, Joseph M. (11)
Ramsey, F. Muriel (6)
Randazzo, Anton P. (16)
Ranson, Briscoe B., Jr. (7)
Rapalski, Adam J. (7)
Rapp, Robert F. (4)
Rathgeber, Charles F. (7)
Rauschenbach, Paul E.,Jr. (16)
Ravits, Everett C. (2)
Ravitz, Samuel F. (7)
Rawitz, Sidney B. (7)
Read, Donald B. (9)
Read, Hilton S. (1)
Read, Jessie D. (20)
Reading, H. Eugene (16)
Reale, Frank P. (18)
Reale, Nicholas P. (18)
Reason, John J. (12)
Reeve-Allen, Jane (18)
Reeves, Ernest (16)
Reeves, J. Franklin (6)
Reich, Abraham L. (7)
Reich, Henry (7)
Reich, Jerome J. (20)
Reich, Mortimer (7)
Reich, Samuel B. (2)
Reid, Erwin W. (2)
Reilly, Christoper J. (7)
Reilly, David F. (20)
Reilly, John V. (7)
Reilly, Thomas F. (16)
Reinartz, Paul V. (7)
Reiner, Jacob (20)
Reinfeld, Abraham G. (7)
Reingold, Alexander (9)
Reinhardt, Warren I. (7)
Reinhold, Herbert E. (2)
Reinhorn, Abraham J. (16)
Reisinger, Paul B. (11)
Reissman, Erwin (7)
Reiter, Walter A. (20)
Reitman, Norman (12)
Reitter, George S. (7)
Relyea, George M. (20)
Remer, Daniel F. (3)
Remondelli, Raphael E. (7)
Renna, Francis (14)
Renner, Clara C. (18)
Renzulli, Francesco (7)
RePass, Paul E. (7)
Repici, Anthony J. (1)
Resch, Henry U. (7)
Restaino, Charles F. (7)
Rettig, Isidor L. (7)
Revere, Seth D. (7)
Reyner, Daniel C. (1)
Reynolds, Donald G. (13)
Reynolds, George G. (13)
Reznikoff, Leon (9)
Rhoads, S. Creadick (8)
Rhone, David S. (4)
Ribbans, Robert C. (7)
Riccobono, Cosmo S. (16)
Rice, Franklin W. (14)
Rich, Charles (7)
Rich, Wallace E. (7)
Richards, Ernest W. (2)
Richards, Paul S. (16)
Richardson, Charles A. (2)
Richardson, Emma M. (4)
Richardson, Marvin T. (7)
Richlin, Padie (12)
Ricketts, Henry E. (7)
Rieck, Allan (1)
Rieck, Walter R. (9)
Riegert, Louis C. (4)
Rieman, Aloysius P. (9)
Riffin, Irving M. (7)
Rigeron, D. George (7)
Riggins, Edwin N. (7)
Riley, Philetus H. (14)
Rineberg, Irving E. (12)
Ringe, Charles L., Jr. (2)
Rinzler, Elliot (7)
Rinzler, Harry G. (16)
Rinzler, Harvey (15)
Ripley, E. Warren (7)
Rise, Wilson S. (1)
Ristine, Edwin R. (4)
Rita, James J. (11)
Ritter, John J. (16)
Rizzoli, Luigi (7)
Rizzolo, Edward M. (7)
Robbin, Lewis (7)
Robbins, Charles M. (7)
Robbins, Henry B. (9)
Robbins, Warren D. (5)
Roberts, Allison H. (7)
Roberts, Charles D. (2)
Roberts, David C. (7)
Roberts, Joseph E., Jr. (4)
Roberts, William A. (7)
Robertson, Eugene V. (16)
Robertson, Euston S. (7)
Robertson, Grace M. (20)
Robie, Theodore R. (7)
Robins, David (7)
Robinson, Ernest A. (13)
Robinson, Louis H. (7)
Robinson, Silas E. (2)
Robinson, William A. (13)
Rocco, Frank (7)
Rodi, Louis M. (1)
Rodman, E. Warren (3)
Roeber, William J. (7)
Roemer, Jacob (16)
Rogers, Dorothy M. (8)
Rogers, Harry L. (3)
Rogers, Laurence H. (11)
Rogers, Richard M. (7)
Rogers, Robert H. (7)
Roh, Robert F. (7)
Romano, Anthony M. (2)
Romano, Michael J. (16)
Romano, Patrick J. (7)
Rommer, Jack J. (7)
Rona, Maurice (12)
Rooks, Wendell H. (2)
Roop, William O. (1)
Rosamilia, Ralph E. (7)
Rose, Abraham (20)
Rose, Salvatore J. (7)
Rose, William G. (11)
Roseman, Herman I. (7)
Rosen, Charles D. (7)
Rosen, Charles E. (9)
Rosen, Emanuel (7)
Rosen, Sol (6)
Rosenbaum, Samuel X. (7)
Rosenberg, Albert B. (9)
Rosenberg, Alvin A. (14)
Rosenberg, Jacob (9)
Rosenberg, L. Charles (7)
Rosenberg, Louis (1)
Rosenberg, Max (7)
Rosenblatt, Max B. (20)
Rosenblatt, Sidney (1)
Rosenstein, Jacob L. (9)
Rosenstein, Saivel L. (20)
Rosenthal, Abraham (13)
Rosenthal, Arnold J. (7)
Rosenthal, Bernice D. (6)
Rosenthal, Oscar J. (7)
Rosenthal, Sydney (7)
Ross, Peter W. (16)
Ross, Selig J. (2)
Rossell, Edward W. (4)
Rossi, Bartolomeo (7)
Rossi, Gene (18)
Rost, Adolph S. (7)
Roth, Oswald H. (7)
Roth, Samuel R. (7)
Rothenberg, Samuel (7)
Rothfuss, C. Howard (12)
Rothgesser, Jerome C. (7)
Rothhouse, Burnet (7)
Rothman, Theodore (16)
Rothschild, Daniel L. (7)
Rothschild, Karl (12)
Rothseid, Abraham (7)
Rowan, Henry M. (11)
Rowe, Jack M. (7)
Rowe, Joseph A. (2)
Rowland, John H. (12)
Rowohlt, George O. (2)
Roy, Bert W. (19)
Roy, Joseph N. (16)
Roylance, F. Dean, Jr. (2)
Rozsa, Stephen (7)
RuBacky, Joseph F. A. (16)
Rubba, Russell R. (1)
Rube, Joseph A. (2)
Rubens, Otto (14)
Rubenstein, Eli (9)
Rubenstein, Robert (9)
Rubin, Abraham A. (7)
Rubin, Adrian D. (13)
Rubin, Benjamin (12)
Rubin, David (20)
Rubin, Harold (13)
Rubin, Samuel (14)
Rubin, William (12)
Rubinow, Saul M. (7)
Rucker, William C. (2)
Rudolph, John P. (4)
Ruffer, Ralph A. (9)
Rullman, Walter A. (13)
Rumage, William T. (7)
Rundlett, Emilie V. (9)
Runnells, John E. (20)
Runyan, William J. (7)
Runyon, Laurence P. (12)
Ruocco, William B. (16)

Ruoff, Andrew C. (9)
Russell, Charles B. (16)
Russell, David L. (9)
Russell, Karl S. (4)
Russell, Leslie C. (7)
Russo, Dominic T. (18)
Russomanno, Raymond L. (7)
Ruttenberg, Louis (8)
Ruttenberg, Max (4)
Ruvane, Joseph J. (9)
Ryley, Harold W. (2)
Ryman, Merlin T. (14)

ASSOCIATE MEMBERS

Rowland, Edward G. (11)
Ruccia, Arthur (7)

S

ACTIVE MEMBERS

Sabarese, Theodore C. (16)
Sabini, Cecil F. (9)
Sacco, Anthony G. (9)
Sacco, Gregory E. (13)
Sachs, Wilbert (9)
Sackin, Stanley (11)
Sadoff, Joseph (20)
Saffron, Morris H. (16)
Sager, Harold (9)
Sakowski, John P. (9)
Sala, Aldo W. (16)
Saladino, Anthony J. (9)
Salasin, Samuel L. (1)
Salmeri, Edward J. (2)
Salmon, Edward F. (9)
Salsberg, Ralph H. (7)
Saltus, Lloyd S. (14)
Salvati, Leo H. (20)
Salway, Benjamin (11)
Salzman, Nathan (16)
Samson, Norman D. (7)
Samter, Max (4)
Samuel, Jerome H. (7)
Samuels, S. Lawrence (20)
Sand, Abraham B. (3)
Sandella, Joseph F. (12)
Sandler, Moses (2)
Sandler, Samuel A. (2)
Sanfacon, Thomas A. (16)
Santangelo, Emil L. (16)
Santangelo, Stephen (9)
Santora, Philip J. (7)
Santora, Thomas A. (7)
Santosky, Benjamin B. (9)
Saporito, Archibald R. (7)
Saracino, Frank J. (7)
Saradarian, Albert V. (9)
Sarajian, Aram M. (2)
Sargent, Eva R. (18)
Sarla, Michael (2)
Saslow, Benjamin I. (7)
Sasso, Albert (7)
Satulsky, Emanuel M. (20)
Saulsberry, Charles E. (12)
Saunders, Orris W. (4)
Savage, Charles L. (17)
Savel, Lewis E. (7)
Sawyer, Blackwell (15)
Sax, Max T. (7)
Sayers, Francis P. (17)
Sayre, William D. (13)
Sbarra, Francesco C. N. (7)
Scala, H. Albert (9)
Scalessa, Mario F. T. (20)
Scammell, Frank G. (11)
Scanlan, D. Ward (1)
Scasserra, Benedict B. (11)
Scerbo, Ernest (2)
Schaaf, Royal A (7)
Schachter, Harry A. H. (7)
Schaefer, Eugene P. (7)
Schafer, Marguerite A. (16)
Schaffer, Barney (7)
Schaffer, Nathan (7)
Schall, Reuben E. (4)
Schapiro, Joseph (9)
Schectman, Vera (7)
Scheer, Eli (9)
Scheffler, Wilhelm A. H. (4)
Schefrin, Alexander E. (16)
Schellenger, Edward A. Y. (4)
Scheller, George A. (7)
Schenk, Joseph R. (20)
Schenker, Benjamin N. (9)
Schenker, Israel N. (9)
Schept, Samuel S. (9)
Scher, Maurice A. (7)
Schiffmann, Samuel (7)
Schildkraut, Jacob M. (11)
Schiller, Edwin (20)
Schiller, Nicholas (7)
Schiller, Rosa O. (20)
Schilling, Anthony B. (20)
Schirber, Rene G. (12)
Schiro, S. Robert (2)
Schisler, Milton M. (3)
Schlein, August (9)
Schlein, David (20)
Schlichter, Charles H. (20)
Schlossbach, Theodore (13)
Schlossberg, Ezra (16)
Schmidt, Albert F. (13)
Schmidt, Clifford M. (19)
Schmidt, Walter W. (2)
Schmukler, Jacob (7)
Schneckendorf, Samuel J. (9)
Schneider, Charles A. (7)
Schneider, Clinton R. (15)
Schneider, Harry M. (9)
Schneider, Leo (7)
Schneider, Louis (7)
Schneider, Louis A. (9)
Schoenau, Carl W. (7)
Schotland, Clement E. (7)
Schrack, Helen F. (4)
Schram, William S. (18)
Schramm, Joseph A. (7)
Schreck, Harry (7)
Schretzmann, Rudolph C. (2)
Schubert, Roy R. (16)
Schuchner, William F. (9)
Schuck, Traugott J. (9)
Schulsinger, Samuel (7)
Schulte, Herbert A. (7)
Schults, Anna R. (7)
Schultz, Augustin M. (16)
Schultz, Irving A. (2)
Schurman, Emil W. (9)
Schurman, Francis H. C. (7)
Schwartz, Harold (7)
Schwartz, Harold B. (9)
Schwartz, Henry C. (4)
Schwartz, Jacob R. (16)
Schwartz, Leon J. (6)
Schwartz, Mortimer L. (7)
Schwartz, Samuel H. (20)
Schwartz, William (16)
Schwartzberg, Frederick I. (16)
Schwarz, Berthold T. D. (9)
Schwarz, Henry J. (9)
Schwarz, Juliana L. (16)
Schwarzkopf, George C. (1)
Schweizer, Roman G. (20)
Schwinn, Charles (1)
Sciarrillo, Louis F. (9)
Scielzo, Nicholas F. (16)
Scillieri, John (2)
Scott, Elmer A. (13)
Scott, Frederick J. (19)
Scott, Frederick W. (12)
Scott, Harold R. (14)
Scott, John J. (9)
Scott, Leonard G. (6)
Scott, Parry M. (3)
Scott, R. Hunter (7)
Scott, Samuel G. (9)
Scranton, Charles W. (7)
Scribner, Charles H. (16)
Scullion, Arthur A. (2)
Sealey, Henry J. (2)
Seeler, Albert O. (20)
Seely, Roy B. (11)
Segard, Christian P. (2)
Seidler, Victor B. (7)
Seidman, Edwin A. (7)
Seidman, Joshua I. (7)
Seifert, Edwin A. (7)
Seiler, Benjamin (2)
Seitzick-Robbins, Hannah E. (11)
Sekerak, Albert J. (11)
Seligmann, Fred S. (9)
Selinger, Samuel (9)
Sell, Frederick W. (20)
Sellitto, Anthony M. (7)
Selvaggi, Carlo (7)
Sena, Dominic R. (20)
Sena, Marie A. (7)
Sender, Fannie (12)
Senerchia, Fred F., Jr. (20)
Serri, William S. (8)
Seto, Stanford P. T. (4)
Severud, Olaf J. (2)
Sewall, Millard F. (6)
Seward, Frederic H. (14)

Seward, William H. (7)
Sewell, Stephen (13)
Sexton, Edward V. (2)
Seybold, Arthur D. (20)
Seymour, Edward T. (2)
Seymour, George A. (20)
Shack, David N. (7)
Shack, Maxwell H. (7)
Shaen, Edward (4)
Shafer, Albert H. (4)
Shafer, F. William (4)
Shaner, Ralph D. (7)
Shangle, Milton A. (20)
Shangold, Jack E. (10)
Shanik, William (13)
Shannon, James B. (7)
Shannon, Lardner M. (7)
Shapiro, Charles S. (3)
Shapiro, David (16)
Shapiro, Louis (7)
Shapiro, Louis G. (16)
Shapiro, Maurice (9)
Shapiro, Nathaniel J. (9)
Shapiro, Ralph N. (7)
Shapiro, Samuel A. (7)
Shapiro, Saul J. (9)
Sharp, Charles E. (6)
Sharp, Reuben L. (4)
Shaul, Frederick G. (7)
Shaul, John F. (7)
Shavelson, Irving C. (1)
Shaw, Ernest B. (4)
Shaw, John J. (7)
Shaw, Ned (7)
Shayevitz, Abraham S. (12)
Sheaffer, Clinton P. (4)
Shear, M. Murray (11)
Shechner, Isadore (7)
Shechtman, Abraham (16)
Sheehan, Daniel C. (7)
Sheeran, Vincent J. (9)
Sheets, Cecil C. (8)
Sheft, Matthew J. (16)
Shemeley, William G., Jr. (4)
Shenfeld, Isaac (1)
Sheppard, Alfred G. (6)
Sheppard, Frank R. (6)
Sheppard, Muse A. (6)
Sheppard, Thomas S. (6)
Sherk, A. Lincoln (4)
Sherman, A. Russell (7)
Sherman, Arthur E. (7)
Sherman, Benjamin (14)
Sherman, Byron G. (14)
Sherman, Elbert S. (7)
Sherman, Fuller G. (8)
Sherman, Samuel H. (20)
Sherman, William E. (12)
Shevitz, David M. (21)
Shill, Benjamin (7)
Shimer, A. Burton (1)
Shimer, Floyd A. (21)
Shinefeld, Maurice A. (16)
Shipman, James S. (4)
Shipman, Meyer P. (16)
Shippee, James N. (16)
Shipps, Hammell P. (3)
Shirlock, Margaret E. (6)
Shirrefs, Russell A. (20)
Shivers, Charles H. deT. (1)
Shlionsky, Herman (7)
Shook, Benjamin E. (9)
Shope, Edward P. (4)
Shor, David M. (7)
Shreehan, Hubert F. (7)
Shull, Elliott C. (4)
Shull, John V. (12)
Shulman, Abraham (16)
Shulman, Murray W. (7)
Shulman, Nathan L. (9)
Shuster, Samuel A. (1)
Sica, L. Samuel (11)
Sickel, Emanuel M. (15)
Sieber, Isaac G. (4)
Siegel, Isadore (12)
Siegel, Jack G. (7)
Siegel, Jacob W. (7)
Siegel, Lester (9)
Siegel, Sidney L. (6)
Siemion, Theophilis R. (11)
Sigman, George (9)
Silberner, Herbert B. (7)
Silich, Robert L. (9)
Silk, Charles I. (12)
Sill, John B. (11)
Silver, E. Drew (11)
Silver, Harry B. (7)
Silverman, Irving A. (16)
Silverman, R. Louis (17)
Silverman, S. Andrew (7)
Silverman, Theodore M. (20)
Silvers, Homer I. (1)
Silverstein, Benjamin J. (7)
Silverstein, Jacob M. (7)
Silverstein, Max (13)
Simeone, Peter A. (9)
Simkin, Abraham (16)
Simmons, Albert V. (7)
Simms, George F. (7)
Simon, Henry (7)
Simon, Julius J. (16)
Simon, Ludwig L. (7)
Simon, Philip H. (16)
Simonson, Louis (7)
Simpson, David B. (9)
Sims, Richard V., Jr. (20)
Sinexon, Henry L. (8)
Singer, Bella (20)
Singer, Max (7)
Singer, Sina S. (9)
Singley, Harry P., Jr. (1)
Sinkinson, Charles D., Jr. (1)
Sinnott, Gerald W. (9)
Sinton, John Y. (11)
Sirotta, E. Bernard (8)
Sisson, Nelson W. (7)
Siveke, John (16)
Skvarla, John A. (2)
Skwirsky, Joseph (7)
Slack, Clarence J. (11)
Slaff, Florence (16)
Slater, Daniel (16)
Slavin, Paul (7)
Sloan, Samuel L. (16)
Slobodien, Benjamin F. (12)
Slocum, Harry B. (13)
Sly, John L. (20)
Smaine, Enrique delC. (2)
Small, E. Lester (3)
Small, Louis (16)
Smalley, Mahlon C. (18)
Smalley, Sara D. (7)
Smalzried, Elmer W. (7)
Smith, Alexander L. (9)
Smith, Andrew M. (1)
Smith, Arthur B. R. (9)
Smith, Bertram H. (4)
Smith, Bryan A. (2)
Smith, Byron J. (7)
Smith, Christopher A. (7)
Smith, Edward C. (15)
Smith, Ellis L. (7)
Smith, Elroy W. (16)
Smith, George H. (7)
Smith, Harold W. (7)
Smith, Henry G. (7)
Smith, Herman (21)
Smith, Ivan B. (12)
Smith, J. Meredith (21)
Smith, James D. (4)
Smith, John A. (12)
Smith, John V. (12)
Smith, Joseph A. (12)
Smith, Joseph J. (7)
Smith, Leon A. (16)
Smith, Leonard H. (7)
Smith, Malcolm K. (14)
Smith, Marcia V. (15)
Smith, A. L. Marshall (12)
Smith, Nehemiah E. (2)
Smith, Percy L. (12)
Smith, Sydney F. (12)
Smith, Thayer A. (7)
Smith, W. Henley (11)
Smith, Wilbur A. (4)
Snagg, William T. (4)
Snape, William J. (4)
Snavely, Earl H. (7)
Snedecor, Spencer T. (2)
Snegireff, Leonid S. (11)
Snyder, Howard P. (18)
Snyder, W. Jay (9)
Sobel, I. Jerome (16)
Sobin, Julius (7)
Sochacki, Alexander (4)
Sokoloff, Oscar J. (12)
Solk, Arthur G. (7)
Solms, Kent (2)
Solomon, Harold (7)
Solomon, Louis (9)
Solworth, Lee (2)
Somers, Fred L. (7)
Somers, Willard H. (2)
Sommer, George N. J. (11)
Sommer, George N. J., Jr. (11)
Sonnenberg, Arthur (7)
Sooy, L. Thomas (8)
Sorock, Emil M. (7)
Soschin, Samuel J. (7)
Spalding, Henry J. (9)
Spaldo, John L. (18)
Spallone, Joseph C. (7)
Spano, Frank (9)
Sparks, Paul R. (3)
Spath, William H. (9)
Spence, Henry (9)
Spencer, Alvan (14)
Spencer, Ira T. (12)
Spencer, James H., Jr. (19)
Spickers, William (16)
Spicola, Louis A. (2)
Spillane, Timothy H. (21)
Spinner, Samuel L. (7)
Spirito, Michael W. (20)
Spivack, David (20)
Spohn, Eugene L. (9)
Spradley, Jeems B. (11)
Sprague, Edward W. (7)
Sprague, Seth B. (9)
Spranz, William S. (2)
Spritzer, Theodore D. (12)
Spurgeon, Dorsett L. (19)
Stabile, John A. (11)
Staehle, Richard H. (7)
Stage, Earl DeW. (14)

Stahl, Alfred (7)
Stahl, Charles (7)
Stamps, G. Ruffin (1)
Stankiewicz, F. Stanley (9)
Stanton, Nathaniel B. (20)
Stark, Harry L. (9)
Stark, Jacob (16)
Starr, Benjamin (9)
Statman, Arthur J. (7)
Staub, E. Milton (20)
Steel, John M. (11)
Steel, William A. (5)
Steele, Stephen (20)
Stefansin, Frank (9)
Steffens, Charles T. (12)
Stein, Albert (9)
Stein, Emil (20)
Stein, George H. (20)
Stein, Harold M. (16)
Stein, Isadore (20)
Stein, Jacob M. (9)
Stein, Joseph M. (4)
Stein, Louis A. (11)
Stein, Martin H. (20)
Stein, William (12)
Steinberg, Benjamin L. (16)
Steinberg, Werner (20)
Steiner, Edwin (7)
Steiner, Herbert (7)
Stephenson, Daniel H. (4)
Stephenson, Gordon A. (20)
Stephenson, Ruth (12)
Stern, David A. (7)
Stern, Max E. (7)
Stern, Morris H. (16)
Stetser, Leland M. (4)
Steuart, David F. R. (20)
Stevens, Merton H. (7)
Stevenson, G. McKay (20)
Stevenson, George S. (13)
Stewart, Edwin F. (13)
Stewart, Irving J. (8)
Stewart, Robert G. (7)
Stewart, Sloan G. (1)
Stewart, Walter B. (1)
Stickles, Lloyd C. (7)
Stiles, C. Campbell (7)
Stillwell, Harry C. (20)
Stinson, Richard (16)
Stockfisch, Robert H. (9)
Stoddard, Gordon V. (7)
Stokes, Anthony T. (9)
Stokes, Earle B. (7)
Stokes, James S. (16)
Stokes, Joseph (3)
Stokes, S. Emlen (3)
Stoll, George F. (7)
Stolow, Alan A. J. (10)
Stoltz, Raymond R. (16)
Stone, Arthur L. (4)
Stone, Frank P. (4)
Stone, Robert G. (11)
Storaci, Frank S. (11)
Stout, J. Phillip (9)
Stouter, Francis L. (16)
Strack, Vincent J. (7)
Strahan, Frank G. (13)
Strasser, Hans A. (7)
Straub, Herbert H. (7)
Straughn, Clinton C. (13)
Straus, Max (7)
Strauss, Arthur (13)
Strauss, Frederick (7)
Strauss, Max (7)
Strauss, William T., Jr. (7)
Streen, Morris E. (7)
Street, Daniel B. (9)
Strelinger, Alexander (20)
Strom, Abraham (20)
Stuart, Alexander A. S. (5)
Stuart, J. Earle (20)
Stuart, William C. (9)
Sturchio, Edoardo (7)
Sturchio, Eugenio (7)
Stybel, Joseph (20)
Subin, Harry (1)
Sucoff, Moses C. (16)
Suesserman, Henry (7)
Suffness, Gustave (20)
Sufrin, Emanuel (4)
Sullivan, Charles J. (12)
Sullivan, James A. (9)
Sullivan, John B. (2)
Sullivan, William M., Jr. (16)
Sullivan, William T. (7)
Sulouff, S. Henry (9)
Summerill, Garnett (4)
Summers, Alfred D. (11)
Summey, Thomas J. (3)
Surgent, George W. (16)
Surran, Carl A. (1)
Sussman, Harold (9)
Suter, Harry F. (17)
Sutherland, Robert C. (17)
Sutherland, William W. (16)
Sutnick, Theodore B. (11)
Sutton, Harold L. (7)
Sutton, Joseph G. (7)
Swain, Richard D., Jr. (7)
Swern, Nathan (11)
Swertfeger, Herbert W. (11)
Swiecicki, Martin E. (4)
Swiney, Juliana C. (9)
Swiney, Merrill A. (9)
Symes, Earl R. (7)
Szerlip, Leopold (7)
Szuch, Nicholas (12)
Szymanski, John J. (16)

ASSOCIATE MEMBERS

Salvatore, Joseph T. (11)
Sarokhan, Joseph (16)
Scalera, John F. (7)
Shaver, Kenneth L. (11)
Silbermann, Maximilian (7)
Silver, George A., Jr. (11)
Singer, Emery (12)
Smith, Charles H. (7)
Smith, Lois (13)
Snook, Lee O., Jr. (7)
Spence, Harold G. (7)
Sperling, Irving L. (7)
Stokes, Donald E. (7)

T

ACTIVE MEMBERS

Taber, Frederick S. (12)
Taber, Leslie R. (16)
Taff, Harry (7)
Taffet, William (7)
Taft, Herman L. (9)
Talmage, William G. (14)
Talty, John C. (9)
Tanner, Monroe J. (2)
Tansey, W. Austin, Jr. (7)
Taranto, Michael (20)
Tarbell, Harold A. (7)
Tataryan, Hovsep (9)
Tatem, Henry R., Jr. (4)
Tator, Arthur E. (20)
Taylor, G. Herbert (7)
Taylor, Harold W. (2)
Taylor, Malcolm C. (14)
Taylor, Raymond A. (15)
Taylor, Walter A. (11)
Teebor, Alfred (7)
Teeter, Charles E. (7)
Teichholz, Max H. (16)
Tell, M. Edward (16)
Teller, Daniel W., Jr. (14)
Tellman, Daniel H. (16)
Temes, J. Howard (9)
Temple, Arthur H. (16)
Tenney, Albert S. (7)
Tenney, Luman H. (11)
Tennis, Edgar M. (2)
Tepper, Victor (7)
Terhune, Percy H. (16)
terKuile, Reinold W. (2)
Terrell, Edward E. (20)
Terreri, D. Joseph (14)
Teskey, Stanley (14)
Tether, Russell K. (2)
Thalheimer, Edward J. (6)
Thomas, Claude W. (17)
Thomas, George N. (6)
Thomas, Harry G. (13)
Thomas, John H. (7)
Thomas, Leon H. S. (16)
Thomas, Ralph B. (9)
Thomas, Thomas S., Jr. (14)
Thomison, Harry E. (7)
Thompson, Arthur F. (7)
Thompson, Austin B. (7)
Thompson, Edna R. (14)
Thompson, Edward C. (16)
Thompson, Penrose H. (4)
Thompson, Theodore F. (15)
Thomson, Carroll S. (7)
Thorne, Nathan (3)
Thorne, William P. (16)
Thornhill, Arthur C. (7)
Thornley, William F. (7)

Thornton, P. John S. (18)
Thron, Leopold E. (16)
Tidaback, John D. (20)
Tidwell, Harold F. (9)
Tillis, Herman H. (7)
Tilton, William R. (7)
Timberlake, Baxter H. (1)
Timlin, James W. (9)
Tirrell, C. Malcolm (7)
Tisch, Leon (12)
Toal, Joseph (2)
Tobey, Franklin J. (7)
Toczek, Heinrich A. (7)
Todd, Francis H. (16)
Tomaiuoli, Michele (9)
Tomec, Otto C. (11)
Tomec, Richard F. (7)
Tomkins, William (16)
Tomlins, Francis I. (2)
Tomlinson, Rolland D. (20)
Tompkins, Grenelle B. (10)
Torppey, John J. (7)
Toscano, George A. (2)
Toth, Elmer F. (9)
Towbin, Adolph (15)
Townsend, John D. (5)
Townsend, Leslie M. (20)
Toy, Calvert R. (12)
Toye, John E. (7)
Tracy, George T. (3)
Traganza, Robert W. (4)
Trano, Giovanni (20)
Trautwein, Charles F. (7)
Treiber, Benjamin A. (11)
Triarsi, Anthony J. (20)
Trippe, Clarence M. (13)
Trippe, Morton F. (13)
Tucker, Sidney (12)
Tunis, Benno B. (7)
Turi, Amedeo E. (7)
Turner, Charles F. (7)
Turner, Isabel B. (2)
Tushnet, Leonard (7)
Tutela, Arthur C. (7)
Tutschulte, Ernest (7)
Tweddel, George K. (16)
Twitchell, Adelbert B. (7)
Tymeson, Walter R. (7)
Tyndall, Alice E. (20)
Tyndall, Hugh H. (9)
Tyndall, Martha W. (20)
Tyrrell, George W. (12)
Tyson, Frances B. (2)

ASSOCIATE MEMBER

Tretter, Hans L. (11)

U

ACTIVE MEMBERS

Udinsky, Hyman J. (16)
Uhr, Jacques S. (12)
Ulan, Jerome (12)
Ulan, Oscar (7)
Ulmer, Chester I. (8)
Ulmer, D. H. Bartine (3)
Ulvestad, Lawrence E. (7)
Underwood, J. Harris (8)
Upham, Helen F. (13)
Urbach, George (7)
Urbaniak, Henry S. (11)
Urbanski, Adrian X. (12)
Urbanski, Matthew F. (12)
Urevitz, Abraham (9)
Utkewicz, Edmond A. (9)
Uzzell, Edward F. (1)

V

ACTIVE MEMBERS

Vaccaro, Sebastian P. (13)
Vaczi, Stephen (11)
Valentin, Irmgard (7)
Vallario, Frank A. (7)
van Beuren, Frederick T., Jr. (14)
Vanderbeck, James J. (16)
Vanderbeek, Andrew B. (16)
Vanderbeek, Frank B. (16)
Vanderbeek, Stuart W. (2)
Vander Clock, Cornelius (16)
Vander Veer, H. Garrett (7)
van Dyke, Harry B. (12)
Van Dyke, Joseph S. (2)
Van Eerde, Albert (16)
Van Emburgh, George H. (7)
Van Gieson, Edward J. (7)
Vann, Dorothea D. (2)
Vann, Felix H. (2)
Vannatta, George W. (7)
Vanneman, Joseph S. (11)
Van Ness, H. Roy (7)
Van Riper, A. Ward (16)
Van Riper, William D. (2)
Van Schott, Gerard J., Jr. (16)
Van Sciver, John E. L. (4)
Van Sickle, Albert W. (14)
Van Winkle, Charles I. (2)
Van Winkle, John S. (16)
Varney, William H. (21)
Varriano, John L. (9)
Vento, Sebastian J. (11)
Venturo, Ralph C. (8)
Verbeck, George B. (7)
Vermes, Leslie (19)
Vermeulen, Abram (16)
Vilardo, Ross (2)
Villapiano, Joseph G. (13)
Vincent, Nicholas F. (7)
Vinciguerra, Michael (20)
Virgilio, Anthony A. (7)
Visceglia, Frank R. (16)
Visconti, Joseph A. (9)
Vita, Frank J. (2)
Vitale, Dominic V. (20)
Viteri, Luis E. (3)
Vitolo, Ralph E. (20)
Vogel, H. Austin (20)
Volpe, Donald J. (1)
Vol-Tretter, Marta (11)
von Deilen, Henry O. (14)
Von Hofe, Frederick H. (7)
Von Oehsen, William H. (13)
Voorhees, Florence E. (7)
Voorhies, William S., Jr. (14)
Voorhis, Charles F. (3)
Vosburgh, Fred (16)
Voss, J. Landon (14)
Voss, John C. (3)
Vostrosablin, Nicholas A. (9)
Vreeland, Ralph D. (7)
Vreeland, Ralph J. (16)
Vroom, William L. (2)

ASSOCIATE MEMBER

Vargyas, Joseph C. (12)

W

ACTIVE MEMBERS

Wacker, William F. (20)
Wade, Francis A. (14)
Wade, Simon F. (20)
Wagner, J. George (3)
Wagner, John (7)
Wagner, Otto (20)
Wagner, Richard (20)
Wainright, Melvin A. R. (13)
Wakeley, William E. (7)
Waldron, Edward L. (11)
Waldron, Robert E. (7)
Walker, Ada H. (6)
Walker, Harold G. (16)
Walker, H. Burton (6)
Walker, Levi M. (1)
Walker, Robert B. (12)
Wallace, Marc J. (16)
Wallach, Bernard (18)
Wallack, Charles A. (7)
Wallack, Eli A. (9)
Wallhauser, Henry J. F. (7)
Walscheid, Arthur J. (9)
Walsh, Charles R. (7)
Walsh, Ronald J. (20)
Walsh, Thomas J. (11)
Walsh, Thomas J. (20)
Walsh, Thomas M. (2)
Walters, George M. (12)
Walton, Gordon G. (16)
Walton, Ralph W. (7)
Wambsganss, Magdalena (7)
Wandall, Frederick G. (8)
Wangner, William F. (7)
Wantoch, Joseph (12)
Warburton, Jack C. (16)
Ward, Albert H. (16)
Ward, Albert J. (14)
Ward, Elisabeth B. (7)
Ward, Gertrude P. (7)
Ward, Leo J. (20)
Ward, William R. (7)
Ward, William R., Jr. (7)
Ware, Carl N. (6)
Warner, William H. A. (7)
Warren, Charles B. (2)
Warren, David E. (16)
Warren, Earl L. (16)
Warren, Jacob (16)
Warter, Peter J. (11)
Warwick, Ralph A. (4)
Washburn, Philip C. (14)
Wassing, Hans (16)
Waterman, Samuel M. (7)
Waters, Charles H. (11)
Waters, Edward G. (9)
Watkins, George R. (4)
Watman, Anthony J. (9)
Watov, Samuel E. (11)
Watson, Frederick S. (11)
Watts, Wilbur (11)
Waugh, Bascomb S. (4)
Way, Clarence W. (5)
Wayman, Bernard R. (11)
Webb, Eleanor A. (20)
Webb, Wilson D. (2)
Weber, Francis C. (7)
Weber, John F. (12)
Weber, Walter D. (9)
Wechsler, Joseph (9)
Weeks, Belford A. (1)
Weeks, Norman E. (7)
Weems, Don B. (8)
Wegryn, Louis S. (20)
Weigel, Edgar W. (20)
Weigel, Elmer P. (20)
Weinberg, Alfred (7)
Weiner, Henry T. (12)
Weiner, Samuel E. (1)
Weinert, Henry V. (16)
Weinmann, Max H. (7)
Weinstein, Francis S. (7)
Weinstein, Leopold (7)
Weinstein, Morris W. (7)
Weinstein, Robert A. (19)
Weinstock, Michael B. (7)
Weintraub, William L. (16)
Weiser, Edward H. (19)
Weisman, Stephen L. (16)
Weiss, Abram (9)
Weiss, Herman (14)
Weiss, Louis (7)
Weiss, Morris J. (9)
Weiss, Mortimer H. (7)
Weiss, Selma (7)
Weissberg, William W. (20)
Weissman, Meyer T. (20)
Weitz, Abraham (20)
Welkind, Allen A. (7)
Weller, Arthur (7)
Wells, William C. V. (3)
Weltchek, Herbert (20)
Wentzell, J. Earl (8)
Wesson, Harrison R. (7)
West, David H. (4)
West, Edgar L. (11)
West, Gordon F. (4)
West, Guernsey F. (21)
West, Heston R. (21)
Westerhoff, Peter D. (16)
Western, Frederic B. (20)
Westney, F. Rolfe (1)
Weston, Clifford G. (7)
Wethers, William A. (16)
Wetterberg, Louis F. (12)
Whaland, Berta (6)
Wheatland, Marcus F., Jr. (4)
Wheeler, James A. V. (9)
Wheeler, William K. (7)
Whelan, Edward P. (7)
Wherry, Elmer G. (7)
Whims, Clarence B. (1)
Whinery, Joseph F. (20)
Whitaker, Henry J. (8)
White, Frank S. (2)
White, Harry J. (12)
White, R. Rostin (1)
White, Richard E. (16)
White, Robert R. (7)
White, Thomas J. (9)
Whiticar, John H. (5)
Whitken, Albert I. (20)
Whitman, Lloyd B. (2)
Whittaker, Neil M. (2)
Wiant, Herman E. (4)
Widetsky, Alfred (2)
Wiesenfeld, Benjamin (12)
Wiesler, Howard M. (11)
Wiggins, U. S. (4)
Wikoff, John L. (11)
Wilbur, Franklin L. (13)
Wilcox, Frank A. (9)
Wildmann, George A. (11)
Wilentz, William C. (12)
Wilkins, Stanley O. (13)
Willan, Edward H. (7)
Willey, F. Parker (7)
Williams, David P. (14)
Williams, Frank A. (20)
Williams, George W. (11)
Williams, Harry D. (11)
Williams, Hiram (16)
Williams, John J. (7)
Williams, Leonard D. (20)
Williams, Louis E. (14)
Williams, William C. (2)
Williams, William C. (4)
Williamson, William L. (9)
Willis, Katharen C. (7)
Willner, Irving (7)
Willner, Philip (7)
Willson, James H. (7)
Wilner, Arthur S. (11)
Wilner, Irving (11)
Wilson, Charles W. (6)
Wilson, Harrison B. (2)
Wilson, Herbert H. (6)
Wilson, Isam E. (4)
Wilson, John H., Jr. (7)
Wilson, Lawrence A. (1)
Wilson, Lester R. (4)
Wilson, Robert B. (13)
Winn, Samuel L. (1)
Winslow, John H. (6)
Winter, Carl M. (4)
Winter, Egon W. (7)
Winter, Gladys C. (2)
Winters, Walter M. (16)
Wise, Lester D. (13)
Wishnack, Meyer (16)
Witkoff, Ben (2)
Witmer, John D. (12)
Witte, C. Norman (15)
Wittenborn, William F. J. **(11)**
Woelfle, Henry E. (9)
Wolbert, Charles M. (9)
Wolf, Erich (16)
Wolf, Frank A. (21)
Wolf, Israel J. (16)
Wolf, Raymond E. (7)
Wolfe, Edward E. (2)
Wolfe, Jacob S. (7)
Wolfe, William W. (7)
Wolff, Herbert M. (11)
Wolff, Jerome M. (20)
Wolfson, Harry (16)
Wolgin, Philip L. (20)
Wolowitz, Harry B. (2)
Woltz, Sidney (9)
Wood, E. LeRoy (7)
Wood, Oran A. (8)
Woodman, Charles B. (14)
Woodruff, Dare (6)
Woodruff, Ralph G. (13)
Woodruff, Stanley R. (9)
Woody, McIver (20)
Woolf, Bernhardt H. (7)
Worcester, George F. (2)
Woronoff, Murray (13)
Wort, Frederick J. (7)
Wrensch, Alexander E. (7)

Wright, Herman W. (8)
Wright, Ralph S. (4)
Wright, Robert E. (7)
Wroblewski, Benjamin M. (4)
Wry, Dean A. (16)
Wry, Orlin V. (2)
Wuerthele, Virginia E. (7)
Wuester, William O. (20)
Wurts, Margaret M. (7)
Wyatt, Joseph H. (7)
Wyker, Arthur W. (7)
Wyman, Edward H. (3)

ASSOCIATE MEMBERS

Walker, Otto (12)
Wilson, Joseph G. (11)

Y

ACTIVE MEMBERS

Yachnin, Samuel C. (16)
Yadkowsky, Emanuel (7)
Yaeger, Leslie A. (11)
Yager, J. Allen (16)
Yaguda, Asher (7)
Yankowicz, Michael (7)
Yates, Glen L. (7)
Yates, John S. (16)
Yeaton, William L., Jr. (9)
Yeaw, Ralph C. (16)
Yelin, Gabriel (7)
Yellin, Charles H. (20)
Ylvisaker, Lauritz S. (7)
Yolken, Harry (16)
Yontef, Reuben (9)
Yood, Raphael (20)
York, James L. (2)
York, Wilbur H. (11)
Yorke, Edward T. (20)
Yoskalka, Jack S. (7)
Young, Franklin C. (20)
Young, George J. (14)
Young, I. Henry (7)
Young, James L. (18)
Young, John H. (7)
Yuckman, Robert O. (20)
Yuckman, William (20)
Yudkoff, William (9)
Yunck, William P., Jr. (9)

ASSOCIATE MEMBER

Yoskowitz, Benjamin (16)

Z

ACTIVE MEMBERS

Zacchino, Arnold A. (2)
Zager, Saul (7)
Zalewski, Irene J. (16)
Zandt, Frederic B. (11)
Zapf, Reville D. (8)
Zappala, John (17)
Zehnder, A. Charles (7)
Zeitlin, Herman H. (20)
Ziccardi, Anthony V. (3)
Zimmer, William (7)
Zimmerman, Coler (7)
Zimmerman, Robert F. (14)
Zimskind, Joshua N. (11)
Zingales, Joseph A. (20)
Zingali, John A. (7)
Zitani, Alfred M. (9)
Zuck, Arthur C. (21)
Zuck, John A. (14)
Zuckerman, David E. (16)
Zvaifler, Nathan (7)
Zweibel, Leonard (7)
Zweigel, Isidore (7)
Zwick, William W. (3)
Zybulewski, Edmund A. **(7)**

MEMBERSHIP OF COUNTY MEDICAL SOCIETIES

Comprising

THE MEDICAL SOCIETY OF NEW JERSEY
ON MARCH 15, 1943

Bold face type indicates members in service
An asterisk (*) indicates a deceased member

ATLANTIC COUNTY (1)

Society organized June 7, 1880. Meets second Friday evening monthly, except in June, July and August. Annual Meeting in May.

ACTIVE MEMBERS

Allman, David B., 104 St. Charles pl., Atlantic City
Andrews, Clarence L., 1616 Pacific av., AtlanticC'y
Axilrod, Maurice H., 2620 Pacific av., Atlantic C'y
Barbash, Samuel, 1902 Pacific av., Atlantic City
Bartlett, Clara K., 4301 Atlantic av., Atlantic City
Bassett, Norman H., 1616 Pacific av., Atlantic C'y
Beir, Ily R., 3900 Atlantic av., Atlantic City
Bew, Richard C., Navy
Boysen, Theophilus H., 100 Phila. st., Egg Harbor
Bradley, Robt. A., 1616 Pacific av., Atlantic City
Brown, J. Carlisle, 101 S. Indiana av., Atlantic C'y
Carrington, Wm. J., Army
Chalfant, W. Paxson, Jr., Army
Charlton, C. Coulter, 124 S. Illinois av., Atl. City
Clark, S. Worth, 152 S. No. Carolina av., Atl. C'y
Cleary, Joseph P., Minotola
Conaway, Walt P., 1723 Pacific av., Atlantic City
Corson, Filbert R., 101 S. Indiana av., Atlantic C'y
Crane, Bernard, Army
Dalton, S. Eugene, 117 S. Illinois av., Atlantic C'y
Davidson, Harold S., 101 S. Indiana av., Atl. City
Davis, W. Cole, 109 S. Portland av., Ventnor
deHellebranth, Roland T., 104 S. Fr'nkf't av.,Ventn'r
DiNicolantonio, Vincent J., Army
Donnelly, William A., Navy
Durham, Robt. B., Navy
Durham, Royal E., 100 S. New Haven av., Ventnor
Dyer, Edward H., Army
Eckert, Walter L., 809 Stenton pl., Ocean City
Elliott, Frazier J., Army
Erber, Leonard B., Army
Esposito, Antonio L., 31 12th st., Hammonton
Ewens, Arthur E., 3600 Pacific av., Atlantic City
Feinstein, Louis, Army
Fish, Clyde M., 7 W. Washington av., Pleasantville
Fowler, Richard M., Jr., 1600 Arctic av., Atl. City
Fox, Wm. W., 101 S. Indiana av., Atlantic City
Frank, Myrtile, 227 Philadelphia av., Egg Harbor
Frank, Perry, Navy
Goldstein, Samuel, Army
Gordon, Benjamin L., 1616 Pacific av., AtlanticC'y
Gordon, Maurice B., 6917 Atlantic av., Ventnor
Gottlieb, Morris, Army
Grier, Robt. M., 50 E. Washington av.,Pl'santville
Gross, Max, 109 States av., Atlantic City
Gruhler, Jean A., Army
Guion, Edward, Atlantic Co. Hosp., Northfield
Halpern, Samuel, Army
Harley, Halvor L., 101 S. Indiana av., Atlantic C'y
Henderson, Kenneth P., Ansley Park,Pleasantville
Hersohn, Wm. W., Army
Hoffman, Harry S., Army
Holmes, H. David, 15 N. Indiana av., Atlantic C'y
Holoman, M. Browne, Army
Holt, Edward Z., 4100 Atlantic av., Atlantic City
Hudson, Howard S., Army
Hudson, Woodburn J., 39 E.W'sh'gton av.,Pl'santv'le
Hyman, Chas., 2807 Pacific av., Atlantic City
Infield, Gerald L., Army
Jacobson, J. Joseph, 1616 Pacific av., Atlantic C'y
Johnson, V. Earl, 101 S. Indiana av., Atlantic City
Kahn, Leo, 32 States av., Atlantic City
***Kilduffe, Robt. A., Army**
Kline, Herman, Army
Krechmer, Abraham, 400 Pacific av., Atlantic City
Leonard, Isaac E., 2842 Atlantic av., Atlantic City
Leonard, Isaac E., Jr., Army
Madden, Leland S., 21 E. Verona av., Pleasantville
Magill, Marcus, Army
Major, Morton M., Army
Marshall, H. Donald, 707 N. Indiana av., Atl. City
Marvel, Peter H., Army
Marvel, Philip, Jr., 101 S. Indiana av., Atlantic C'y
Mason, James E., 1616 Pacific av., Atlantic City
McGeehan, Stanley M., 6505 Atlantic av., Ventnor
Merendino, Anthony G., Army
MeVay, James C., 2907 Pacific av., Atlantic City
Milano, Cesare A., 1 S. Brighton av., Atlantic City
Molitch, Matthew, Army
Murray, Clifford K., Navy
Nickman, E. Harrison, Army
Oesterlin, Ernst, Atlantic City Hosp., Atlantic C'y
Pennington, John, 101 S. Indiana av., Atlantic C'y
Perez, John F., Army
Pilkington, Albert, 117 S. Virginia av., AtlanticC'y
Poland, Geo. A., 206 E. Verona av., Pleasantville
Quinn, Norman J., 3303 Pacific av., Atlantic City
Read, Hilton S., Army
Repici, Anthony J., 107 N. 3rd st., Hammonton
Reyner, Daniel C. ,2703 Pacific av., Atlantic City
Ricck, Allan, Army
Rise, Wilson S., 4502 Ventnor av., Atlantic City
Rodi, Louis M., 412 Bellevue av., Hammonton
Roop, William O., 101 S. Indiana av., Atlantic C'y
Rosenberg, Louis, Army
Rosenblatt, Sidney, 1904 Pacific av., Atlantic City
Rubba, Russell R., Army
Salasin, Samuel L., 511 Pacific av., Atlantic City
Scanlan, D. Ward, 15 S. Illinois av., Atlantic City
Schwarzkopf, Geo. C., 2901 Pacific av., AtlanticC'y
Schwinn, Chas., 7600 Winchester av., Margate
Shavelson, Irving C., Army
Shenfeld, Isaac, 4806 Atlantic av., Ventnor
Shimer, A. Burton, 606 Pacific av., Atlantic City
Shivers, Chas. H. deT., 121 S. Illinois av., Atl. City
Shuster, Samuel A., Army
Silvers, Homer I., 16 S. Suffolk av., Ventnor
Singley, Harry P., Jr., Army
Sinkinson, Chas. D., Jr., 1616 Pacific av., Atl. City
Smith, Andrew M., 344 Philadelphia av.,EggH'rb'r

Stamps, G. Ruffin, Army
Stewart, Sloan G., Army
Stewart, Walter B., 8 N. Tallahassee av., Atl. City
Subin, Harry, Army
Surran, Carl A., 1616 Pacific av., Atlantic City
Timberlake, Baxter H., Army
Uzzell, Edward F., 2703 Pacific av., Atlantic City
Volpe, Donald J., Navy
Walker, Levi M., Army
Weeks, Belford A., Army
Weiner, Samuel E., 904 Pacific av., Atlantic City
Westney, F. Rolfe, 1920 Pacific av., Atlantic City
Whims, Clarence B., Army
White, R. Rostin, 644 Shore rd., Somers Point
Wilson, Lawrence A., 114 N. Shore rd., Absecon
Winn, Samuel L., Army

Number of Active Members and basis of representation, 126.

ASSOCIATE MEMBER

McCracken, Josiah, Army

HONORARY MEMBERS

James, Henry C., Mays Landing
Marcus, Joseph H., Atlantic City
Martin, William, Atlantic City

BERGEN COUNTY (2)

Society organized February 28, 1854. Meets on second Tuesday of each month, except July and August. Annual Meeting in May.

ACTIVE MEMBERS

Abbate, Charles C., 32 Main st., Lodi
Abramo, Anthony E., 141 Glen av., Midland Park
Agayoff, John D., 127 S. Washington av.,Bergenf'd
Alexander, Samuel, 12 S. Main st., Park Ridge
Alexander, Stewart F., Army
Anderson, Reuben M., 15 Anderson st., Hackens'k
Angelillis, Paul, Army
Angioletti, Louis V., Army
Appold, George D., 60 E. Church st., Bergenfield
Baketel, H. Sheridan, 155 VanWagenen av.,Jer.C'y
Baldwin, John F., Army
Balze, Henry R., 147 Christie st., Leonia
Banta, Raymond E., Army
Barbash, Roslyn H. W., 835 Red rd., Teaneck
Barlow, G. Barton, Army
Barnes, Wm. J., 155 Engle st., Englewood
Baron, Herbert A., 150 Terrace av., Hasbr'k Hts.
Basralian, Jos. B., 333 Wash'gton pl., Hasbr'kHts.
Beres, Albert J., 492 Wood-Ridge av.,Wood-Ridge
Berke, Raynold N., 430 Union st., Hackensack
Bernard, Richard C., Army
Beyer, William, Army
Blauvelt-Wells, Grace B., 76 Heights rd.,Ridgew'd
Blenkle, Victor A., Army
Bono, Jos. J., 647 Anderson av., Cliffside Park
Bosch, Taeke, 290 E. Franklin Turnpike, Hohokus
Branon, Mark E., Army
Bregman, Alexander, 2 Dempsey av., Edgewater
Brennan, Alfred T. V., Jr., 275 Engle st., Englew'd
Brown, John L., Army
Brown, Leonard, Army
Buckley, Chas. F., Ferry plaza, Edgewater
Buckley, Paul J., 159 Palisade av., Bogota
Bump, Samuel C., Army
Burnham, Lyman, 229 Engle st., Englewood
Burns, Geoffrey C. H., County rd., Demarest
Busicco, Philip S., 131 Liberty rd., Englewood
Calabrese, D. John, Army
Campbell, James M., 101 S. Central av., Ramsey
Candio, Vincent P., Army
Carbone, Ralph, Army
Carroll, Thos. R., 754 Anderson av., Cliffside Park
Cartnick, Louis C., 228 Hillcrest av., Wood-Ridge
Caruso, Paul F., Army
Casciano, Adolph D., Army
Christensen, Osborne D.,315Terrace av.,Hasb'kHts.
Clarie, D'Arcy C.
Clarke, Edward W., 435 Warwick av.,W.Englew'd
Cloud, Albert W., 139 Hugenot av., Englewood
Cochrane, Cleland D., Army
Connor, Clarence A., 1586 Center av., Fort Lee
Cooper, Howard M., 37 Ridge rd., Rutherford
Coppoletta, Joseph M., Navy
Corn, David, 119 Park st., Ridgefield Park
Costabile, Vincent, Army
Coughlin, Joseph J., Army
Crandall, John K., 200 Main st., Fort Lee
Cropsey, Chas. D., 168 Chestnut st., Rutherford
Curtis, Donald A., Army
D'Agostin, Henry, 243 Fulton ter., Cliffside Park
D'Amato, Charles R., Army
Dayton, Spencer T., 86 W. Demarest av., Englew'd
DeBiaso, Cornelius V.
Decker, John G., 216 Blvd., Hasbrouck Heights
Demarest, J. Willis, 124 Elm av., Hackensack
DeSanto, A. M., Summit av. & Essex st.,Hack'ns'k
Deuell, William D., Navy
Dezer, Chas. N., Jr., 210 Main st., Hackensack
Dickson, John D., 202 Larch av., Bogota
Dilger, Frederick G., 210 Main st., Hackensack
Edgerly, Sherburn E., Navy
Edwards, J. Bennett, 144 Woodridge pl., Leonia
Ellmers, Basil J., 304 Milford av., New Milford
Essertier, Edward P., 273 State st., Hackensack
Evans, J. Lawrence, Jr., Army
Farmer, Vincent, 288 State st., Hackensack
Farr, Walter J., Army
Fermaglich, Harry B., 881 Garrison av., Teaneck
Ferrari, Andrew F., 110 Hackens'k st.,E.Ruth'rf'd
Fietti, Vincent G., 112 Ridge rd., Lyndhurst
Finke, George W., 237 State st., Hackensack
Finke, John H. D., 19 Hudson st., Hackensack
Fisher, Percy C., 145 Franklin av., Ridgewood
Fitzhugh, William F., Army
Fitzpatrick, Leo J., Army
Fliegel, Wm. M., 85 W. Passaic st., Maywood
Forte, F. Chester, 111 State st., Hackensack
Freeland, Frank, 281 State st., Hackensack
Friedman, Abraham I., Army
Gatti, Joseph D., Army
Gershman, Joseph G., Navy
Gilady, Raphael, 205 Union st., Hackensack
Gittelsohn, Isador, 896 Kind'rkam'k rd.,RiverEdge
Gitterman, David A., Army

Gladstone, Albert L., Army
Goldberg, David, 7 Bogert pl., Westwood
Goldfarb, Abraham, Army
Gordon, Sarah, 327 Cedar lane, Teaneck
Gould, Werner, 219 Passaic st., Hackensack
Gramsch, A. Louis, Bergen Pines, Oradell
Greenfield, Arthur W., 50 Anderson st.,Hackens'k
Greenfield, Wm. J., 50 Anderson st., Hackensack
Grimes, Robert R., Army
Groff, Parker A., 159 Washington av., Little Ferry
Grueninger, Edward F., Army
Hallett, Frederick S., 200 Passaic st., Hackensack
Halpern, Jesse O., Army
Harryman, Wm. K., 271 Union st., Hackensack
Hawes, Vernon L., Army
Helff, Joseph R., 1367 Teaneck rd., W. Englewood
Heller, George, Army
Hensle, Otto S., Army
Hillsman, R. Bryan, Army
Hirsch, John J., 191 Wallington av., Wallington
Hitzemann, Louis A., Navy
Horowitz, Herman J., Army
Hull, Donald B., Army
Irwin, John H., Navy
Jacobitti, Edmund E., 491 Maywood av., Maywood
Jenkins, Alvah R., 40 Armory st., Englewood
Johnson, G. Leonard, Army
Johnston, Rufus O., Army
Johnston, Sidney F., Navy
Jordan, Walter L., 145 Engle st., Englewood
Jukofsky, Isidore D., 32 Union pl., Ridgefield Park
Kakascik, Emil J., 206 Palisade av., Garfield
Kastler, Franz, 54 Ames av., Rutherford
Keir, Floyd E., 308 Engle st., Englewood
Kennedy, Paul A., 147 Tenafly rd., Englewood
King, Chester A., 412 Kinderkamack rd., Oradell
Kingma, John G., Goffle Hill rd., Midland Park
Kingslow, George L., 346 1st st., Hackensack
Kissinger, Donald J., Army
Klostermann, Julius A.
Knapp, Richard E., 25 Hudson st., Hackensack
Knight, William T., Army
Knowles, George M., Army
Knox, Chas. A , 138 Bergen av., Ridgefield Park
Knox, Harriet L., 390 Union st., Hackensack
Kosminsky, Louis, Army
Kraissl, Cornelius J., Army
Kralick, Louise C., 248 Terrace av., Hasbr'k Hts.
La Barba, Peter J., Navy
Lamberto, Vito A., 422 Stuyvesant av., Lyndhurst
Latona, Joseph A., 78 Main st., Lodi
Legato, Samuel F., Army
Lemmerz, Willard H.,184 Hackens'k st.,W'd-Ridge
Lesko, Stephen W., 234 Mt. Pl'sant av.,Wallington
Levitas, Geo. M., 199 Fairview av., Westwood
Levitas, Irving M., Army
Levy, Jack D., 191 Union st., Hackensack
Lewis, Alice B., E. Saddle River rd., Saddle River
Littwin, Charles, 950 Queen Ann rd., Teaneck
Liva, Arcangelo, 100 Prospect av., Hackensack
Liva, G. Albin, Army
Liva, Paul F., 280 Stuyvesant av., Lyndhurst
Loman, Samuel G., Army
Lombardi, Frank L., Army
Lord, C. Donald, Army
Luria, Sanford A., Army
Lynch, Maurice M., Navy
Lyons, Romola L. K.,171 Mead'wbr'k rd.,Englew'd
Macaulay, Francis A., 815 Elm av., Teaneck
MacKellar, James M., 26 E. Clinton av., Tenafly
MacLaren, Philip J., Navy
Maddren, Russell F., 372 Union st., Hackensack
Mader, A. Ivan, Jr., Army
Mancene, Edward M., Army
Markley, Luther A., Holy Name Hosp., Teaneck
Marx, Fred'k J., 539 Kinderkamack rd.,RiverEdge
McCormack, Frank C., 95 Tenafly rd., Englewood
McFeely, Percy R., 242 Palisade av., Bogota
McGuire, Joseph T., 54 Main st., Lodi
McLane, A. Donald, Army
McLeod, Harry J., 71 Forest rd., Tenafly
Mears, Wm. G., 222 Overlook av., Leonia
Megibow, Harold J., Army
Metz, Henry, Army
Meyer, Howard M., 400 Maple Hill dr., Hackens'k
Miller, Herbert G., Army
Modrys, Walter F., Army
Mores, Herbert R., Army
Morrow, Joseph R., Bergen Pines, Oradell
Muller, Frederick L., 413 Third st., Carlstadt
Mulligan, Luke A., Army
Myers, Norman V., Navy
Neary, Edward R.
Netz, Lester W., Army
Neville, Robert J., 547 Main st., Hackensack
Nichols, Frank I., 52 Euclid av., Hackensack
Nicol, Lorenz C., 360 Larch av., Bogota
O'Brien, Paul, 196 Main st., E. Rutherford
Olpp, John L., Army
Oren, Hyman
Padden, Aloysius F., Army
Pagano, Peter, 324 Franklin av., Ridgewood
Pallen, Conde DeS., Army
Patti, Frank A., Navy
Pedeville, Jos. R., 232 Highland av., PalisadesP'k
Pellegrini, Vincent J.,315Rochelle av.,RochelleP'k
Perham, Roy G., 248 Blvd., Hasbrouck Heights
Pettit, Harry H., 138 Franklin av., Ridgewood
Phillips, Walter, 109 E. Palisade av., Englewood
Pierce, Henry A., Army
Pindar, Arthur W., Army
Pindar, Irene D., 627 Queen Anne rd., Teaneck
Pitkin, Geo. P., 170 S. Washington av., Bergenfield
Pizzi, Peter J.
Policastro, Nelson C., Army
Prather, Charles G., Army
Protzman, Thomas B., Army
Prout, Wm. B., 88 W. Forrest av., W. Englewood
Pullen, Guy F., 111 Leonia av., Leonia
Rader-Hoheb, Katherine, 5 Lincoln av., Rutherf'd
Ravits, Everett C., Army
Reich, Samuel B., 286 Union st., Hackensack
Reid, Erwin W., 125 Marsellus pl., Garfield
Reinhold, H. E., 441 W. Englew'd av.,W.Englew'd
Richards, Ernest W., 374 DeWolf pl., Hackensack
Richardson, Charles A., Main st., Closter
Ringe, Charles L., Jr., Army
Roberts, Charles D.
Robinson, Silas E., Franklin T'rnpike, Waldwick
Romano, Anthony M., 332 Liberty av., Hillsdale
Rooks, Wendell H., Wyckoff
Ross, Selig J., Army
Rowe, Joseph A., 174 S. Maple av., Ridgewood
Rowohlt, George O., 175 Washington av., Dumont
Roylance, F. Dean, Jr., Army
Rube, Joseph A., Army
Rucker, William C., 408 Main st., Hackensack
Ryley, Harold W., 1 Lincoln pl., E. Rutherford
Salmeri, Edward J.
Sandler, Moses, 2013 Center av., Fort Lee
Sandler, Samuel A., Army
Sarajian, Aram M., 131 Ayers ct., W. Englewood
Sarla, Michael, 55 Hudson st., Hackensack
Scerbo, Ernest, 1-09 34th st., Warren Point
Schiro, S. Robert, 73 Main st., Lodi
Schmidt, Walter W., 386 Palisade av., CliffsldeP'k
Schretzmann, Rudolph C.,60D'n'lds'n av.,R'therf'd
Schultz, Irving A., 31-11 Broadway, Warren Polnt
Scillieri, John, Army
Scullion, Arthur A., 460 Anderson av., CliffsldeP'k

Sealey, Henry J., 79 Washington av., Dumont
Segard, Christian P., 204 Glenwood av., Leonia
Seiler, Benjamin, 580 Palisade av., Cliffside Park
Severud, Olaf J., Navy
Sexton, Edward V., Navy
Seymour, Edward T., 55 Hillside av., Tenafly
Skvarla, John A., 17 Koster st., Wallington
Smaine, Enrique delC., 502 Summit av., Carlstadt
Smith, Bryan A., 225 W. Ridgewood av., Ridgew'd
Smith, Nehemiah E., 33½ Humphrey st.,Englew'd
Snedecor, Spencer T., Army
Solms, Kent, Hasbrouck Heights
Solworth, Lee, Army
Somers, Williard H., Army
Spicola, Louis A., Army
Spranz, William S., 546 Oradell av., Oradell
Sullivan, John B.
Tanner, Monroe J.,379Norton st.,NewHaven,Conn.
Taylor, Harold W., 247 Mountain road, Englewood
Tennis, Edgar N., 375 Engle st., Englewood
terKuile, Reinold W., 88 W.Ridgew'd av.,Ridgew'd
Tether, Russell K., Main st., Closter
Toal, Joseph, 803 Prospect av., Ridgefield
Tomlins, Francis I., Army
Toscano, George A., 305 Union st., Hackensack
Turner, Isabel B., 141 Sheffield av., Englewood
Tyson, Frances B., 101 Leonia av., Leonia
Vanderbeek, Stuart W., 143 Engle st., Englewood
Van Dyke, Jos. S., 42 Palisade Blvd., Palis'desP'k
Vann, Dorothea D., 63 Spring lane, Englewood
Vann, Felix H.
Van Riper, William D., Army
Van Winkle, Charles I., Navy
Vilardo, Ross, 109 Marsellus pl., Garfield
Vita, Frank J., Army
Vroom, Wm. L., 88 W. Ridgewood av., Ridgewood
Walsh, Thos. M., 210 Kipp av., Hasbrouck Hgts.
Warren, Chas. B., 181 Prospect av., Bergenfield
Webb, Wilson D., 316 State st., Hackensack
White, Frank S.
Whitman, Lloyd B., 7 W. Clinton av., Bergenfield
Whittaker, Neil M., 418 Main st., Hackensack
Widetsky, Alfred, 85 Broadway, E. Paterson
Williams, William C., 9 Ridge rd., Rutherford
Wilson, Harrison B., 430 Union st., Hackensack
Winter, Gladys C., 717 Norma court, Teaneck
Witkoff, Ben., 215 Terrace av., Hasbrouck Heights
Wolfe, Edward E.
Wolowitz, Harry B., Army
Worcester, George F., 220 Engle st., Englewood
Wry, Orlin V., 95 High st., E. Rutherford
York, James L., 331 River rd., New Milford
Zacchino, Arnold A., Navy

Number of Active Members and basis of representation, 297.

ASSOCIATE MEMBERS

Daly, John F.
Denison, Ward C., Navy
Liddy, Frank J., Army

COURTESY MEMBER

Twinem, Francis P., Navy

HONORARY MEMBERS

Burbank, Hugh E., Lyndhurst
Tidwell, George W., Wallington

BURLINGTON COUNTY (3)

Society organized May 19, 1829. For the duration the Society meets (excepting June, July and August) second Thursday evening during October, December, February, April and May at Moorestown; each second Thursday afternoon during September, November, January and March at 4:00 p. m. at the Burlington County Hospital, Mt. Holly.

ACTIVE MEMBERS

Anderson, Richard D., Navy
Atkinson, James Q., Vincentown
Betts, R. Winfield, Army
Bray, William E., 41 Elizabeth st., Pemberton
Busansky, Samuel T., Circle dr., Browns Mills
Clement, John B., Army
Conroy, John S., 124 E. Broad st., Burlington
Curtis, Howard C., 224 E. Main st., Moorestown
Davis, E. Vernon, Army
Darlington, Emlen P., New Lisbon
Davis, Jacob M., 1400 High st., Burlington
Dickson, T. Bruce, 408 Main st., Riverton
Downs, Roscius I., 40 Scott st., Riverside
Fahrenbruch, Fred'k D., 101 Garden st., Mt.Holly
Frank, Reuben, 108 Hanover st., Pemberton
Geary, Russell D., 337 Bridgeboro rd., Riverside
Gibson, Chas. F., 131 Federal st., Burlington
Haines, Edgar J., 45 S. Main st., Medford
Haldeman, Robert E., Army
Hartman, Luther M., 111 E. Main st., Maple Shade
Hebble, Howard M., Navy
Hogan, Carlton P., Army
Hornberger, J. Howard, 4th & Main sts., Roebling
Hunter, Edward R., 321 Union av., Delanco
Imhoff, Robert E., Army
Kuder, Joseph M., Army
Landis, Harry P., Jr., Army
LeFavor, Dean H., Army
Longsdorf, Harold E., 200 Garden st., Mt. Holly
Love, Elizabeth F., 142 E. Oak av., Moorestown
Lucas, W. Fred, 23 W. Broad st., Burlington
Mark, Harry B., 600 Elm ter., Riverton
McDonnel, Gerald E., 41 Cherry st., Mt. Holly
Mendenhall, Clinton D.,412 F'rnsw'th av.,B'rd'nt'n
Metzer, Emma P. W., 430 Fairview st., Riverside
Metzer, Freeman W., Army
Meyer, Eugene A., Army
Mills, Charles S., 106 Lippincott av., Riverton
Muldoon, Edward J., Navy
Munro, Charles A., Main st., Marlton
Newcomb, Marcus W., Browns Mills
Newmeyer, Joseph, Army
Peacock, Arthur B., 39 W. Main st., Columbus
Remer, Daniel F., 417 High st., Mt. Holly
Rodman, E. Warren, Army
Rogers, Harry L., 408 Main st., Riverton
Sand, Abraham B., Army
Schisler, Milton M., 2nd & Church sts., Florence
Scott, Parry M., 466 Cooper st., Beverly
Shapiro, Chas. S., S. Forklanding rd., MapleShade
Shipps, Hammell P., 739 Chestnut st., Delanco
Small, E. Lester, 30 Branch st., Medford
Sparks, Paul R., Army
Stokes, Joseph, 220 E. Main st., Morrestown

Stokes, S. Emlen, 129 Chester av., Moorestown
Summey, Thos. J., 800 Golf View rd., Moorestown
Thorne, Nathan, 119 Chester av., Moorestown
Tracy, George T., 222 Warren st., Beverly
Ulmer, D. H. B., 199 Chestnut st., Moorestown
Viteri, Luis E., 214 Main st., Mount Holly
Voorhis, Charles F., 330 Morgan av., Palmyra
Voss, John C., 634 Thomas av., Riverton
Wagner, J. George, Riverbank, Delanco
Wells, William C. V., 220 Hazel av., Delanco
Wyman, Edward H., Navy
Ziccardi, Anthony V., Army
Zwick, William W., 540 Bridgeboro rd., Riverside

Number of Active Members and basis of representation, 67.

HONORARY MEMBERS

Bauer, Harry W., Palmyra
Wilkinson, George H., Moorestown

CAMDEN COUNTY (4)

Society organized August 14, 1846. Meets first Tuesday in each month, October to May, inclusive, with an outing in June. Annual Meeting in May.

ACTIVE MEMBERS

Anderson, Wm. M., 20 Kings H'way,W.,Hadd'nf'd
Andrus, David L., 805 Cooper st., Camden
Asbell, Nathan, Coast Guard
Assante, M. Hugo, Army
Athey, Kenneth L., Army
Baker, Banks S., Army
Baker, Maurice E., 1149 Kaighn av., Camden
Barb, Kirk B., 1303 Princess av., Camden
Barnshaw, Harold D., Navy
Barroway, James N., Army
Becker, C. Frederick, 620 Benson st., Camden
Beideman, Casper M., 5 W. Maple av.,Merch'ntv'le
Bentley, David F., Jr., 406 Cooper st., Camden
Betancourt, Raul R., Army
Bowen, Robert N., Army
Braun, William, 406 Cooper st., Camden
Brennan, Chas. L. S., 14 S. Broadway, Gloucester
Brennan, John P., 429 Cooper st., Camden
Brown, Stanley L., Navy
Browning, Wm. J., 134 N. Centre st., Merchantv'le
Burns, Wilmer F., Army
Bush, Ralph K., 131 E. Park av., Merchantville
Butler, Samuel S., 1100 Kaighn av., Camden
Buzby, B. Franklin, 414 Cooper st., Camden
Carlander, O. R., 1972 Browning rd.,Merchantville
Casselman, Arthur J., 301 N. 2nd st., Camden
Chesnick, Reuben B., Army
Ciliberti, Frank J., Jr., 5th & Pine sts., Camden
Clark, Ernest W., 407 Cooper st., Camden
Cohen, Paul, Army
Collier, Martin H., Camden Co. T.B.Hosp.,Lakel'n
Cooper, Robert A., Army
Coxson, Harold P., Army
Crist, Walter A., Navy
Cunningham, Joel B., Army
Davis, Albert B., 511 Cooper st., Camden
Davis, J. Stannard, 350 Kings H'way E.,Haddonf'd
Day, Grafton E., Frazer & N. J. avs., Collingsw'd
Decker, Henry B., 527 Penn st., Camden
Deibert, Irvin E., 538 Cooper st., Camden
Deibert, Kirk R., Army
Del Duca, Vincent P., Army
Dempsey, J. Harvey, Army
Denbo, Elic A., Army
Di Ielsi, Anthony J., Army
Donges, Clarence B., 442 Chambers av., Camden
Driscoll, Charles D., Army
Drossner, Jacob L., Army
Ebner, Paul G., Army
Ellis, Alexander, 513 Broadway, Camden
Ewing, Leslie H., 10 Broad st., Berlin
Eynon, Harold K., Army
Eynon, James R., Army
Farrell, Edgar A. H., Army
Fessman, John W., Army
Fisher, Stella C., 4401 Westfield av., Camden
Fridrich, Harry E., Army
Friedenberg, Sidney, Army
Gamon, Robert S., 514 Cooper st., Camden
Garrison, George H. H., Army
Geissler, Elmer E., 327 Monmouth st., Gloucester
German, George B., Army
Gilbert, Philip D., Army
Girardo, Anthony J., Army
Glover, Lawrence L., 53 Kings Hy. W., Haddonf'd
Goldman, Samuel, 7th & State sts., Camden
Goldstein, Hyman I., 1425 Broadway, Camden
Gordon, Milton H., 12 N. 27th st., Camden
Grenhart, George W., Navy
Griffey, William C., Army
Griscom, Lee E., 604 Broadway, Camden
Hadley, C. Frazer, 210 W. Maple av., Merchantv'le
Hadley, C. Frazer, Jr., 21 Haddon av., Westmont
Haines, Mabel C. S., 600 White HorsePk.,Audubon
Hallinger, Earl S., 517 Cooper st., Camden
Hammett, Lee J., 760 N. 27th st., Camden
Hanson, Alfred S., 533 Monmouth st., Gloucester
Haury, Victor G., 206 Cedarcroft av., Audubon
Hays, Roy G., 567 Haddon av., Collingswood
Hemphill, Everett H., Army
Hessert, Edmund C., 417 Cooper st., Camden
Hirst, E. Reed, 634 Federal st., Camden
Hofer, William R., 125 Main st., Williamstown
Hollinshed, Beulah S., 600 Benson st., Camden
Horner-Rodger, Clara L., 927 Cooper st., Camden
Howard, J. Edgar, 67 Kings H'way, W., Had'nf'd
Hughes, Thomas E., 223 Cooper st., Camden
Hummel, Ernest G., 414 Cooper st., Camden
Hummel, Merwin L., Navy
Husted, Gerald W., Army
Ironside, Paul A., Army
Jack, H. Wesley, 538 Cooper st., Camden
Jackson, Chas. H., 1250 Park Blvd., Camden
Johnson, Herbert F., Navy
Jones, John C., 805 Princeton av., Camden
Judson, G. Vernon, Jr., Army
Kain, Thomas M., 403 Cooper st., Camden
Kaufman, Edgar W., 2225 River av., Camden
Kerdasha, Richard F., 538 Cooper st., Cmden
Keyser, David, Army
Kimler, Wm. D., 614 Collings av., W. Collingsw'd
Kinney, Albert G., 917 Haddon av., Collingswood

Kline, Oram R., 414 Cooper st., Camden
Kutner, Chas., Army
Larossa, Ernest A., 640 Federal st., Camden
Lee, Benjamin F., Navy
Lee, Thomas B., 622 Cooper st., Camden
Lewis, Thomas K., 47 S. 27th st., Camden
Lipsitz, Leopold S., Army
Lovett, Joseph C., Municipal Hospital, Camden
Lyon, Leslie C., P. O. Box 63, Magnolia
MacAlpine, Kenneth B., 308 Monm'th st.,Glouc'st'r
Madden, Theophilus W., 16 Frazer av., Col'gsw'd
Magee, Edward S., Navy
Magee, Russell S., 201 White Horse Pike,Audubon
Mahaffey, J. Lynn, 406 Warwick rd., Haddonfield
Maldeis, Albertos M. K., 117 N. 6th st., Camden
Manser, Ernest E., 324 Haddon av., Collingswood
Marcarian, Henry G., 917 Cooper st., Camden
Marcy, John W., 117 E. Park av., Merchantville
McCarthy, Arthur M., 2772 Federal st., Camden
McConaghy, Thomas P., 10th & Cooper sts.,C'md'n
McDermott, Vincent T., Army
McGlade, Thomas H., Army
McWilliams, Charles E., Blackwood
Mecray, Paul M., 405 Cooper st., Camden
Mecray, Paul, Jr., Army
Meyer, George P., 410 Haddon av., Camden
Murray, Edwin N., Army
Murray, Robt. A., 105 Crestmont ter., Collingsw'd
Ondovchak, M. Frederic, KingsH'way,Mt.Ephraim
Ornaf, I. Edward, Army
Osborn, Edward G., Army
Osmun, Milton M., 131 Washington ter., Audubon
Phillips, Claude B., 891 Haddon av., Collingswood
Pike, Charles E., 4 E. Haddon av., Oaklyn
Pinsky, Harry A., Army
Platt, Edward V., Army
Pratt, Arthur G., 516 Cooper st., Camden
Pratt, William H., 516 Cooper st., Camden
Price, Henry S., Jr., Army
Principato, Roberto, 402 Walnut st., Camden
Rapp, Robert F., 932 Haddon av., Collingswood
Rhone, David S., 1202 Haddon av., Camden
Richardson, Emma M., 581 Stevens st., Camden
Riegert, Louis C., Army
Ristine, Edwin R., Army
Roberts, Joseph E., Jr., 403 Cooper st., Camden
Rossell, Edward W., 17 St. David rd., Colwick
Rudolph, John P., Army
Russell, Karl S., Army
Ruttenberg, Max, 303 Cooper st., Camden
Samter, Max, 4711 Westfield av., Camden
Saunders, Orris W., 1700 Broadway, Camden
Schall, Reuben E., 7th & Elm sts., Camden
Scheffler, Wilhelm A. H., 511 Cooper st., Camden
Schellenger, Edward A. Y., Army
Schrack, Helen F., 216 N. Fifth st., Camden
Schwartz, Henry C., Army
Seto, Stanford P. T., Army
Shaen, Edward, Army
Shafer, Albert H., Army
Shafer, F. William, 634 Penn st., Camden
Sharp, Reuben L., Navy
Shaw, Ernest B., 811 Collings av.,W.Collingswood
Sheaffer, Clinton P., 241 Kings H'way,E.,Had'nf'd
Shemeley, Wm. G., Jr., 7 Haddon av., Camden
Sherk, A. Lincoln, 2647 Westfield av., Camden
Shipman, James S., 514 Cooper st., Camden
Shope, Edward P., 511 Cooper st., Camden
Shull, Elliott C., 517 Cooper st., Camden
Sieber, Isaac G., 204 Merchant st., Audubon
Smith, Bertram H., Army
Smith, James D., 701 N. 6th st., Camden
Smith, Wilbur A., Army
Snagg, William T., Navy
Snape, William J., 24 1st av., Runnemede
Sochacki, Alexander, 1478 Mt.Ephraim av.,C'md'n
Stein, Joseph M., Army
Stephenson, Daniel H., Army
Stetser, Leland M., Army
Stone, Arthur L., 2838 Berkley st., Camden
Stone, Frank P., Laurel rd., Laurel Springs
Sufrin, Emanuel, Army
Summerill, Garnett, 330 Cooper st., Camden
Swiecicki, Martin E., Army
Tatem, Henry R., Jr., Army
Thompson, P. H., 4612 W'stf'd av.,PennsaukenTp.
Traganza, Robert W., Army
Van Sciver, John E. L., 64 Linden av., Hadd'nfield
Warwick, Ralph A., Army
Watkins, George R., La Pierre rd., Magnolia
Waugh, Bascom S., Army
West, David H., Navy
West, Gordon F., 527 Penn st., Camden
Wheatland, Marcus F., Jr.,727 Walnut st.,Camden
Wiant, Herman E., 120 Windsor av., Haddonfield
Wiggins, Ulysses S., 1025 S. 4th st., Camden
Williams, Wm. C., Black Horse Pk., Haddon Hts.
Wilson, Isam E., 110 Chapel av., Merchantville
Wilson, Lester R., Army
Winter, Carl M., 3049 Constitution road, Camden
Wright, Ralph S., 428 Richie av., W. Collingsw'd
Wroblewski, Benj. M., 1166 Thurman st., Camden

Number of Active Members and basis of representation, 204.

HONORARY MEMBERS

Day, Grafton E., Collingswood
Lyon, Leslie C., Magnolia
Marcy, John W., Merchantville
Osmun, Milton M., Audubon

RESIGNED

Adams, George B. M., Gloucester City

CAPE MAY COUNTY (5)

Society organized December 18, 1883. Eight regular meetings each year. Meets on second Tuesday, October to May inclusive. Semi-annual meeting in October. Annual Meeting in May.

ACTIVE MEMBERS

Bernheisel, Louis E., Army
Brooks, George M., Cape May Court House
Cameron, C. Paul, Army
Cohen, Maurice B., Pine & Pacific avs., Wildwood
Cooper, Jules, Washington st., Woodbine
Crowe, Aldrich C., 735 Atlantic av., Ocean City
Cryder, Millard C., Army
Dandois, George F., 220 E. Wildwood av., Wildw'd
Darby, C. Eugene, 620 Atlantic av., Ocean City
Friedland, Arnold J., DeHirsch av., Woodbine
Haines, F. B. Lane, 503 9th st., Ocean City
Haines, Willits P., 503 Ninth st., Ocean City
Hornstine, Harry H., 4004 Pacific av., Wildwood
Hughes, Frank R., 29 Ocean st., Cape May
Hughes, Samuel B., Army
Mace, Margaret, 2410 Atlantic av., N. Wildwood
Monasson-Friedland, Ida, DeHirsch av., Woodbine
Moon, Alexander C., 126 Decatur st., Cape May
Pettit, Herschel, 807 Wesley av., Ocean City
Robbins, Warren D., Army
Smith, Marcia V., 821 Wesley av., Ocean City
Steel, Wm. A., 3300 N. Broad st., Philadelphia, Pa.
Stuart, Alexander A. S., 4614 Landis av.,SeaIsleC'y
Townsend, John B., 824 Wesley av., Ocean City
Way, Clarence W., Army
Whiticar, John H., P. O. Box 176, Stuart, Fla.

Number of Active Members and basis of representation, 26.

HONORARY MEMBERS

Diverty, Henry B., Woodbury
Sewall, Millard F., Bridgeton
Ulmer, Chester I., Gibbstown

CUMBERLAND COUNTY (6)

Society organized June 16, 1816. Meets on the second Tuesday of October, December, February, April and June. Annual Meeting in April. Special scientific meetings are held in the evening in November, January, March and May.

ACTIVE MEMBERS

Aitken, Frank J., Army
Bacon, Mary, 278 E. Commerce st., Bridgeton
Baker, Hugh W., 8th & Elmer sts., Vineland
Bauman, Kenneth R., 213 N. 3rd st., Millville
Bellak, Ellis R., Leesburg
Berkowitz, Benjamin, 188 E. Commerce st.,Bridgeton
Bostwick, Delazon S., Cumberland Hotel, Bridgeton
Branin, Howard S., 200 W. Main st., Millville
Butcher, Charles, Heislerville
Cornwell, Alfred, 265 N. Laurel st., Bridgeton
Corson, Kenneth E., Army
Cunningham, Chas., Jr., Army
Davies, George A., 53 Front st., Elmer
Day, Samuel T., Main st., Port Norris
DeSantis, Orazio J., Army
Fromkin, Charles, 20 Bank st., Bridgeton
Garrison, W. Sherman, Main st., Cedarville
Gray, Charles M., 6th & Grape sts., Vineland
Greene, Edwin C., Army
Guzy, Morton, 86 W. Commerce st., Bridgeton
Kauffmann, Louis J., 228 N. 2nd st., Millville
Knowles, James S., Army
Kratka, William H., Army
Kump, Albert B., 31 W. Commerce st., Bridgeton
Lihn, Barney, Army
Loder, Horace B., Army
Lore, Harry E., Main st., Cedarville
Lyon, Earl C., 194 E. Commerce st., Bridgeton
Magolda, Anthony F. ,Army
Marchione, Nicholas E., 109 S. 7th st., Vineland
Mayhew, Charles H., 329 Pine st., Millville
Mezzetti, Alfred F., 220 S. 6th st., Vineland
Miller, H. Garrett, 203 E. Main st., Millville
Myatt, Leslie E., 98 N. Pearl st., Bridgeton
Neal, Charles B., Pine & 3rd sts., Millville
Pino, Anthony, Army
Ramsey, F. Muriel, 310 E. Pine st., Millville
Reeves, J. Franklin, 55 East av., Bridgeton
Rosen, Sol, Army
Rosenthal, Bernice D., 611 Elmer st., Vineland
Schwartz, Leon J., Army
Scott, Leonard G., 496 E. Cmmerce st., Bridgeton
Sewall, Millard F., 195 E. Commerce st., Bridgeton
Sharp, Charles E., Main st., Port Norris
Sheppard, Alfred G., 309 Broad st., Elmer
Sheppard, Frank R., 131 N. 3rd st., Millville
Sheppard, Muse A., 102 Main st., Elmer
Sheppard, Thomas S., 21 E. Vine st., Millville
Shirlock, Margaret E., Training School, Vineland
Siegel, Sidney L., 227 N. 2nd st., Millville
Thalheimer, Edward J., 7th & Plum sts., Vineland
Thomas, George N., 712 Wood st., Vineland
Walker, Ada H., 635 Landis av., Vineland
Walker, H. Burton, 635 Landis av., Vineland
Ware, Carl N., Bridgeton rd., Siloh
Whaland, Berta, 117 Atlantic av., Bridgeton
Wilson, Charles W., 636 Wood st., Vineland
Wilson, Herbert H., 24 Bank st., Bridgeton
Winslow, John H., 27 S. Valley av., Vineland
Woodruff, Dare, 630 Landis av., Vineland

Number of Active Members and basis of representation, 60.

HONORARY MEMBERS

Elmer, Matthew K., Bridgeton
Simpkins, Raymond, Bridgeton
Wainwright, Frederick P., Bridgeton
Weithaase, Helen E., Vineland

TRANSFER

Nitshe, George A., Jr., to Philadelphia Co.Med.Soc.

ESSEX COUNTY (7)

Society organized June 4, 1816. Meets second Thursday of each month, Octber to May, inclusive. Annual Meeting is second Thursday in May.

ACTIVE MEMBERS

Abel, Arthur R., Orange Memorial Hosp., Orange
Abrams, Abram B., 299 Clinton av., Newark
Adelman, Nathan, Army
Agnew, Hobart M., 17 Plymouth st., Montclair
Albano, Edwin H., Army
Albano, Frank J., Army
Albano, Joseph, 535 North 7th st., Newark
Alcamo, John H., 215 Littleton av., Newark
Alexander, Walter G., 48 Webster pl., Orange
Alford, Ralph I., Army
Allan, James S., 144 Harrison st., East Orange
Allen, Chester B., Jr., Navy
Allen, G. Herbert, 181 Roseville av., Newark
Alling, Frederic A., 15 Washington st., Newark
Altman, Charles D., 301 Highland av., Newark
Ambrose, Anthony, 71 Congress st., Newark
Anderson, Ethelyn J. C., 59 Seely av., Arlington
Anderson, Robert C., Army
Anderson, William A., Navy
Angelillo, Marc C., 169 Bloomfield av., Newark
Antonius, Nicholas A., 27 W. Market st., Newark
Antopol, William A., Army
Anuario, Charles B., 365 S. Centre st., Orange
Applebaum, Irving L., Army
Areson, Wm. H., 153 Bellevue av., Upper Montcl'r
Arons, Harry, Army
Ash, Samuel, 866 So. 13th st., Newark
Ashby, Clifford, 59 Evergreen pl., East Orange
Asher, Maurice, 186 Clinton av., Newark
Aszody, Paul, 340 Waverly av., Newark
Bachmann, Wm., 87 Hillcrest ter., East Orange
Bacote, Ernest F., 78 Barclay st., Newark
Bagg, Linus W., 31 Lincoln Park, Newark
Baime, Jules E., Army
Baiocchi, Pascal J., Army
Baird, Thompson M., 168 Magnolia av., Arlington
Baker, Charles F., 198 Clinton av., Newark
Baker, Maelyn F., Army
Baldwin, Samuel H., 626 Clinton av., Newark
Balsamo, Joseph J., Army
Balson, Zachery D. B., Army
Barbella, Joseph D., 498 N. 13th st., Newark
Barkhorn, Charles W., Army
Barkhorn, Henry C., 45 Johnson av., Newark
Barnard, Frank G., Army
Barrett, John E., 635 Summer av., Newark
Barrett, Joseph F., Army
Bass, Rose D., 54 Lyons av., Newark
Baum, Felix, 10 Elm court, South Orange
Baum, Samuel, 10 Osborne ter., Newark
Bauman, Everett O., Army
Bauman, Rush C., 92 High st., Nutley
Becker, Frederick W., 14 Clinton pl., Newark
Becker, Martin, Army
Beling, C. Abbott, 111 Clinton av., Newark
Beling, Christopher C., 111 Clinton av., Newark
Bell, Horace O., Essex Co. Isolation Hosp., Belleville
Bell, Thomas, 340 Belmont av., Newark
Bender, Louis, Army
Bengelsdorf, Aron, 29 Clinton pl., Newark
Bennett, Wm. F., Essex Mt. Sanatorium, Verona
Berardinelli, Carmine G., 92 8th av., Newark
Berg, Samuel, Army
Berger, Wm. A., 346 Roseville av., Newark
Bergman, Meyer W., 31 Lincoln Park, Newark
Berman, H. Robert, 299 Clinton av., Newark
Bernhard, Wm. G., Army
Bernstein, Arthur, 668 Clinton av., Newark
Bernstein, Julius, 584 S. 10th st., Newark
Besson, Franklin J., 999 Clinton av., Irvington
Beyer, Othmar J., 42 Laurel av., Irvington
Bianchi, Angelo R., 184 Hunterdon st., Newark
Bien, Frank A., 999 Clinton av., Irvington
Bigelow, Elizabeth F., 120 Prospect st., So. Orange
Bigelow, Nelson S., 120 Prospect st., South Orange
Binder, Israel L., Army
Bingham, Arthur W., 144 Harrison st., E. Orange
Birdsall, Clarence A., 9 Smull av., Caldwell
Bissett, John V., 29 Hawthorne av., East Orange
Biunno, Anthony J., Army
Blackburne, George, 490 Central av., Newark
Blanchard, Kenneth, 144 Harrison st., E. Orange
Blaustein, Maurice L., 37 Hillside av., Newark
Bleiberg, Jacob, Army
Block, Marcus T., 177 Bloomfield av., Newark
Block, Max, 48 N. Fullerton av., Montclair
Block, Milton, Army
Bocchini, Joseph A., 366 S. 12th st., Newark
Bokor, Emery, 819 S. 12th st., Newark
Bolten, Bernard, Army
Bonomo, Michael J., 587 S. 10th st., Newark
Borsher, Irving P., 249 Broad st., Bloomfield
Bove, Joseph, 306 Lincoln av., Orange
Brackett, Elizabeth R., 371 Franklin av., Nutley
Bradford, Stella S., 16 Seymour st., Montclair
Brady, Raymond J., Army
Brakeley, Elizabeth, 71 Myrtle av., Montclair
Brandman, Otto, Army
Braun, Gustav A., 221 S. Orange av., Newark
Breitstadt, Charles A., 157 Elwood av., Newark
Brien, William M., 449 Main st., Orange
Briggs, Henry, 144 Harrison st., East Orange
Brim, Anne S., Edgemere Hotel, East Orange
Broadnax, Mary E., 140 Roseville av., Newark
Brodkin, Eva T., 365 Osborne ter., Newark
Brodkin, Henry A., Army
Brooke, Charles R., 50 Thomas st., Newark
Brothers, Jas. H., Jr., 280 Ridgew'd av., Glen Ridge
Brotman, Harry A., Army
Brotman, Morton M., 90 Avon av., Newark
Brown, Chester R., 22 Midland av., Arlington
Brown, Chester T., Prudential Ins. Co., Newark
Brown, Edward V., 9 Park av., Caldwell
Brown, Harold W., 27 S. Fullerton av., Montclair
Brown, Lewis W., 160 Roseville va., Newark
Bruning, Richard H., Army
Brunkow, Charles D., 31 Lincoln Park, Newark
Buckley, Jeremiah L., 666 Franklin av., Nutley
Bull, Louis M., 92 Heller Parkway, Newark
Bull, William J., 98 Park st., Montclair
Burke, Leonard P., 30 Lakeside av., Verona
Burke, Stephen E., 212 First av., Newark
Burne, John J., 17 Gould av., Newark
Burpeau, Wm. P., Army
Burrill, Benjamin B., Jr., Navy
Burrus, Thomas P., Army
Burstein, Frank, Army
Burstein, Leo Q., 702 S. 15th st., Newark
Burstein, Rachel, 72 Osborne ter., Newark
Busch, Herman, 38 Johnson av., Newark
Bush, Archer C., 40 Union st., Montclair
Butan, Louis, 579 Valley rd., West Orange
Buvinger, Chas. W., 50 Washington st., E. Orange
Byck, Louis, Army
Bythewood, Alton E., Jr., 145 W. Market st., New'k
Cacciarelli, Robert A., 517 Roseville av., Newark

Caggiano, Anthony P., 237 Grove st., Montclair
Cahill, Laurence A., 361 Lafayette st., Newark
Calasibetta, Charles J., Army
Caldwell, Donald M., Army
Caldwell, Julius A., 45 S. Mountain av., Montclair
Calvert, William C., Army
Camche, Leo J., 250 Renner av., Newark
Cameron, Arthur E., 59 Somerset st., Newark
Cameron, Edwin A., 186 S. Burnett st., E. Orange
Campbell, Everette L., 144 Harrison st., E.Orange
Campbell, Wm., 144 Harrison st., East Orange
Cantalupo, Emidio, 95 Nichols st., Newark
Cantelmo, Alphonse L., 144 Harrison st., E.Orange
Caprio, Orlando G., Army
Carbone, Francesco N., 440 Central av., Orange
Cardwell, Edgar P., Army
Carlisle, Paul E., 763 Broad st., Newark
Carman, Fletcher F., 21 Parkway, Montclair
Carpenter, Charles A., 30 Francis pl., Caldwell
Carrigan, Francis P., Army
Carrol, Wilfred, 51 Ingraham pl., Newark
Casale, John B., 359 Bloomfield av., Newark
Cassini, Henry C., 27 Tremont av., E. Orange
Castellano, Martin G., 168 Roseville av., Newark
Cater, Douglas A., 57 S. Harrison st., East Orange
Cerone, Daniel M., Army
Cestone, Canio, 521 Pompton av., Cedar Grove
Cetrulo, Gerald I., Army
Chamberlain, Aims R., 30 Lenox pl., Maplewood
Chamberlain, Richard R., 30 Lenox pl., Maplew'd
Champlin, Paul M., 43 S. Arlington av., E. Orange
*Charbonneau, Eugene G., 111 S.Harrison st.,E.Or.
Chattin, J. Franklin, 671 Broad st., Newark
Chernus, Jack, Army
Cheskin, Louis J., Army
Chiger, Alexander S., 621 High st., Newark
Chimacoff, Hyman, Army
Chmelnik, Abraham G., Navy
Christian, Albion C., 1080 Clinton av., Irvington
Christoph, Francis T., Army
Ciccone, Edwin L., 261 Roseville av., Newark
Clark, J. Henry, 108 Orange rd., Montclair
Clarken, Joseph A., 30 Van Ness pl., Newark
Claus, C. Hermann, 776 S. 19th st., Newark
Clement, Baxter L., Army
Coburn, J. Wesley, Army
Coe, Richard, 71 Lincoln Park, Newark
Coffey, Michael J., 24 W. Market st., Newark
Coffin, Henry F., Army
Coghlan, Jasper, 540 Parker st., Newark
Cohen, I. Elvin, 561 Elizabeth av., Newark
Cohen, Maurice, 106 Valley rd., Montclair
Cohen, Max, 60 Ridge rd., North Arlington
Cohen, Meyer J., 118 Johnson av., Newark
Cohen, Sidney A., Army
Cohen, Sidney L., 29 Girard pl., Newark
Cohen, Sidney P., Army
Cohn, George M., Army
Cohn, Hermann, 393 Clinton av., Newark
Cohn, Royal M., 740 Clinton av., Newark
Coleman, Russell M., 76 N. Clinton st., E. Orange
Colmer, M. Jonas, Army
Colsh, LeRoy L., 612 Ridgewood rd., Maplewood
Colton, Ethan T., Jr., Army
Comando, Harry N., 690 Clinton av., Newark
Conlon, Philip J., 25 James st., Newark
Connamacher, Harold S., 671 Springf'd av.,New'k
Connolly, John J., 180 Ballantine Pkwy., Newark
Connolly, Richard N., 117 Fifth st., Newark
Convery, Robert, 109 Rynda rd., South Orange
Cook, Hugh F., 21 Roseville av., Newark
Cooke, William H., 303 Main st., East Orange
Cooperman, Wm., 647 Market st., Newark
Cordasco, Peter, 24 Dodd st., Bloomfield
Cornish, Charles H., Army
Coughlan, Ella A., 10 Oakwood av., Orange
Coughlin, Frank J., 100 Magnolia av., Arlington
Cox, John C., 55 Woodland rd., Maplewood
Cox, Wm. W., 79 S. Fullerton av., Montclair
Crane, Charles G., 78 Farley av., Newark
Crapanzano, Domenico, Essex Co. Hosp., CedarGr.
Craster, Charles V., Plane & William sts., Newark
Crawford, Georgina U., 28 Carnegie av., E. Orange
Crecca, Anthony D., 76 Second st., Newark
Crecca, William D., 111 Park av., Newark
Cregar, John S., 150 Harrison st., East Orange
Crossfield, Henry C., 144 Harrison st., E. Orange
Crystell, Edward H., 4 Hawthorne av., Nutley
Curtis, Elbert A., 65 Central av., Newark
D'Addario, Anthony R., Army
D'Agostini, Alfred J., Army
D'Agostini, Robert J., Army
Dailey, Edward S., 485 Park av., Orange
D'Alessandro, Arthur J., 15 Salem st., Newark
D'Ambola, Philip R., 21 S. Sixth st., Harrison
D'Amico, Thomas V., 16 Grove av., Verona
Dane, Charles, 61 Scotland rd., South Orange
Dane, John, 61 Scotland rd., South Orange
D'Angelo, Jos. C., 330 Washington av., Belleville
Danzis, Louis, Army
Danzis, Maximillian, 31 Lincoln Park, Newark
Darby, I. Kermit, Army
Darden, Walter T., 149 W. Kinney st., Newark
Daron, Simeon, 31 Lincoln Park, Newark
Davidson, Henry A., Army
Davidson, Louis L., 31 Lincoln Park, Newark
Davies, George W., 35 Fairview av., Verona
Davis, Louis, 825 S. 10th st., Newark
Davis, Thomas C., 30 Old Short Hills rd., Millburn
DeFronzo, Morando, 180 Fairmount av., Newark
DeGerome, James H., U. S. P. H. S.
DeHart, George K., 132 Sunset av., Verona
Del Deo, Nicholas V., 49 State st., Newark
DeLeonardis, James V., 94 Jefferson st., Newark
Del Guercio, Olindo, 342 Clifton av., Newark
Del Negro, Albert E., Army
DeMichele, Roland V., Army
Denes, Oscar, 402 Centre st., Nutley
Denholtz, Emanuel, 16 Harrison pl., Irvington
DePalma, Anthony F., Navy
DePhillips, Benedict R., 43 Park av., Newark
Dessauer, Joseph, 80 Clinton av., Newark
DeTroia, Frederick C., Army
Deutel, Oscar R., Army
DeVincentis, Henry, 285 Henry st., Orange
Devlin, Arthur D., Army
Devlin, Hugh J., 72 Thomas st., Newark
Dias, Joseph L., 17 Lombardy st., Newark
Dieffenbach, Richard H., 570 Mt. Pr'sp't av.,New'k
Diener, Samuel, Army
DiFino, Felix J., Army
DiGiacomo, Harry E., 2 Prospect pl., Newark
DiGiacomo, Wm. H., 223 Fairmount av., Newark
Dinge, Ferdinand C., 67 S. Munn av., East Orange
DiNorcia, Joseph, Army
Dodd, Edward L., 157 Forest st., Belleville
Donahue, William J., 71 S. Ninth st., Newark
Donchi, Sol M., 9 Madison av., Newark
Donnelly, John H., Army
Dorn, Elliott I., 267 Vassar av., Newark
Dowd, Ambrose F., 239 Broadway, Newark
Dragonetti, Elvige N., 177 Clifton av., Newark
Dranow, Paul, 233 Franklin av., Nutley
Drapkin, Berta, 31 Lincoln Park, Newark
Dreskin, Jacob L., 172 Lyons av., Newark
DuBois, Morris G., 769 High st., Newark
Duffy, Edward P., Jr., 330 Wash'gton av.,Bellev'le
Dulany, Theodore L., 170 W. Market st., Newark
Dulin, Everett V., 144 Harrison st., East Orange
Dunn, Theodore B., Army

Durchlag, E. Nelson, 12 Myrtle av., Irvington
Dwork, Harold K., 55 Chancellor av., Newark
Eagleton, Wells P., 15 Lombardy st., Newark
Ebenfeld, Samuel W., 344 High st., Newark
Echikson, Joseph I., 31 Lincoln Park, Newark
Edelen, James J., 280 S. Clinton st., East Orange
Ehrlich, Edward, 838 So. 13th st., Newark
Ehrlich, William E., 31 Lincoln Park, Newark
Eichler, Bernard B., 221 Midland av., Montclair
Eigen, Louis A., Army
Ein, William B., Army
Einhorn, Samuel E., Army
Eisenberg, David S., 31 Lincoln Park, Newark
Ellis, Arthur J., 282 Broad st., Newark
Ellis, Moury I., 177 S. Clinton st., East Orange
Emerson, Linn, 303 Park av., Orange
Emmer, S. Wolfe, 31 Lincoln Park, Newark
Englander, Charles, 41 Hillside av., Newark
English, John T., 110 Yale av., Irvington
Epler, Don A., 45 Hillside av., Newark
Epstein, Harry B., 31 Lincoln Park, Newark
Epstein, William M., Army
Erdman, George L., Army
Erler, Eugene W., 360 Irving av., South Orange
Ervin, Millard B., 572 Prospect st., Maplewood
Etheridge, Charles H., Army
Evans, Chas. H., 144 Harrison st., East Orange
Evans, David P., Navy
Ewing, Harvey M., 31 Trinity pl., Montclair
Fader, Ferdinand, Army
Fager, Rudolph O., Army
Failing, Brayton E., 31 Lincoln Park, Newark
Fanbury, Sol J., 31 Lincoln Park, Newark
Farden, Joseph L., 342 Roseville av., Newark
Farkas, Morris, 163 High st., West Orange
Farr, Irving L., 214 Walnut st., Montclair
Fasano, Giovanni, 194 S. 7th st., Newark
Faughnan, Rose C., 97 High st., Passaic
Fava, Philip V., 355 Sanford av., Newark
Fein, Bernard, 585 Elizabeth av., Newark
Felnsod, Samuel N., 1305 Clinton av., Irvington
Feldman, Frank H., 115 Lyons av., Newark
Fendrick, Edward, 17 Watson av., East Orange
Feniehel, Benjamin, Army
Ferguson, Wm. E., New'k City Conv. Home, S. Or.
Fern, Samuel S., 122 Elizabeth av., Newark
Feuer, Joseph A., 654 Elm st., Arlington
Fine, M. James, 65 Girard pl., Newark
Fink, A. Elston, 489 High st., Newark
Fink, Irving E., 129 Lyons av., Newark
Finkel, Joshua, 368 Clinton av., Newark
Finkelstein, Abe S., Army
Finkler, Rita S., 35 Leslie st., Newark
Finnerty, Urban R., Navy
Fischbein, Martin M., Army
Fischer, Edward J., 29 Ashwood ter., West Orange
Fischman, Harold H., Army
Fitzpatrick, Edw. F., 546 W. Market st., Newark
Flanagan, John J., Army
Flax, Charles H., 1 Baldwin av., Newark
Flax, Ira I., Army
Flax, Jacob L., 31 Lincoln Park, Newark
Fleischmann, Viola G., 341 16th av., Irvington
Fleming, Joseph A., 247 Claremont av., Montclair
Flower, Morrie A., 39 Lincoln Park, Newark
Flynn, Edward A., 176 Washington av., Belleville
Ford, Theodore R., 144 Harrison st., East Orange
Forsyth, Kenneth C., 8 Ziegler Tract, CarneysP't
Fort, J. Irving, 306 Roseville av., Newark
Forte, Daniel L., Army
Forte, Frank S., Army
Fortunato, Samuel J., Army
Foster, Herbert W., 2 Erwin Park, Montclair
Fowler, Royale H., 744 Broad st., Newark
Frame, Dorothy L., 15 Highland av., Glen Ridge
Francy, Donald G., Army
Franklin, Frank A., 256 S. Centre st., Orange
Fratantuno, Michael J., Army
Freeman, George C., Army
Freeman, Richard D., 370 Central av., Orange
Freinkel, Jacob, 2 Hillside av., Newark
Friedlander, Kurt F., 413 Lyons av., Newark
Friedman, Harry, 721 S. 16th st., Newark
Friedman, Hyman, 1096 Sanford av., Irvington
Friedman, Milton, Army
Friedrich, Adam H., 424 Lafayette st., Newark
Froelich, Joseph C., 74 Ingraham pl., Newark
Furman, Benj. A., 31 Roseville av., Newark
Furst, Nathan J., 299 Clinton av., Newark
Galioto, Frank M., Army
Gamba, Joseph, Army
Ganley, Arthur J., 390 Park av., East Orange
Ganot, Frank I., 392 Ridge st., Newark
Gardam, Joseph W., 16 Longfellow av., Newark
Gardner, Kenneth E., 45 Fremont st., Bloomfield
Gauch, William, 177 Ellwood av., Newark
Gaylor, Earl L., Jr., 56 Church st., Montclair
Gehl, Sidney H., 65 Wolcott ter., Newark
Gelb, Jerome, Army
Geller, Samuel, 696 High st., Newark
Gencher, Benjamin, 30 Smull av., Caldwell
Genneli, Ernest, 298 Parker st., Newark
George, Melbourne E. W., 744 Broad st., Newark
Gerard, Patrick D., 364 Roseville av., Newark
Gerhardt, Paul E., 718 S. 17th st., Newark
Gershenfeld, David B., 20 Hillside av., Newark
Giannetti, Ernest D., 14 Harrison av., Montclair
Giardina, John S., 341 Walnut st., Newark
Gibbins, A. Leslie, Army
Gibson, Augustus, R. F. D. 1, Scotch Plains
Giffonieilo, Arthur A., 200 Fairmount av., Newark
Gifford, William R., 247 Park av., East Orange
Gilligan, Walter W., Army
Giiman, Chas. M. B., 59 Seely av., Arlington
Gilmour, John R., Navy
Ginsberg, Leon, Essex Co. Hosp., Cedar Grove
Giuffra, Frank, 161 Park st., Montclair
Glass, Oscar, 838 S. 12th st., Newark
Glass, Wm. H., 144 Harrison st., East Orange
Glazier, Jesse T., Army
Gluckman, I. Edward, 78 Johnson av., Newark
Gluckman, Saul K., 78 Johnson av., Newark
Godfrey, Alan O., Navy
Goelier, Jacob D., Army
Goffman, Emanuel, 316 Claremont av., Montclair
Goldberg, Harold H., 814 S. 10th st., Newark
Goldberg, Louis E., 31 Lincoln Park, Newark
Goldberg, Samuel A., 169 Gregory av., W. Orange
Goldberg, Samuel M., 343 Washington av., Bellv'le
Golden, Clement H., Army
Goidman, Jerome, Navy
Goldman, Lester M., 53 Leslie st., Newark
Goldmann, Joseph, 103 N. Walnut st., E. Orange
Goldstein, Henry Z., Army
Goldstein, Samuel M., 40 Johnson av., Newark
Goldstein, Wm. H., 632 Belgrove dr., Arlington
Goodfeliow, Gordon P., Army
Goodman, Kenneth, Army
Gordon, A. Julius, 351 Roseville av., Newark
Gorten, Manfred L., 669 Elizabeth av., Newark
Granberry, D. Webb, 136 S. Main st., Orange
Gray, John W., 142 Clinton av., Newark
Greenberg, Jacob L., Army
Greenberg, Nathan H., Army
Greenberg, Samuel, 46 Johnson av., Newark
Greenfield, Bernard H., 691 Clinton av., Newark
Greenfield, Herbert, 565 Bergen st., Newark
Greenfield, Leonard S., 691 Clinton av., Newark
Greenwald, Theo. L., 44 Maple av., Morristown
Greenwood, Samuel B., 190 Clinton av., Newark

Gregorius, Ralph F., 120 Irvington av., So. Orange
Gregory, Mildred G., 64 N. 9th st., Newark
Greifinger, Marcus H., 31 Lincoln Park, Newark
Greifinger, William C., Army
Griffin, Guy B., 197 S. Centre st., Orange
Griffith, Roy, 909 Broad st., Newark
Gross, Isidore, Army
Grossblatt, Philip, Army
Grubin, Harold, 22 Treacy av., Newark
Grunt, Louis, Army
Gulick, James B., 144 Harrison st., East Orange
Gullord, Edward G., Army
Guthrie, Wilson G., 550 Parker st., Newark
Gutowski, Walter T., 104 Grove ter., Irvington
Hadley, Elinor E., 5 Mountain av., Maplewood
Hagen, Walter H., Army
Hagman, Frank E., Army
Hahn, Katherine B., 372 Thornden st., So. Orange
Hahn, William H., 15 Lombardy st., Newark
Haley, Paul W., Army
Halpern, Melvin M., Army
Halpern, William, Army
Halprin, Harry, Navy
Halsey, Levi W., 61 Church st., Montclair
Hamilton, Robert G., 92 Main st., Orange
Hanan, James T., 11 The Crescent, Montclair
Hantman, Harold, 196 Roseville av., Newark
Harden, Albert S., 510 W. Market st., Newark
Harman, Byron M., Essex Mountain San., Verona
Harris, Morris, 102 Broad st., Bloomfield
Hartman, Winfield L., Jr., Army
Harvey, Robert K., Army
Harvey, Thomas W., Jr., 59 Main st., Orange
Haschec, Walter, 690 S. 19th st., Newark
Haskin, Aaron H., 80 Millington av., Newark
Hasney, Frederick A., 292 Main st., W. Orange
Hatcher, George A., Army
Hauck, Lydia R. B., 644 Stuyvesant av., Irvington
Hauck, Wm. H., 644 Stuyvesant av., Irvington
Hawkes, E. Zeh, 84 Washington st., Newark
Hawkes, Stuart Z., Army
Hayes, Gerald W., Army
Heineken, Theodore S., Army
Heller, Abraham R., 494 Belgrove dr., Arlington
Heller, Nathan B., 31 Lincoln Park, Newark
Henle, Carye-Belle, 671 Springfield av., Newark
Hennig, Paul F., 688 Stuyvesant av., Irvington
Hermann, John H., 197 S. Centre st., Orange
Herndon, Lewis S., 144 Harrison st., East Orange
Herold, Harvey T., 850 S. 13th st., Newark
Hersh, David H., 658 Springfield av., Newark
Hewson, George F., Navy
Hexamer, Fred, 50 Lyons av., Newark
Heyman, Arthur, Army
Hicks, Alfred M., Army
Higi, Joseph E., Navy
Hill, James O., 84 Barclay st., Newark
Hill, Robert H., 227 Roseville av., Newark
Hirsch, Theodore. 842 S. 13th st., Newark
Hirschberg, Samuel, 615 High st., Newark
Hobart, Richard T., 454 Park st., Upper Montcl'r
Holler, Henry G., 234 Montclair av., Newark
Holmes, George J., 17 Elizabeth av., Newark
Hooton, Thomas C., 31 Trinity pl., Montclair
Horland, Aaron H., Army
Horn, Harry, Army
Horn, Max, 850 South 11th st., Newark
Hosp, Paul H., 842 S. 12th st., Newark
Howard, James W., 316 Park av., Upper Montcl'r
Howell, Thomas W., Army
Hubbard, Fayette E., 65 Church st., Montclair
Hubbard, Robert Y., 942 Sanford av., Irvington
Huber, Wm. H., 587 Prospect st., Maplewood
Huberman, John, 853 S. 12th st., Newark
Hughes, Lee W., 965 Broad st., Newark
Hulett, Albert G., Army
Humphries, Robert E., 637 Central av., E. Orange
Hurff, J. Wallace, 86 Washington st., Newark
Husserl, Siegfried, 777 Clinton av., Newark
Hymowitz, Ben, 66 Baldwin av., Newark
Ill, Edmund W., 188 Clinton av., Newark
Ill, Herbert M., Army
Inge, Hutchins F., 205 So. Orange av., Newark
Irwin, James R., 330 Washington av., Belleville
Isaac, Benoit C., 227 Main st., Orange
Israeloff, Howard H., 1038 Clinton av., Irvington
Jackson, Albert F., 225 Hillside av., Nutley
Jackson, George H., 2092 Morris av., Union
Jacobs, William, Army
James, Bart M., 31 Lincoln Park, Newark
Janifer, Clarence S., 208 Parker st., Newark
Jaso, James V., 710 Varsity rd., South Orange
Jedel, Meyer, 125 4th st., Newark
Jennings, Robert E., Army
Jessurun, Samuel H., 613 High st., Newark
Johnson, Robert A., 5 Bloomfield av., Belleville
Jones, Edward C., 183 Grove st., Montclair
Jones, Rhys, 33 S. Fullerton av., Montclair
Jonitz, Robert, 153 S. Grove st., East Orange
Judge, John F., Army
Just, Francis, 564 High st., Newark
Kaderabek, Erwin J., 144 Harrison st., E. Orange
Kahrs, Grace M., 375 Mt. Prospect av., Newark
Kalb, S. William, 416 Clinton pl., Newark
Kallen, Arnold M., Army
Kalter, George E., 640 Prospect st., Maplewood
Kaplan, Henry L., Army
Kaplan, S. Bernard, 846 S. 12th st., Newark
Katzin, Eugene M., 50 Baldwin av., Newark
Kaufman, Jerome G., 299 Clinton av., Newark
Kaufman, Michael J., 187 Chancellor av., Newark
Kavanaugh, Daniel E., 566 Mt. Prospect av.,New'k
Kearney, Edward P. J., Army
Keim, William F., 25 Roseville av., Newark
Keith, Theodore R., 656 Bloomfield av., Nutley
Kelemen, Nicholas M., 315 Central av., E. Newark
Keller, Paul, 564 N. Edgemere dr., W. Allenhurst
Kennedy, William M., Army
Kenney, John A., Tuskegee Institute, Alabama
Kern, E. Clarence, 45 Park st., Montclair
Kerns, Francis J., 526 W. Market st., Newark
Kessell, John S., Army
Kessler, Henry B., 666 Clinton av., Newark
Kessler, Henry H., Navy
Kiessling, Charles E., Army
Kiley, John E., 94 Park st., Montclair
Kimmel, Charles, Army
Kirkby, Cyril S., 45 Woodland av., Glen Ridge
Kirkman, Leroy G., 176 Roseville av., Newark
Kirkwood, Allan S., 53 Union st., Montclair
Klein, Andrew J. V., Army
Klein, Edward C., Jr., Navy
Kleinberger, Harry H., 274 Millburn av., Millburn
Kleinman, Maurice, 101 Clinton av., Newark
Klenk, Joseph P., 328 Belleville av., Bloomfield
Kline, George L., 310 Mt. Prospect av., Newark
Klosk, Emanuel, 808 S. 12th st., Newark
Kobes, John J., 138 Kearny av., Kearny
Koeck, George P., Navy
Kohn, Leo, Army
Kolodin, Abraham, 98 Broad st., Bloomfield
Kornfeld, Werner, 645 Central av., East Orange
Kosterlitz, Henry H., 1144 Clinton av., Irvington
Kraemer, Manfred, Army
Kraker, David A., 31 Lincoln Park, Newark
Kralik, Joseph J., 555 Market st., Newark
Krichbaum, Carroll E., Army
Krone, William F., 31 Lincoln Park, Newark
Kruger, William, 31 Lincoln Park, Newark
Kummel, Max, 31 Lincoln Park, Newark

Kunz, Harold G., Army
Kuperman, Henry L., Army
Lafferty, Elton B., 69 Orange av., Irvington
Landesman, William, 187 Kearny av., Kearny
Lane, Austin W., 98 Prospect st., East Orange
Larkey, Irving G., Army
Lawless, Edward T., Army
Leaman, Granville M., 167 N. Grove st., E. Or'nge
Le Bel, Louis J. B., 165 Grant av., Nutley
Leber, Otto H., 56 Church st., Montclair
Lee, John J., 309 Park av., Orange
Lee, Robert E., 24 Great Oak Drive, Short Hills
Leff, William A., Army
Lehman, David J., Jr., Army
Lehman, Irving J., 558 Central av., Newark
Lemkin, Samuel, Army
Levin, Joseph, 831 South 13th st., Newark
Levine, Edward P., Army
Levine, Philip, Beth Israel Hospital, Newark
Levinson, Louis J., 18 Stratford pl., Newark
Levinson, Robert M., 859 S. 13th st., Newark
Levison, William, Army
Levitt, Jesse N., 26 Clinton pl., Newark
Levy, Anna L., 260 Meeker av., Newark
Levy, Julius, 27 Glenside rd., South Orange
Lewandowski, Edmund E., Army
Lewis, G. Rae, 458 Washington av., Belleville
Lewis, Leon, 190 Clinton av., Newark
Liecese, Emanuel, Army
Licks, Frederick C., Army
Lieb, Saul, Army
Liegner, Ben, 90 Shanley av., Newark
Lilien, Bernard B., Army
Lilien, Milton, Army
Lincoln, Jennings S., 140 Watchung av.,Up.Mtclr.
Lipstein, William, Army
Livingston, Bernard, 30 Park av., Caldwell
Livingston, Paul, 299 Main st., East Orange
Loder, Joseph S., 924 S. 17th st., Newark
Loeser, Lewis H., Army
Lomhoff, Irving L., Army
Long, John F., Army
Longo, James J., Army
Longshore, Walter E., Jr., 216 Oakw'd av., Orange
Lottridge, Dorothy, 43 S. Maple av., East Orange
Lovell, John F., 1013 Clinton av., Irvington
Lowenstein, Aaron, 860 South 11th st., Newark
Lowenstein, Harry A., 96 Milford av., Newark
Lowits, Otto, 78 Clinton av., Newark
Lowrey, James H., 79 Congress st., Newark
Lowy, Otto, 190 Clinton av., Newark
Luban, Benjamin, 730 High st., Newark
Lundblad, Walter E., 75 Prospect st., East Orange
Luongo, Federico, 212 S. Centre st., Orange
Lurie, Solomon I., 21 Hillside av., Newark
Lurie, Wolf, Army
Lutz, William M., 3 Southern Slope dr., Millburn
Lynch, Albert E. O., 257 Orange road, Montclair
Lyon, Archibald, Army
Lyons, James V., 333 Park av., Orange
Maas, Max A., 329 Clinton av., Newark
Mabey, J. Corwin, 242 Claremont av., Montclair
Macaluso, Dominic C., Army
MacArt, James H., Navy
MacArthur, Clymont, 219 Roseville av., Newark
MacDonald, Wentworth S., 56 Church st., Montcl'r
MacMillan, C. Wright, 4 Duryea rd., Upper Mtclr.
Macpherson, Elwood H., 34 Rawley pl., Millburn
Maggio, George A., 419 Roseville av., Newark
Maggio, Nicholas A., 130 Fleming av., Newark
Magovern, Thomas F., Navy
Mahood, Herbert L., 86 Durand rd., Maplewood
Maisel, Irving, Army
Mamlet, Alfred M., 33 Johnson av., Newark
Mancusi-Ungaro, Eiviro, 268 Mt.Prosp't av.,New'k
Mancusi-Ungaro, Lodovico, 156Mt.Pr'sp't av.,Nwk.
Manfro, Gerard J., 47 High st., Newark
Marcus, Donald, Army
Margolis, Alfred, 736 Sanford av., Newark
Margulies, Charles, Army
Marks, Edward G., 655 Kearny av., Arlington
Marks, Zelda I., 95 Wilson av., Newark
Marquis, Dean W., Navy
Marquis, W. James, 198 Clinton av., Newark
Marra, Rocco S., 221 Park av., Orange
Martin, Wm. P., 25 Holland rd., South Orange
Martland, Harrison S., Newark City Hosp., New'k
Masciocchi, Thomas A., Army
Mason, Virgil A., 144 Harrison st., East Orange
Massengill, Fulton, 216 Glenwood rd., Elizabeth
Massey, J. Bruce, 68 W. Market st., Newark
Masterson, John F., 98 Myrtle av., Irvington
Matheke, George A., 592 Park av., East Orange
Matheke, Otto G., 328 Sussex av., Newark
Matheke, Otto G., Jr., Army
Matheson, Gilchrist E., 144 Harrison st.,E.Orange
Matthews, Clifford B., Army
Matthews, Harry E., 504 Hillside av., Orange
Matthews, Wm. F., 180 Walnut st., Montclair
Maurer, K. Virginia, 40 W. Northf'd av.,Livingst'n
May, Ernst A., 157 Harrison st., East Orange
McAveney, Thos. F. G., 32 S. Munn av., E.Orange
McAveney, Wm., 32 S. Munn av., East Orange
McCarroll, E. Mae, 59 Hillside place, Newark
McCauley, Francis J., 31 Lincoln Park, Newark
McCormick, James E., 775 Elizabeth av., Newark
McCroskery, Jas. H., 396 N. Arl'gt'n av., E.Orange
McCullough, Walter A., Essex Co. Hosp., CedarGr.
McGuire, John J., Army
McKim, William F., 317 Roseville av., Newark
McLellan, Geo. A., 19 Hawthorne av., EastOrange
McVay, Edward A., 234 Lafayette st., Newark
Medd, John C., 25 Curtis pl., Maplewood
Meehan, Martin M., 339 Washington av., Belleville
Meeker, Irving A., 581 Valley rd., Up. Montclair
Meinhard, Fred, Army
Meisel, David B., Army
Mellen, Stanley H., 370 Belleville av,. Bloomfield
Menk, Paul E., 31 Lincoln Park, Newark
Merkelbach, Walter P., 288 Broad st., Bloomfield
Merliss, Eugene, 386 Clinton av., Newark
Merselis, John G., 110 Irvington av., So. Orange
Messina, Thomas, Army
Metsky, Joseph, 777 High st., Newark
Meurlin, Alfred, 158 Harrison st., East Orange
Mierau, Ernest W., 1096 Sanford av., Irvington
Miller, Herman P., 815 S. 12th st., Newark
Miller, I. Irwin, Army
Miller, Joseph A., 364 Prospect st., So. Orange
Miller, Lucille F., 31 Webster pl., Orange
Miller, Nathan, Army
Miller, Theodore R., Army
Minard, Edwy L., 140 4th av., East Orange
Minier, Carl L., 153 Mt. Pleasant av., W. Orange
Miningham, Wm. D., 18 Hedden ter., Newark
Minnefor, Chas. A., 1164 S. Orange av., S. Orange
Mishell, Daniel R., Army
Mitchell, Augustus J., 59 South st., Newark
Mitchell, Walter L., Jr., 160 Roseville av., Newark
Moeckel, Clarence W., 63 S. Fullerton av.,Montcl'r
Mohrbacher, John J., 37 Osborne ter., Newark
Monaco, Saverio A., Army
Moore, Dean C., Navy
Moore, James A., Army
Moress, Edward J., Army
Moretti, John J., 576 S. Clinton st., East Orange
Morgan, Browne, 32 Benson st., Bloomfield
Morris, Clement, 513 Broadway, Newark
Morrison, Caldwell, 379 7th av., Newark
Moschkowitz, Hermann, 784 High st., Newark

Moss, Mary C., 5 Mountain av., Maplewood
Motzenbecker, Peter F., 680 High st., Newark
Motzenbecker, Wm. J., 16 Milford av., Newark
Mount, Walter B., 21 Plymouth st., Montclair
Muller, Joseph H., 867 So. 13th st., Newark
Mullin, Eugene F., 505 Sanford av., Newark
Mullin, Raymond J., 76 Shanley av., Newark
Murphy, Thomas W., Navy
Murray, Harrold A., 624 Mt. Prospect av., Newark
Muta, Samuel A., 47 Park av., West Orange
Nacca, Carl A., 86 N. Essex av., Orange
Nadel, Charles I., Army
Nagler, Benedict, 25 Clinton pl., Newark
Nappi. Pasquale E., Army
Nash, Alexander E., 30 Forrest av., Verona
Nash, William G., 22 Leslie st., Newark
Nataro, Joseph, Army
Nemzek, Wm. P. B., 8 Hedden ter., Arlington
Nevius, William B., 610 Park av., East Orange
Newman, Grace T., 339 Grove st., Montclair
Newman, Julius, Army
Ney, J. Marshall, Army
Nicola, Toufick, 96 Gates av., Montclair
Noll, Louis, 1383 Clinton av., Irvington
Nussbaum, Harvey E., Army
Nyiri, William A., 863 S. 12th st., Newark
Oberlander, Gertrude, 866 So. 13th st., Newark
O'Connor, Bernard A., 47 Central av., Newark
O'Connor, Dennis F., 671 Broad st., Newark
O'Connor, Michael J., 98 Shanley av., Newark
O'Connor, Paul A., Navy
O'Crowley, Clarence R., 31 Lincoln Park, Newark
Offenkrantz, Frederiek M., Army
O'Grady, Michael J., Navy
Olini, Joseph J., 30 W. Market st., Newark
O'Lini, Louis J., 30 W. Market st., Newark
O'Neill, Charles L., 11 N. 7th st., Newark
O'Neill, Gonzalo, Jr., 41 Warwick st., East Orange
Opacity, Ernest A., 247 Madison av., Newark
Opdyke, Gordon M., 52 Claremont av., Verona
Openchowski, Mieczyslaw, 83 Johnson av., Newark
Oransky, Marvin, Army
Orloff, Samuel, 149 Lyons av., Newark
Ormsby, Thomas J., 1180 Raymond Blvd.,Newark
Orris, Harold J., Army
Orton, Henry B., 224 Delavan av., Newark
Ostrowski, Sigismund J., U. S. P. H. S.
Paddock, Royce, 965 Broad st., Newark
Palladino, Alessandro, 157 S. Centre st., Orange
Palmer, Gideon H., 28 Winans st., East Orange
Palmer, Henry S., 275 Mulberry st., Newark
Panitch, William, 90 Baldwin av., Newark
Pannullo, John N. P., 266 Van Buren st., Newark
Papera, John J., 12 Sutton pl., Verona
Parell, George C., 275 South 7th st., Newark
Parent, Sol, Army
Parker, John E., 144 Harrison st., East Orange
Parkes, Morey, 33 Park av., Caldwell
Parsonnet, Aaron E., 3 Madison av., Newark
Parsonnet, Eugene V., Navy
Pascall, Thomas M., 197 Lincoln av., Newark
Pattyson, Ralph A., Navy
Paul, George A., 788 Lyons av., Irvington
Paul, H. Carl, Navy
Pavia, John R., Navy
Payne, Guy, Essex Co. Hosp., Cedar Grove
Payne, Guy, Jr., Navy
Peeora, Samuel, Army
Peer, Lyndon A., 965 Broad st., Newark
Pellieiari, Donald, Army
Pendexter, Sidney E., 11 S. Arlington av.,E.Orange
Pennington, Alfred W., 398 N. Maple av.,E.Orange
Penteeost, Salvador D., Army
Perham, Bertram S., Army
Perrone, Anthony J., 456 Roseville av., Newark
Petry, William, 109 Treacy av., Newark
Phillips, Algernon A., 212 W. Market st., Newark
Pilch, Arthur G., 1 Willard av., Bloomfield
Pilloni, Louis, Army
Pinto, Joseph A., Army
Pizzi, Francis W., 205 Park av., Orange
Pizzi, Mario V., Army
Plant, James S., 51 13th av., Newark
Plante, Amos A., 437 Ridgewood rd., Maplewood
Pois, John, Army
Poller, Frederick K., 681 Stuyvesant av., Irvington
Pollis, Nicholas L., 642 High st., Newark
Pollock, Franklyn J., Army
Polow, Benjamin, Navy
Pomeranz, Raphael, Army
Potter, Raymond T., 144 Harrison st., EastOrange
Prestifilippo, Silvestro, 105 Glenridge av., Montcl'
Preston, Perry B., 12 Palm st., Newark
Price, Chas. W., Essex County Hosp., Cedar Grove
Price, Nathaniel G., 24 Johnson av., Newark
Probst, Everett W., Army
Proctor, Jesse E., 15 North 13th st., Newark
Quad, Clifford W., Army
Quinn, Edward D., 323 Belleville av., Bloomfield
Raehlin, Harry T., Army
Rados, Andrew, 31 Lincoln Park, Newark
Ragione, Mario D., 277 Clifton av., Newark
Ram, Nathan H., 34 Park av., Caldwell
Ranson, Briscoe B., Jr., 144 Harrison st.,E.Orange
Rapalski, Adam J., Army
Rathgeber, Chas. F., 18 William st., E. Orange
Ravitz, Samuel F., Army
Rawitz, Sidney B., 42 Chancellor av., Newark
Reeve-Allen, Jane, 42 Gordonhurst av., Montclair
Reich, Abraham L., 83 Lyons av., Newark
Reich, Henry, Navy
Reich, Mortimer, Navy
Reilly, Christopher J., Army
Reilly, John V., U. S. P. H. S.
Reinartz, Paul V., Army
Reinfeld, Abraham G., 354 Clinton av., Newark
Reinhardt, Warren I., Army
Reissman, Erwin, 31 Lincoln Park, Newark
Reitter, George S., 191 Halsted st., East Orange
Remondelli, Raphael E., 216 Littleton av., Newark
Renzulli, Francesco, 228 South 7th st., Newark
RePass, Paul E., Navy
Reseh, Henry U., Army
Restaino, Charles F., Army
Rettig, Isidor L., 36 Milford av., Newark
Revere, Seth D., Army
Ribbans, Robert C., 63 Central av., Newark
Rich, Charles, 191 Littleton av., Newark
Rieh, Wallaee E., Army
Richardson, Marvin T., 14 E. Mt. Pl's'nt av.,Liv'gst'n
Ricketts, Henry E., 25 Sheppard av., Newark
Riffin, Irving M., Army
Rigeron, D. George, 160 Franklin st., Bloomfield
Riggins, Edwin N., 161 N. Arlington av., E.Orange
Rinzler, Elliot, Army
Ripley, E. Warren, 56 Church st., Montclair
Rizzoli, Luigi, 15 Peck av., Newark
Rizzolo, Edward M., 523 Union av., Belleville
Robbin, Lewis, 18 Clinton pl., Newark
Robbins, Charles M., Army
Roberts, Allison H., 24 S. 9th st., Newark
Roberts, David C., 211 4th av., New York City
Roberts, William A., 11 Park av., Caldwell
Robertson, Euston S., Army
Robie, Theodore R., Army
Robins, David, 24 Commerce st., Newark
Robinson, Louis H., 31 Lincoln Park, Newark
Rocco, Frank, 729 Summer av., Newark
Roeber, William J., 21 Nesbit ter., Irvington
Rogers, Richard M., Army

Rogers, Robert H., 49 9th av., Newark
Roh, Robert F., 671 Broad st., Newark
Romano, Patrick J., 310 Central av., Orange
Rommer, Jack J., 25 Ingraham pl., Newark
Rosamilia, Ralph E., 480 N. 7th st., Newark
Rose, Salvatore J., 242 Ivy court, Orange
Roseman, Herman I., Army
Rosen, Charles D., Army
Rosen, Emanuel, Army
Rosenbaum, Samuel X., Army
Rosenberg, L. Charles, 11 Murray st., Newark
Rosenberg, Max, Army
Rosenthal, Arnold J., 41 Renner av., Newark
Rosenthal, Oscar J., 14 Watson av., Newark
Rosenthal, Sydney, Army
Rossi, Bartolomeo, Army
Rost, Adolf S., 461 Mountainview av., Orange
Roth, Oswald H., 210 Littleton av., Newark
Roth, Samuel R., 31 Lincoln Park, Newark
Rothenberg, Samuel, 31 Lincoln Park, Newark
Rothgesser, Jerome C., Army
Rothhouse, Burnet, Navy
Rothschild, Daniel L., 81 Lyons av., Newark
Rothseid, Abraham, 59 Avon av., Newark
Rowe, Jack M., 27 Park pl., Bloomfield
Rozsa, Stephen, 811 S. 18th st., Newark
Rubin, Abraham A., Army
Rubinow, Saul M., 755 High st., Newark
Rumage, William T., 513 Sanford av., Newark
Runyan, Wm. J., 106 Broad st., Bloomfield
Russell, Leslie C., 192 Clinton av., Newark
Russomanno, Raymond L., Army
Salsberg, Ralph H., 23 Johnson av., Newark
Samson, Norman D., 281 Kearny av., Kearny
Samuel, Jerome H., Army
Santora, Philip J., 361 Roseville av., Newark
Santoro, Thomas A., Army
Saporito, Archibald R., 119 Ridge rd., N. Arl'gton
Saracino, Frank J., 124 Grand pl., Arlington
Saslow, Benjamin I., 102 Shanley av., Newark
Sasso, Albert, 99 Parker st., Newark
Savel, Lewis E., Army
Sax, Max T., Army
Sbarra, Francesco C. N., 189 Roseville av.,Newark
Sohaaf, Royal A., 413 Mt. Prospect av., Newark
Schachter, Harry A. H., Navy
Schaefer, Eugene P., 12 Harrison pl., Irvington
Schaffer, Barney, Army
Schaffer, Nathan, Army
Schectman, Vera, 385 Osborne ter., Newark
Scheller, George A., Army
Scher, Maurice A., 137 Lyons av., Newark
Schiffmann, Samuel, 107 Spruce st., Newark
Schiller, Nicholas, 54 Girard pl., Newark
Schmukler, Jacob, Army
Schneider, Chas. A., 694 Clinton av., Newark
Schneider, Leo, 39 Hillside av., Newark
Schneider, Louis, 874 S. 13th st., Newark
Schoenau, Carl W., 1 Park pl., Bloomfield
Schotland, Clement E., 31 Lincoln Park, Newark
Schramm, Joseph A., 572 High st., Newark
Schreck, Harry, 192 Roseville av., Newark
Schulsinger, Samuel, 80 Clinton av., Newark
Schulte, Herbert A., 701 Clinton av., Newark
Schults, Anna R., 207 Summer av., Newark
Schurman, Francis C., 35 Smull av., Caldwell
Schwartz, Harold, Navy
Schwartz, Mortimer L., Army
Scott, R. Hunter, 205 Roseville av., Newark
Scranton, Chas. W., 59 Washington st., E. Orange
Seidler, Victor B., 16 Plymouth st., Montclair
Seidman, Edwin A., 580 High st., Newark
Seidman, Joshua I., Army
Seifert, Edwin A., 415 Ridgewood av., Glen Ridge
Sellitto, Anthony M., 115 Connett pl., S. Orange
Selvaggi, Carlo, 82 Congress st., Newark
Sena, Marie A., 549 S. Orange av., Newark
Seward, Wm. H., Orange Memorial Hosp., Orange
Shack, David N., 712 Clinton av., Newark
Shack, Maxwell H., Army
Shaner, Ralph D., 94 Hillside av., Nutley
Shannon, Jas. B., 66 S. Fullerton av., Montclair
Shannon, Lardner M., 66 S. Fullerton av., Montc'r
Shapiro, Louis, 146 Broad st., Newark
Shapiro, Ralph N., Navy
Shapiro, Samuel, Army
Shaul, Frederick G., 10 Washington st., Bloomfield
Shaul, John F., Navy
Shaw, John J., 511 Prospect st., Maplewood
Shaw, Ned, 632 Belgrove dr., Kearny
Sheehner, Isadore, Army
Sheehan, Daniel C., Army
Sherman, A. Russell, 671 Broad st., Newark
Sherman, Arthur E., 144 Harrison st., E. Orange
Sherman, Elbert S., 671 Broad st., Newark
Shill, Benjamin, Army
Shlionsky, Herman, Army
Shor, David M., Army
Shreehan, Hubert F., 620 Summer av., Newark
Shulman, Murray W., Navy
Siegel, Jack G., Army
Siegel, Jacob W., 96 S. 10th st., Newark
Silberner, Herbert B., Army
Silver, Harry B., Army
Silverman, S. Andrew, Army
Silverstein, Benj. J., 32 Hillside av., Newark
Silverstein, Jacob M., 73 Main st., Millburn
Simmons, Albert V., 720 Prospect st., Maplewood
Simms, George F., 541 Page av., Lyndhurst
Simon, Henry, Army
Simon, Ludwig L., Army
Simonson, Louis, 202 Osborne ter., Newark
Singer, Max., 147 Johnson av., Newark
Sisson, Nelson W., 144 Harrison st., East Orange
Skwirsky, Joseph, 170 Hawthorne av., Newark
Slavin, Paul, 31 Lincoln Park, Newark
Smalley, Sara D., 530 Clifton av., Newark
Smalzried, Elmer W., Navy
Smith, Byron J., Army
Smith, Christopher A., 295 Montg'm'ry st.,Bl'mf'd
Smith, Ellis L., Essex Co. Isolation Hosp.,Bellev'le
Smith, George H., 136 Evergreen pl., East Orange
Smith, Harold W., 179 Lincoln av., Orange
Smith, Henry G., Essex Co. Hosp., Cedar Grove
Smith, Joseph J., 325 13th av., Newark
Smith, Leonard H., 32 Washington st., E. Orange
Smith, Thayer A., Forest dr., Short Hills
Snavely, Earl H., Newark City Hospital, Newark
Sobin, Julius, Army
Solk, Arthur G., 88 Clinton av., Newark
Solomon, Harold, Army
Somers, Fred L., 144 Harrison st., East Orange
Sonnenberg, Arthur, Army
Sorock, Emil M., 310 Roseville av., Newark
Soschin, Samuel J., Army
Spallone, Joseph C., 123 Mt. Prospect av., Newark
Spinner, Samuel L., 15 Third st., Elizabeth
Sprague, Edward W., 86 Washington st., Newark
Staehle, Richard H., 34 Lyons av., Newark
Stahl, Alfred, 55 Lincoln Park, Newark
Stahl, Charles, 659 Sanford av., Newark
Statman, Arthur J., 17 Leslie st., Newark
Steiner, Edwin, 31 Lincoln Park, Newark
Steiner, Herbert, 650 Stuyvesant av., Irvington
Stern, David A., 127 Lyons av., Newark
Stern, Max E., 2 Milford av., Newark
Stevens, Merton H., 58 So. Maple av., East Orange
Stewart, Robert G., 79 Midland av., Montclalir
Stickles, Lloyd C., 49 Parkhurst st., Newark
Stiles, C. Campbell, 713 Park av., East Orange

Stoddard, Gordon V., Army
Stokes, Earle B., 144 Harrison st., East Orange
Stoll, George F., 330 Washington av., Belleville
Strack, Vincent J., 1072 S. Orange av., Newark
Strasser, Hans A., 555 William st., East Orange
Straub, Herbert H., 242 Springdale av., E. Orange
Straus, Max, 87 Harrison pl., Irvington
Strauss, Frederick, Army
Strauss, Max, 190 Clinton av., Newark
Strauss, Wm. T., Jr., 6 Gerome pl., Upper Mtclr.
Streen, Morris E., 908 Bergen st., Newark
Sturchio, Edoardo, 104 Ferry st., Newark
Sturchio, Eugenio, 178 Mt. Prospect av., Newark
Suesserman, Henry, 389 Lyons av., Newark
Sullivan, William T., Navy
Sutton, Harold L., Army
Sutton, Jos. G., Essex Co. Hosp., Cedar Grove
Swain, Richard D., Jr., 211 Roseville av., Newark
Symes, Earl R., 544 Belgrove drive, Kearny
Szerlip, Leopold, 31 Lincoln Park, Newark
Taff, Harry, 478 Orange st., Newark
Taffet, William, 379 Union av., Belleville
Tansey, W. Austin, Jr., Army
Tarbell, Harold A., 13 Pennington st., Newark
Taylor, G. Herbert, 144 Harrison st., East Orange
Teebor, Alfred, 869 S. 13th st., Newark
Teeter, Charles E., 418 Orange st., Newark
Tenney, Albert S., 164 Harrison st., East Orange
Tepper, Victor, Army
Thomas, John H., 270 Lenox av., South Orange
Thomison, Harry E., 605 Broad st., Newark
Thompson, Arthur F., 144 Harrison st., E. Orange
Thompson, Austin B., 479 Highland av., Orange
Thomson, Carroll S., Fair Oaks Sana., Summit
Thornhill, Arthur C., 47 Forest st., Montclair
Thornley, Wm. F., Army
Tillis, Herman H., 11 Bergen st., Newark
Tilton, William R., 763 Broad st., Newark
Tirrell, C. Malcolm, Navy
Tobey, Franklin J., 11 Hazelwood av., Newark
Toczek, Heinrich A., 404 Bergen st., Newark
Tomec, Richard F., Navy
Torppey, John J., Army
Toye, John E., 90 Midland av., Arlington
Trautwein, Charles F., 131 Nesbit ter., Irvington
Tunis, Benno B., 5 Farley av., Newark
Turi, Amedeo E., 57 Garside st., Newark
Turner, Charles F., 151 Grove st., Montclair
Tushnet, Leonard, Army
Tutela, Arthur C., 220 S. 7th st., Newark
Tutschulte, Ernest, 111 Mt. Pleasant av., Newark
Twitchell, Adelbert B., 162 S. Orange av.,S.Orange
Tymeson, Walter R., 310 Main st., Orange
Ulan, Oscar, 170 Fleming av., Newark
Ulvestad, Lawrence E., Army
Urbach, George, 181 Chancellor av., Newark
Valentin, Irmgard, 131 Harrison st., East Orange
Vallario, Frank A., 333 Clifton av., Newark
Vander Veer, H. Garrett, 295M'tgomery st.,Bl'mf'd
Van Emburgh, Geo. H., 575 Belgrove dr.,Arlingt'n
Van Gieson, Edward J., 70 Watsessing av.,Bl'mf'd
Vannatta, Geo. W., 226 N. Park st., East Orange
Van Ness, H. Roy, 444 Parker st., Newark
Verbeck, Geo. B., 20 Church av., BallstonSpa,N.Y.
Vincent, Nicholas F., Army
Virgilio, Anthony A., Army
VonHofe, Frederick H., 75 Prospect st., E.Orange
Voorhees, Florence E., 140 Roseville av., Newark
Vreeland, Ralph D., 1107 Broad st., Newark
Wagner, John, 48 Wilson av., Newark
Wakeley, Wm. E., 144 Harrison st., East Orange
Waldron, Robert E., Army
Wallack, Charles A., 23 Treacy av., Newark
Wallhauser, Henry J. F., ShawFarm,Mt.Bethel,Pa.
Walsh, Charles R., 95 W. Northfield av.,Llvlngst'n
Walton, Ralph W., 102 Gates av., Montclalr
Wambsganss, Magdalena, 44 Devine st., Newark
Wangner, William F., Army
Ward, Ellsabeth B., 112 Chancellor av., Newark
Ward, Gertrude P., 41 Park pl., Bloomfield
Ward, William R., 112 Chancellor av., Newark
Ward, Wm. R., Jr., 112 Chancellor av., Newark
Warner, Wm. H. A., 444 Central av., East Orange
Waterman, Samuel M., Army
Weber, Francis C., 286 Mt. Prospect av., Newark
Weeks, Norman E., 159 Christopher st., Montclair
Weinberg, Alfred, 654 Lyons av., Irvington
Weinmann, Max H., 714 Scotland rd., Orange
Weinstein, Francis S., 189 16th av., Newark
Weinstein, Leopold, 82 Lyons av., Newark
Weinstein, Morris W., 604 Chancellor av.,Irvingt'n
Weinstock, Michael B., Army
Weiss, Louis, 519 Springfield av., Newark
Weiss, Mortimer, Army
Weiss, Selma, 2 Stratford pl., Newark
Welkind, Allen A., Army
Weller, Arthur, 19 Hillyer st., Orange
Wesson, Harrison R., 15 The Crescent, Montclair
Weston, Clifford G., 27 Woodland av., Glen Ridge
Wheeler, Wm. K., Navy
Whelan, Edward P., 460 Franklin av., Nutley
Wherry, Elmer G., 325 Clinton av., Newark
White, Robert R., 144 Harrison st., East Orange
Willan, Edward H., 74 S. Munn av., East Orange
Willey, F. Parker, 153 Roseville av., Newark
Williams, John J., 88 Walnut st., Newark
Willis, Katharen C., 31 Trinity pl., Montclair
Willner, Irving, 18 Waverly av., Newark
Willner, Philip, Army
Willson, James H., 144 Harrison st., East Orange
Wilson, John H., Jr., 85 Halsted st., East Orange
Winter, Egon W., 825 S. 10th st., Newark
Wolf, Raymond E., Army
Wolfe, Jacob S., 44 Watsessing av., Bloomfield
Wolfe, William W., 383 Mulberry st., Newark
Wood, E. LeRoy, Army
Woolf, Bernhardt H., 41 Hedden ter., Newark
Wort, Frederick J., 1080 Broad st., Newark
Wrensch, Alexander E., 79 Valley rd., Montclair
Wright, Robert E., Army
Wuerthele, Virginia E., 301 Mt. Pr'sp'ct av.,New'k
Wurts, Margaret M., 27 Wellesley av., Up. Mtclr.
Wyatt, Joseph H., 135 Clinton av., Newark
Wyker, Arthur W., 57 Park pl., Bloomfield
Yadkowsky, Emanuel, 637 High st., Newark
Yaguda, Asher, Navy
Yankowitz, Michael F., Army
Yates, Glen L., 270 Ridgewood av., Glen Ridge
Yelin, Gabriel, 635 High st., Newark
Ylvisaker, Lauritz S., 763 Broad st., Newark
Yoskalka, Jack S., Army
Young, I. Henry, 220 Columbia av., Irvington
Young, John H., 37 N. Fullerton av., Montclair
Zager, Saul, Army
Zehnder, A. Charles, 188 Roseville av., Newark
Zimmer, William, Army
Zimmerman, Coler, Army
Zingali, John A., U. S. P. H. S.
Zvaifler, Nathan, 46 Wilbur av., Newark
Zweibel, Leonard, Army
Zweigel, Isidore, 22 Monticello av., Newark
Zybulewski, Edmund A., 410 Bergen st., Newark

Number of Active Members and basis of representation, 1,178.

ASSOCIATE MEMBERS

Auerbach, Friedrich, 1449 Clinton av., Irvington
Baeder, Frederick N., 433 Mt. Prospect av., New'k
Belott, Louis V., 276 Springdale av., East Orange
Berlin, Morris R., Army
Braun, Edgar M., 843 S. 17th st., Newark
Bremer, Kenneth M., Army
Dann, Frederick J., Army
Dear, Abraham L., 69 Hansbury av., Newark
DeLia, Emilio F., Army
Drewniany, Bernardine, 541 Page av., Lyndhurst
Eisenstodt, Lester W., 51 Grumman av., Newark
Fischer, Louise, 25 Van Velsor pl., Newark
Fritsch, Alfred, 82 Lyons av., Newark
Giardina, Vincent J., Army
Grant, Francis J., 309 Roseville av., Newark
Gruber, William L., Army
Hansen, Harold T., 533 Mt. Prospect av., Newark
Holderith, Albert E., 19 W. Mt.Pl's'nt av.,Llv'gst'n
Kaney, Emil M., Army
Keim, Wm. F., Jr., 25 Roseville av., Newark
Kempe, George, 974 Caldwell av., Union
Marchigiano, Michael A., 415 N. 13th st., Newark
Marin, Robert B., 284 Bellevue av., Montclair
McNeely, Julia A., 117 Washington st., E. Orange
Mermod, Camille, 142 Clinton av., Newark
Merrick, Evelina, 142 Clinton av., Newark
Modeski, Chester J., 11 Hill st., Newark
Monaco, Dante P., 437 N. 13th st., Newark
Ormand, Joseph, 575 Belgrove drive, Arlington
Outwin, Richard N., Army
Ruccia, Arthur J., Army
Scalera, John F., Army
Silbermann, Maximilian, 82 Lyons av., Newark
Smith, Charles H., 570 Ridgewood av., Glen Ridge
Snook, Lee C., Jr., 8 Hedden ter., Arlington
Spence, Harold G., 5414 Arl'gt'n av.,Riv'rdale,N.Y.
Sperling, Irving L., Army
Stokes, Donald E., Orange Memorial Hosp.,Orange

RESIGNED

Contl, Horace, Kearny
Horsford, Frederick C., West Point Pleasant
Wayne, David M.

TRANSFERS

Anderson, Ethelyn J. C., from Richm'd Co., N. Y.
Brunkow, Chas. D., from Cook Co. Med. Sc., Ill.
Campbell, Everette L., from N. Y. Co. Med. Soc.
Hamley, John J., to Union County Medical Society
Jackson, Elmer C., to Warren Co. Med. Society
Jones, Elwood K., to Indiana State Med. Society
McAveney, Thos. F. G., from Kings Co. M.S.,N.Y.
Strauss, Wm. T., from Nassau Co. Med. Soc., N. Y.

GLOUCESTER COUNTY (8)

Society organized December, 1818. Regular meetings on third Thursday of each month, except June, July and August. Annual Meeting in May. Annual Social Session in October.

ACTIVE MEMBERS

Barrows, Victor I., 316 N. Broadway, Pitman
Black, Emanuel S., 128 E. High st., Glassboro
Black, Maskell B., Army
Booth, George R., 219 Highland av., Westville
Bowersox, Clarence A., 509 N.Broad st.,Woodbury
Broselow, Benjamin G., Delsea dr., Franklinville
Burkett, J. Paul, Navy
Burkett, Wendell J., 16 W. Holly av., Pitman
Campo, A. Guy, 401 Broadway, Westville
Carpenter, Wm. H., 39 Aberdeen pl., Woodbury
Chalfant, Wm. P., Br'dway & Crafton av., Pitman
Collins, Louis K., Army
DiMarino, Anthony J., 735 Delaware st., Paulsboro
Diverty, Henry B., 38 Cooper st., Woodbury
Faux, Frederick J., Navy
Fisler, Charles F., 140 Maple st., Clayton
Fooder, Horace M., 110 Main st., Willlamstown
Gairdner, Thos. M., 319 W. Broad st., Gibbstown
Gillis, Alfred G., Army
Harris, William G., Main st., Mullica Hill
Hollinshed, Ralph K., 351 Broadway, Westville
Hughes, Joseph F., Army
Hunter, Harold H., 114 W. Broad st., Paulsboro
Lintz, Sidney Z., Army
Livengood, Baxter A., 64 Cooper st., Woodbury
Moore, Ralph L., Army
Nelson, Harry, 36 Lupton av., Woodbury
Patterson, Isaac N., Army
Pedrick, William W., 11 West st., Glassboro
Pegau, Paul M., 246 Brair Hill lane, Woodbury
Rhoads, S. Creadick, 104 Station av., Westville
Rogers, Dorothy M., 50 Cooper st., Woodbury
Ruttenberg, Louis, Army
Serri, Wm. S., 447 Kings Highway, Swedesboro
Sheets, Cecil C., 213 W. Broad st., Paulsboro
Sherman, Fuller G., 204 Delaware st., Woodbury
Sinexon, Henry L., 36 W. Broad st., Paulsboro
Sirotta, E. Bernard, Army
Sooy, L. Thomas, 202 W. Holly av., Pitman
Stewart, Irving J., 529 Kings Highway,Swedesboro
Ulmer, Chester I., 431 W. Broad st., Gibbstown
Underwood, J. Harris, 509 N. Broad st., W'dbury
Venturo, Ralph C., Army
Wandall, Frederick G., 50 E. High st., Clayton
Weems, Don B., 105 E. Mantua av., Wenonah
Wentzell, J. Earl, Army
Whitaker, Henry J., Army
Wood, Oran A., 128 W. Broad st., Paulsboro
Wright, Herman W., Army
Zapf, Reville D., 101 W. Mantua av., Wenonah

Number of Active Members and basis of representation, 50.

RESIGNED

Crain, William E., Woodbury

HUDSON COUNTY (9)

Society organized October 11, 1851. Meets first Tuesday evening of each month, October to May, inclusive. If a legal holiday, meeting to be held on next day. Annual Meeting in May.

ACTIVE MEMBERS

Adler, Joseph, 933 Ave. C, Bayonne
Africano, Julius V., 2700 Boulevard, Union City
Agolia, Michael W., Army
Ainsley, H. Bryson, 246 Union st., Jersey City
Allen, Isaac L., 2601 Palisade av., Union City
Alpert, Edward, 661 Jersey av., Jersey City
Alter, Nicholas M., 410 Fairmount av., Jersey City
Amdur, Louis A., 2540 Boulevard, Jersey City
Angelo, Joseph A., Army
Anrig, Grace E., 613 Summit av., Union City
Arbeit, Sidney R., Army
Aria, Charles J., Army
Aria, Michael H., 31 Glenwood av., Jersey City
Arndt, Frank R., Army
Aronowitz, Harry T., 932 Ave. C, Bayonne
Artaserse, George V., Army
Ash, Arthur F., 710 Boulevard E., Weehawken
Atwell, David R., 920 Hudson st., Hoboken
Auriemma, Michele, 419 Adams st., Hoboken
Bahnson, Conrad M., Army
Bailyn, Emanuel, 400 60th st., West New York
Ballinger, Reeve L., 659 Kearny av., Arlington
Balsamo, Anthony J., 5016 Hudson av., W.NewY'k
Barbarito, Wm. N., 135 Bentley av., Jersey City
Barishaw, Samuel B., 25 Bentley av., Jersey City
Barone, Francis A., Army
Behrens, Herman H. E., 312 Webster av.,Jer.City
Bellina, George L., 518 79th st., North Bergen
Ben-Asher, Solomon, 254 Bergen av., Jersey City
Benjamin, Harold C., 59 Crescent av., Jersey City
Bergmeyer, Josef T., 422 64th st., West New York
Berlin, Joseph I., 2600 Boulevard, Jersey City
Betcher, Albert M., Army
Bigliani, Urban R., Army
Bitten, Robert M., 33 Romaine av., Jersey City
Blakey, Abram P., 155 Wegman Pkwy., Jer. City
Blum, Milton, Army
Boland, Lucy E., 27 Washington av., Arlington
Bonanno, Peter J., Army
Bookrajian, Edw. N., 8027 Boulevard, N. Bergen
Borrone, Milton G., 2695 Boulevard, Jersey City
Borshaw, Hyman, 108 Bentley av., Jersey City
Bortone, Frank, 2765 Boulevard, Jersey City
Boselli, Emile H., Army
Botti, John A., 236 Summit av., Jersey City
Boyers, Sidney S., 4614 Boulevard, Union City
Boyle, Francis L., Navy
Bradasch, George A., Army
Brady, Thomas S., 678 Ave. C, Bayonne
Brady, William A., 412 44th st., Union City
Braitman, Max, Army
Brauer, Selig L., Army
Braunstein, Sigmund C., 427 57th st., W.NewYork
Braunstein, Wm. P., 1 Bellevue st., Weehawken
Brennock, Thos. McG., 3 Webster av., Jersey City
Bresev, Morris, Army
Brick, George J., 43 Cottage st., Jersey City
Brignola, Gerald C., Army
Brozdowski, John J., 554½ Jersey av., Jersey City
Butler, Vincent P., 33 Bentley av., Jersey City
Campana, Vincent R., 442 Fairm't av., JerseyCity
Cannon, Edward A., 7512 Boulevard, No. Bergen
Caridi, Salvatore, 5135 Berg'nline av.,W.NewYork
Carr, Mary B., 1 Astor pl., Jersey City
Chapman, Ellis J., 203 Danforth av., Jersey City
Chayes, Sydney, 980 Ave. C, Bayonne
Christian, Henry A., Army
Cieri, Daniel S., Army
Clark, Chas. C., 2301 New York av., Union City
Cohen, Herman, 489 Jersey av., Jersey City
Cohen, Herman N., 108 13th st., Hoboken
Cohen, Samuel, Army
Cohen, Samuel A., Army
Connell, Emmet J., 2227 Boulevard, Jersey City
Connell, John N., 26 Carlton av., Jersey City
Connolly, Thomas W., 921 Bergen av., Jersey City
Conti, Michael, 280 4th st., Jersey City
Conty, Anthony J., 318 48th st., Union City
Cosgrove, Robert A., Army
Cosgrove, Samuel A., 88 Clifton pl., Jersey City
Coughlin, John P., Navy
Cracco, Frederick A., 211 Palisade av., Union C'y
Cricco, Carl F., Army
Cufari, Carmine J., 725 18th st., Union City
Culver, S. Herbert, 75 Magnolia av., Jersey City
Cupaiuoli, Richard A., Navy
D'Acierno, Pellegrino A.,1708 P'lis'de av.,UnionC'y
Daly, Edmund J., 921 Bergen av., Jersey City
Danielson, John J., Army
Davey, Thomas N., 41 W. 33rd st., Bayonne
Davis, Daniel, Army
DeFuccio, Chas. P., 12 Duncan av., Jersey City
DeFusco, G. Thomas, Army
Del Baglivo, Mario, 266 Newark av., Jersey City
DeMeritt, Chas. L., 4500 Boulevard, Union City
DeVincenzo, F. Rich'd, 629Wash'gton st.,Hoboken
Dexter, Harriet E. T., 903 Ave. C, Bayonne
Donnelly, Joseph P., 58 Kensington av., Jer. City
Donohoe, Lucius F., 33 Dodge st., Bayonne
Doody, William M., 19 Bentley av., Jersey City
Doran, Ralph J., U. S. P. H. S.
Doran, Wm. G., 2685 Boulevard, Jersey City
Dougherty, Daniel D., 1006 Garden st., Hoboken
Doyle, John J., 426 Fairmount av., Jersey City
Draesel, Charles, 9027 Boulevard, North Bergen
Driscoll, Raymond S., Army
Duckett, Warren J., 21 Carlton av., Jersey City
Dukes, Howard R., 220 Kearny av., Kearny
Edgar, Joseph A., 71 Congress st., Jersey City
Edwards, Lena F., 358 Pacific av., Jersey City
Elsasser, Theodore H., 7206 Park av., N. Bergen
Elwood, Benjamin J., 100 Clifton pl., Jersey City
Enright, James G., 25 Kensington av., Jersey City
Evans, J. Lawrence, 7117 Park av., North Bergen
Faber, Edward, Army
Facciolo, Frank, 562 Boulevard, Bayonne
Faison, John B., 45 Glenwood av., Jersey City
Fattel, Henry C., Army
Fauquier, Leonard B., 172 Jewett av., Jersey City
Federer, John J., Army
Feinberg, Harry, Army
Felitti, Vincent J., 6 75th st., North Bergen
Feller, William, Army
Fenimore, Edward D., Army
Ficke, Sylvia A., 884 Summit av., Jersey City
Fifer, William T., Army
Fineberg, Bernard J., 113 Bentley av., Jersey City
Fineberg, Jacob C., 50 Glenwood av., Jersey City
Finger, Frederick A., 943 Ave. C, Bayonne
Finke, Charles H., 317 York st., Jersey City
Finn, Frederick A., 54 Duncan av., Jersey City
Finn, Henry R. W., 84 Lembeck av., Jersey City
Flichtenfeld, Morris, 283 Fourth st., Jersey City
Flicker, David J., Army

Fliegel, Hilda C., 309 Baldwin av., Jersey City
Frank, Morris, 920 Ave. C, Bayonne
Frank, Nathan, Army
Franklin, I. Harold, 191 Palisade av., Jersey City
Freeman, Joseph, 146 W. 32nd st., Bayonne
Freyberger, George A., Army
Frieman, Hyman, 744 Ave. C, Bayonne
Frutig, Harold C., 508 80th st., North Bergen
Furman, Sol T., 349 Fairmount av., Jersey City
Garibaldi, Louis J., 1016 Hudson st., Hoboken
Gerne, Timothy A., Army
Gerner, Harry E., Navy
Ghee, Euclid P., 115 Claremont av., Jersey City
Ginsberg, George, 624 Bloomfield st., Hoboken
Gleason, Thomas P., Army
Gleeson, William J., 640 Bergen av., Jersey City
Gnassi, Angelo M., 130 Wegman Pkwy., JerseyCity
Goldowsky, Ira, 23 Warner av., Jersey City
Goldsmith, Alfred S., Navy
Goldstein, Joseph D., Army
Goldstone, Karl H., 16 62nd st., West New York
Goodrich, Stewart L., 812 Ave. C, Bayonne
Gordon, Isaac L., 1815 Boulevard, Jersey City
Gorenberg, Harold, Navy
Granelli, Humbert A., 213 Garden st., Hoboken
Greenberg, Philip, 1902 Boulevard, Jersey City
Greenberg, Solomon, Army
Greene, Albert D., 195 Palisade av., Union City
Greene, Harry, Army
Grieco, Emil H., Army
Grossman, Morris, 921 Bergen av., Jersey City
Grossman, Rubin, 377 Ave. C, Bayonne
Gurley, Katharine A., 2671 Boulevard, Jersey C'y
Gutmann, Erwin K., 3258 Boulevard, Jersey City
Hall, Perry O., 2553 Boulevard, Jersey City
Halligan, Earl J., 254 Montgomery st., Jersey City
Halperin, David, 590 Bergen av., Jersey City
Handler, Harry, Army
Harter, Louis F., 174 Bowers st., Jersey City
Hartwell, H. Ameroy, 777 Boulevard,E., W'hawk'n
Harvey, John W., 818 Ave. C, Bayonne
Harz, William V., Army
Hasking, Arthur P., 318 Montgomery st., Jer. City
Hauptman, Harry, Navy
Hekimian, Jacob H., 2314 Palisade av., Union City
Herradora, Juan R., 2787 Boulevard, Jersey City
Higgins, Gerald L., 1921 Boulevard, Jersey City
Higgins, John T., 145 Highland av., Jersey City
Higgins, Thomas A., 2616 Boulevard, Jersey City
Hill, William F., 108 Grand av., Jersey City
Hillel, Joseph, Army
Hirsch, Solomon, Army
Holland, Moses H., Army
Hollinger, Chauncey O., 2474 Boulevard, Jer. City
Hollywood, Jas. L., 219 Danforth av., Jersey City
Hoops, Harold J., 2203 Boulevard, Jersey City
Howeth, John L., Navy
Imhoff, John G., U. S. P. H. S.
Introcaso, Dominick A., 45 Crescent av., Jer. City
Irving, Henry C., Jr., 13 Warner av., Jersey City
Ishkhanian, Nouri I., 6032 Palisade av.,W.NewY'k
Jacks, Oscar, 476 Mercer st., Jersey City
Jaffe, Benjamin, Army
Jaffe, Herman M., 2600 Boulevard, Jersey City
Jaffin, Abraham E., 41 Emory st., Jersey City
Jaques, J. Eugenia, 74 Waverly st., Jersey City
Jensen, Grover H., 451 Bergen av., Jersey City
Jentz, John H., 63 Sherman pl., Jersey City
Johnson, Archie W., 169 Claremont av., JerseyC'y
Jones, Clement M., 454 Boulevard, Bayonne
Jones, J. Morgan, Valley rd., Oakland
Joseph, Benj. M., 2771 Boulevard, Jersey City
Judy, Kenneth H., Army
Justin, Arthur W., 41 Fulton st., Weehawken
Kainer, Herbert, Army
Kanengiser, Clifford H., 333 Fairmount av.,Jer.C'y
Kaplan, Herman B., 324 44th st., Union City
Katz, Jacob D., 115 Fairview av., Jersey City
Kearney, John V., 335 78th st., North Bergen
Keegan, Thomas D., 8 Gifford av., Jersey City
Keeney, James C., 1201 Park av., Hoboken
Keller, Rudolph J., 821 Garden st., Hoboken
Kelley, Charles B. P., 921 Bergen av., Jersey City
Kelly, Bernard S., 1954 Boulevard, Jersey City
Kelly, Harry R. J., Army
Kennedy, John W., Army
Kerdasha, George S., 131 75th st., Woodcliff
Kiely, Eugene M., 800 Hudsn st., Hoboken
Kimmel, M. Leonard, Army
Klein, Julius, 1415 Palisade av., Union City
Kolb, John M., 3977 Boulevard, North Bergen
Kooperman, Barnett, 321 60th st., West New York
Kooperstein, Samuel I., Army
Koppel, Joseph A., 42 Highland av., Jersey City
Kraemer, Samuel H., 309 Baldwin av., Jersey City
Kraut, Arthur M., Army
Kresch, Philip, 42 West 22nd st., Bayonne
Kruger, Alfred L., Army
Kuhlmann, Alvin E., 527 37th st., Union City
Kun, Bertram, 135 Belmont av., Jersey City
Lakiszak, Roman T., Army
Landshof, Charles A., Army
Lane, Thomas F., Army
Lange, Louis C., 50 Clifton ter., Weehawken
Largay, Arthur O., 937 Ave. C, Bayonne
Larkey, Charles J., 700 Ave. C, Bayonne
Lawsing, G. Conde, 443 66th st., West New York
Leining, Albert, 45 48th st., Weehawken
Leir, J. Krevin, 9 Garrison av., Jersey City
Lepis, A. Albert, Navy
Levine, G. Irving, Army
Linden, Mortimer H., 45 Clendenny av., Jer. City
Lindroth, Lawrence V., 4633 Blvd., N. Bergen
Lipshutz, Benjamin, 18 West 22nd st., Bayonne
Lipshutz, Charles, Army
Little, Alonzo W., 120 Arlington av., Jersey City
Lobban, Robert B., Army
Londrigan, Joseph F., 832 Bloomfield st., Hoboken
Londrigan, Joseph F., II, Army
Long, Miles T., 2150 Boulevard, Jersey City
Luczynski, Edw. W., 28 E. 22nd st., Bayonne
Luippold, Eugene J., 85 Columbia ter.,Weehawk'n
Lupin, Edward E., 930 Boulevard, Bayonne
Lynch, Roland J., Mental Disease Hosp., Secaucus
Lynn, Irving I., Army
MacDonald, John J., 348 Ogden av., Jersey City
Mackin, John J., Army
Madaras, John S., 870 Ave. C, Bayonne
Madden, William L., 83 Gifford av., Jersey City
Madison, L. Keith, 358 Pacifific av., Jersey City
Markowitz, Benj. B., 116 Gifford av., Jersey City
Markowitz, Irwin B., 2157 Boulevard, Jersey City
Marshall, Frank A., Army
Mastromonaco, Joseph D., 790 Ave. C, Bayonne
Matera, Joseph, 506 Garden st., Hoboken
Mathesheimer, Jacob L., 280 OldBerg'n rd.,Jer.C'y
Mathews, William J., 938 Hudson st., Hoboken
Matturri, Dominick A., 81 Gifford av., Jersey City
Maturi, Vincenzo E., 814 Boulevard, Bayonne
Maver, William W., 532 Bergen av., Jersey City
McCarron, James A., 341 Ave. A, Bayonne
McCarthy, Cornelius P., 887 Boulevard, Bayonne
McCarthy, John J., Navy
McLean, Herbert E., 92 Fairview av., Jersey City
McLean, Hugh A., Navy
McLoughlin, Frank J., 558 Jersey av., Jersey City
McLoughlin, John W., Army
McNenney, Claudio E., 113 Fairview av., Jer. City
Meehan, George E., 117 Mercer st., Jersey City
Meltsner, Louis, 904 Hudson st., Hoboken

Meltzer, Louis, Army
Mersheimer, Christian H., 15 Reservoir av.,Jer.C'y
Meyer, William, 2128 New York av., Union City
Meyerson, Noah, 428 59th st., West New York
Mickewich, Stephen A., Army
Miller, Max H., 311 60th st., West New York
Monfort, Robert N., Army
Morley, Grace C., 64 Clifton ter., Weehawken
Morris, David G., 11 W. 26th st., Bayonne
Muccia, John J., Army
Mueller, George H., 102 Summit av., Jersey City
Mulvihill, William J., 275 Boulevard, Bayonne
Murphy, James M., 2757 Boulevard, Jersey City
Murphy, Leo J., 1814 West st., Union City
Murphy, Patrick H. W., 27 Jefferson av., Jer. City
Murray, Joseph A., 765 Ave. C, Bayonne
Mustermann, Otto H., Navy
Muttart, George W., 2521 Boulevard, Jersey City
Mutter, Alfred A., 75 Beech st., Arlington
Nafash, Shafeek, 406 Palisade av., Union City
Nalitt, David I., 28 West 33rd st., Bayonne
Newman, Abraham J., 132 Manhattan av., Jer.C'y
Nicholson, Frank P., 895 Summit av., Jersey City
Nobile, James J., Army
Norton, James F., 58 Kensington av., Jersey City
Nuse, Edward F., 550½ Jersey av., Jersey City
Ockene, Abraham, 2415 Palisade av., Union City
Oesterreicher, Desider, 427 Bergen av., Jersey C'y
O'Connor, John J., 2124 New York av., Union City
O'Gorman, Michael W., 46 Mercer st., Jersey City
O'Hanlon, George, Medical Centre, Jersey City
Olpp, Arch. E., 1516 Bergenline av., Union City
O'Neill, John H., 270 Montgomery st., Jersey City
Ortolano, James J., Army
O'Shea, John J., Army
Oshrin, Henry, Army
O'Sullivan, John R., 11 Quincy av., Arlington
Owen, Logan S., 938 Hudson st., Hoboken
Padney, Edward V., 452 Jersey av., Jersey City
Pagliughi, John J., 401 18th st., Union City
Pearlstein, Frank, 325 60th st., West New York
Pearson, J. Gerald, 819 Washington st., Hoboken
Penchansky, Samuel J., Army
Pentel, Louis S., 307 60th st., West New York
Perkel, Louis L., 2801 Boulevard, Jersey City
Perlberg, Harry J., 921 Bergen av., Jersey City
Perrone, Arthur F., 415 60th st., West New York
Peters, Edgar A. P., 394 Bergen av., Jersey City
Peterson, Chas. A., 921 Washington st., Hoboken
Piltz, George F., Army
Pindar, Frederick S., 7500 Park av., North Bergen
Pindar, William A., 7523 Broadway, N. Bergen
Pinkerton, William A., North Garden, Virginia
Piskorski, Abdon V., 604 Jersey av., Jersey City
Plavin, Nathan J., 8010 Boulevard, No. Bergen
Pollak, Berthold S., 100 Clifton pl., Jersey City
Pontery, Herbert B., 89 Bowers st., Jersey City
Potter, Benjamin P., Army
Povalski, Alex. W. T., 1925 Boulevard, Jersey C'y
Price, H. Preston, Army
Prince, Samuel, 516 34th st., Union City
Purdy, Charles H., 35 Highland av., Jersey City
Pyle, Louis A., 89 Fairview av., Jersey City
Pyle, Wallace, 15 Exchange pl., Jersey City
Quaglieri, Charles L., 733 Park av., Hoboken
Quigley, Frederic J., 543 45th st., Union City
Quinn, John J., 921 Bergen av., Jersey City
Read, Donald B., 105 Hudson st., Jersey City
Reingold, Alexander, 221 Garden st., Hoboken
Reznikoff, Leon, Mental Disease Hosp., Secaucus
Rieck, Walter R., 379 Kearny av., Kearny
Rieman, Aloysius P., Navy
Robbins, Henry B., 144 Mercer st., Jersey City
Rosen, Charles E., Army
Rosenberg, Albert B., Army
Rosenberg, Jacob, 692 Bergen av., Jersey City
Rosenstein, Jacob L., 568 Bergen av., Jersey City
Rubenstein, Eli, 800 Ave. C, Bayonne
Rubenstein, Robert, Navy
Ruffer, Ralph A., 1406 West st., Union City
Rundlett, Emilie V., 79 Prospect st., Jersey City
Ruoff, Andrew C., 2414 New York av., Union City
Russell, David L., 690 Bergen av., Jersey City
Ruvane, Joseph J., 38 Bentley av., Jersey City
Sabini, Cecil F., Army
Sacco, Anthony G., 2200 New York av., UnionCity
Sachs, Wilbert, 921 Bergen av., Jersey City
Sager, Harold, 19 W. 22nd st., Bayonne
Sakowski, John P., 20 W. 22nd st., Bayonne
Saladino, Anthony J., 427 15th st., Union City
Salmon, Edward F., 240 Harrison av., Jersey City
Santangelo, Stephen, 461 Jersey av., Jersey City
Santosky, Benjamin B., Army
Saradarian, Albert V., Army
Scala, H. Albert, 41 Madison av., Jersey City
Schapiro, Joseph, 3514 Palisade av., Union City
Scheer, Eli, 7332 Boulevard, North Bergen
Schenker, Benjamin N., Army
Schenker, Israel N., 3697 Boulevard, Jersey City
Schept, Samuel S., 523 37th st., Union City
Schlein, August, 707 Park av., Hoboken
Schneckendorf, Samuel J.,179 Harrison av.,Jer.C'y
Schneider, Harry M., 2158 Boulevard, Jersey City
Schneider, Louis A., 412 61st st., West New York
Schuchner, Wm. F., 550½ Jersey av., Jersey City
Schuck, Traugott J., 58 Ninth st., Hoboken
Schurman, Emil W., 710 Ocean av., Jersey City
Schwartz, Harold B., Army
Schwarz, Berthold T. D., 2787 Blvd., Jersey City
Schwarz, Henry J., 8534 Boulevard, No. Bergen
Sciarrillo, Louis F., 711 Garden st., Hoboken
Scott, John J., Army
Scott, Samuel G., 141 Bergen av., Jersey City
Seligmann, Fred S., 501 32nd st., Union City
Selinger, Samuel, 413 60th st., West New York
Shapiro, Maurice, 750 Ave. C, Bayonne
Shapiro, Nathaniel J., 212 Palisade av., Union C'y
Shapiro, Saul J., Army
Sheeran, Vincent J., 101 Bentley av., Jersey City
Shook, Benjamin E., 284 Bergen av., Jersey City
Shulman, Nathan L., 538 45th st., Union City
Siegel, Lester, Army
Sigman, George, 2149 Boulevard, Jersey City
Silich, Robert L., Army
Simeone, Peter A., Army
Simpson, David B., Army
Singer, Sina S., 3443 Boulevard, Jersey City
Sinnott, Gerald W., U. S. P. H. S.
Smith, Alexander L., 2672 Boulevard, Jersey City
Smith, Arthur B. R., Navy
Snyder, W. Jay, 74 Columbia ter., Weehawken
Solomon, Louis, 7 Tonnele av., Jersey City
Spalding, Henry J., 512 45th st., Union City
Spano, Frank, 320 47th st., Union City
Spath, William H., 722 Hudson st., Hoboken
Spence, Henry, 2540 Boulevard, Jersey City
Spohn, Eugene L., Navy
Sprague, Seth B., 301 Yord st., Jersey City
Stankiewicz, F. Stanley, 240 Union st., Jersey City
Stark, Harry L., 680 Boulevard, Bayonne
Starr, Benjamin, 96 Sherman place, Jersey City
Stefansin, Frank, Navy
Stein, Albert, 700 85th st., North Bergen
Stein, Jacob M., 68 Columbia ter., Weehawken
Stockfisch, Robert H., 3637 Boulevard, Jersey City
Stokes, Anthony T., 819 First st., Secaucus
Stout, J. Phillip, 165 Jewett av., Jersey City
Street, Daniel B., 27 Woodlawn av., Jersey City
Stuart, William C., 518 Hudson st., Hoboken
Sullivan, James A., 19 Kensington av., Jersey City

Sulouff, S. Henry, 662 Newark av., Jersey City
Sussman, Harold, Army
Swiney, Juliana C., 325 Ave. C, Bayonne
Swiney, Merrill A., 325 Ave C, Bayonne
Taft, Herman L., Army
Talty, John C., 935 Washington st., Hoboken
Tataryan, Hovsep, 2024 New York av., Union City
Temes, J. Howard, Army
Thomas, Ralph B., 793 Montgomery st., JerseyC'y
Tidwell, Harold F., 229 60th st., West New' York
Timlin, James W., 64 Beech st., Arlington
Tomaiuoli, Michele, 19 76th st., North Bergen
Toth, Elmer F., Medical Center, Jersey City
Tyndall, Hugh H., 83 Highwood ter., Weehawken
Urevitz, Abraham, 2415 New York av., Union City
Utkewicz, Edmond A., Navy
Varriano, John L., Navy
Visconti, Joseph A., 711 Garden st., Hoboken
Vostrosablin, Nicholas A., 121 Grand st., Jer. City
Wallaek, Eli A., Army
Walscheid, Arthur J., 404 38th st., Union City
Waters, Edward G., 39 Gifford av., Jersey City
Watman, Anthony J., 2784 Boulevard, Jersey City
Weber, Walter D., 305 23rd st., Union City
Wechsler, Joseph, 3342 Boulevard, Jersey City
Weiss, Abram, Navy
Weiss, Morris J., 734 Ave. C, Bayonne
Wheeler, James A. V., 85 Van Reypen st., Jer.C'y
White, Thomas J., Army
Wilcox, Frank A., 329 60th st., West New York
Williamson, Wm. L., 22 W. 22nd st., Bayonne
Woelfle, Henry E., 907 Summit av., Jersey City
Wolbert, Charles M., Army
Woltz, Sidney, 2202 Palisade av., Weehawken
Woodruff, Stanley R., 16 Enos pl., Jersey City
Yeaton, Wm. L., Jr., 204 11th st., Hoboken
Yontef, Reuben, Army
Yudkoff, William, Army
Yunek, William P., Jr., Army
Zitani, Alfred M., 937 Washington st., Hoboken

Number of Active Members and basis of representation, 474.

HUNTERDON COUNTY (10)

Society organized June 12, 1821. Meets on fourth Tuesday of January, April, July, and October, April being the Annual Meeting.

ACTIVE MEMBERS

Baker, Philip W., High Bridge
Bambara, Aurelius J., Army
Beatty, Hannah J., Clinton Farms, Clinton
Boothby, I. Roland, Clinton
Boyer, Charles G., Annandale
Christensen, Alexander H., Lebanon
Clark, Frank G., White House Station
Coleman, Austin H., Clinton
Ctibor, Vladimir F., Califon
English, Samuel B., N. J. State Hosp., GlenGardn'r
Fluck, Paul H., 73 N. Union st., Lambertville
Fritz, John F., Jr., 95 Main st., Flemington
Fuhrmann, Barclay S., 10 Main st., Flemington
Garfinkel, Abraham
Germain, Raymond J.,
Hamilton, Lloyd A., 46 York st., Lambertville
Heil, Alva A., Milford
Henry, George, 33 Mine st., Flemington
Jenkins, Arthur M., 701 Harrison st., Frenchtown
Knox, Howard A., New Hampton
Landry, Ernest J., Army
Lane, Edgar W., 46 Main st., Bloomsbury
Leaver, Morris H., Quakertown
McCorkle, William E., Ringoes
Merrill, Edwin D., Army
Moran, John F., Jr., Army
Mullins, Roy L., 305 Harrison st., Frenchtown
Shangold, Jaek E.
Stolow, Alan A. J., N. J. State Hosp., Glen Gardn'r
Tompkins, Grenelle B., 52 Broad st., Flemington

Number of Active Members and basis of representation, 30.

HONORARY MEMBERS

Morrison, J. Bennett, Vista, California
Scammell, Frank G., Trenton
Sommer, George N. J., Trenton

MERCER COUNTY (11)

Society organized May 23, 1848. Meets on second Wednesday of each month except July, August, and September, at 9:00 p. m., in the Stacy-Trent Hotel. Annual Meeting in December. Annual Banquet in November.

ACTIVE MEMBERS

Abey, Wm. J. H., 65 S. Main st., Pennington
Ackley, David B., 21 N. Clinton av., Trenton
Albert, Perry, Army
Applegate, Edw. T. R., 1125 Greenw'd av.,Trenton
Applestein, Robert, 568 E. State st., Trenton
Aronis, Harry R., 542 W. State st., Trenton
Ashley, Harmon H., 20 Nassau st., Princeton
Austin, Henry J., 96 Bellevue av., Trenton
Barlow, John D., Army
Barrows, Arthur M., 440 Hamilton av., Trenton
Barry, R. Grant, 908 W. State st., Trenton
Bayne, Joseph K., Army
Beairsto, Everett B., 224 W. State st., Trenton
Belfer, Jacob J., Army

Belford, Ralph J., 90 Nassau st., Princeton
Bellis, Horace D., 437 E. State st., Trenton
Bennett, Robert E., Army
Bergsma, Daniel, Army
Berman, Jacob J., 409 Market st., Trenton
Berry, Leonard M., 205 Nassau st., Princeton
Blackwell, Enoch, 28 W. State st., Trenton
Blaugrund, Samuel, 833 W. State st., Trenton
Blum, Joseph M., 128 Mill st., Trenton
Bonnet, W. Laurence, Army
Borrella, Domenic D., Army
Buckley, Richard T., Jr., Peddie Sch'l, Hightstown
Burbidge, J. Raymond, Army
Burns, Joseph R., 46 S. Olden av., Trenton
Burroughs, Edmund W., 701 W. State st., Trenton
Byer, M. Yale, Navy
Carabelli, A. Albert, Army
Carroll, C. Walter, 125 Centre st., Trenton
Carroll, William V., 211 Academy st., Trenton
Cella, Charles F., 359 Hamilton av., Trenton
Charleroy, Durant K., Navy
Chesner, Wm. A., 1111 Hamilton av., Trenton
Chianese, C. Chester, 464 Hamilton av., Trenton
Clark, Alice L., 206 W. State st., Trenton
Clark, Charles E., New Jersey State Hosp.,Trenton
Cohan, Charles C., 217 W. Hanover st., Trenton
Cohen, Herman, 1301 Hamilton av., Trenton
Cohen, William, Army
Colavita, James J., Army
Collins, Henry J., 1160 Hamilton av., Trenton
Comfort, John B., 50 S. Clinton av., Trenton
Commini, Frank F., 741 Centre st., Trenton
Connelly, John A., 212 W. State st., Trenton
Corio, George A., 307 S. Clinton av., Trenton
Corrigan, Patrick H., 1720 S. Broad st., Trenton
Cotton, Henry A., Jr., Army
Cottone, Rosario J., 683 Princeton av., Trenton
Cowlbeck, Harry D., 224 W. State st., Trenton
Cox, Harold C., 208 Stockton st., Hightstown
D'Arcy, Walter E., 545 E. State st., Trenton
Davenport, Irwin P., 545 W. State st., Trenton
Davis, Harold L., 178 W. State st., Trenton
Davis, John E., Jr., Army
Davison, Royden W., 205 W. State st., Trenton
Dean, Guy K., Jr., Princeton rd., Plainsboro
Deitz, Joseph R., Army
Dembinski, T. Henry, Army
Denelsbeck, J. Otis, 878 E. State st., Trenton
Dimun, John T., Army
Dodge, James T., Army
Doranz, Harold K., Army
Drezner, Henry L., 507 S. Warren st., Trenton
Eames, William N., Army
Elias, Elmer J., Army
Engelhart, Ferdinand K., Army
English, Harrison F., III, Army
Epstein, Rubie, 606 Perry st., Trenton
Ernest, Richard B., 240 W. State st., Trenton
Fabian, Paul L., 520 Princeton av., Trenton
Farmer, Walter D., 28 S. Main st., Allentown
Fessler, A. James, 1544 S. Broad st., Trenton
Fine, Sydney G., Army
Finegan, Paul J., Army
Finkle, Lester J., Army
Fiorello, Joseph R., 689 Princeton av., Trenton
Fluck, David A., Army
Forer, Robert, 247 Centre st., Trenton
Franzoni, Andrew E., Army
Friedman, Max, 849 W. State st., Trenton
Friedman, Meyer H., 526 N. Clinton av., Trenton
Friedmann, Leonard L., 484 Princeton av., Trent'n
Fuchs, Jacob N., 1267 S. Broad st., Trenton
Garwood, Norman W., Main st., Crosswicks
Gindhart, John H., 1233 Hamilton av., Trenton
Goldberg, Benjamin M., 1156 E. State st., Trenton
Goldman, Leo L., Army
Graham, Ernest E., Army
Guglielmelli, Angelo D., 449 Hamilton av., Trent'n
Guidotti, Frank P., Army
Hafetz, M. Morris, 114 Centre st., Trenton
Haggerty, D. Leo, 227 N. Warren st., Trenton
Hammell, Frank M., 137 S. Main st., Allentown
Haney, John J., 850 Hamilton av., Trenton
Harman, James R., 824 W. State st., Trenton
Harman, William J., 740 W. State st., Trenton
Harrop, George A., 33 Cleveland lane, Princeton
Hess, George A., Army
Hiden, Joseph C., Navy
Hirschfield, Bernard A., Army
Horhovitz, George I., 324 S. Broad st., Trenton
Hunter, Floyd D., Army
Hutchinson, A. Dunbar, 913 W. State st., Trenton
Hutchinson, Geo. F., 55 Mercer st., Hamilton Sq.
Ivins, William C., 455 W. State st., Trenton
James, J. Thomas, Army
Janoff, Henry, 626 Perry st., Trenton
Jaspan, Samuel C., 820 Division st., Trenton
Johnson, John F., 113 Abernethy dr., Trenton
Kachdorian, Vartan, 930 Brunswick av., Trenton
Kinczel, John A., 971 S. Broad st., Trenton
Klempner, Paul, 637 Greenwood av., Trenton
Kline, Joseph J., 733 Hamilton av., Trenton
Knauer, Charles H., Jr., 304 W. State st., Trenton
Kohn, Joseph J., Army
Kohn, Ralph B., Navy
Kondor, Joseph S., Army
Koplin, A. Herman, Army
Koplin, Nathaniel H., 142 W. State st., Trenton
Kustrup, John F., 1418 S. Broad st., Trenton
Lapin, Louis P., Army
Lapin, Samuel B., Army
Larsson, Evert A., N. J. State Hospital, Trenton
Lavine, Barney D., 630 N. Clinton av., Trenton
Lavine, Sidney B., 144 W. State st., Trenton
Leshin, Harry, 564 S. Main st., Hightstown
Lettiere, Anthony J., 425 E. State st., Trenton
Levin, Louis, 651 W. State st., Trenton
Levy, Irvin, 222 W. State st., Trenton
Light, Arthur B., Lawrenceville Sch'l, Lawr'nc'v'le
Little, William R., 493 W. State st., Trenton
Lloyd, Samuel J., Army
Lynch, Donald C., 885 Stuyvesant av., Trenton
MacDermid, Lynden E., 506 Farnsw'th av.,Bordent'n
Magee, Harold S., New Jersey State Hosp., Trenton
Magson, Albert E., 302 S. Main st., Hightstown
Majeski, Henry J., 935 Brunswick av., Trenton
McCandliss, Wm. K., N. J. State Hospital, Trenton
McCarthy, Wm. P., Army
McCullough, John H., 523 E. State st., Trenton
McGuigan, Francis A., 212 N. Warren st., Trenton
Means, Paul B., N. J. State Hospital, Trenton
Miller, Earle K., 2502 Nottingham way, Trenton
Miller, Gerald H., N. Main st., Cranbury
Miller, Reginald C., Army
Miller, Samuel R., Army
Minschwaner, Geo. G.,Jr.,832 Greenw'd av..Tr'nt'n
Mitchell, Charles H., 1100 W. State st., Trenton
Mitskas, Theo. V. J., 1329 Greenwood av., Trenton
Moriconi, Albert F., Army
Mountford, Wm. E., 215 N. Warren st., Trenton
Munro, Jeannette, 2 Queenston pl., Princeton
Murphy, James A., 312 Bellevue av., Trenton
Murto, Thomas V., 117 Buckingham av., Trenton
Nayfield, Ronald C., 974 S. Broad st., Trenton
Nonziato, Frank A., 50 Centre st., Trenton
North, Harry R., 160 W. State st., Trenton
Ogden, Andrew E., 1829 Greenwood av., Trenton
O'Neill, Joseph F., 41 E. Broad st., Hopewell
O'Rourke, James J., 871 Stuyvesant av., Trenton
Pantaleone, Joseph, 504 Hamilton av., Trenton

Parker, Horace N., 72 N. Clinton av., Trenton
Pessel, Johannes F., 224 W. State st., Trenton
Peterson, Walter R., 312 W. State st., Trenton
Pierson, Carl L., 395 W. State st., Trenton
Pierson, Joseph R., Army
Pinerman, Robert B., Army
Pittman, Allen R., N. J. State Hospital, Trenton
Potter, Ellen C., 301 W. State st., Trenton
Powis, Ethel M., 198 W. State st., Trenton
Poyas, Morton L., 306 W. State st., Trenton
Preece, John D., Army
Proctor, Francis E., 332 W. State st., Trenton
Purcell, Ernest F., 800 Stuyvesant av., Trenton
Ragany, Joseph, 966 S. Broad st., Trenton
Rainey, Willard G., Navy
Rampona, Joseph M., Army
Reisinger, Paul B., 369 W. State st., Trenton
Rita, James J., 235 S. Clinton av., Trenton
Rogers, Laurence H., Donnelly Mem.Hosp.,Trent'n
Rose, William G., Army
Rowan, Henry M., 224 W. State st., Trenton
Sackin, Stanley, Army
Salway, Benjamin, 321 S. Broad st., Trenton
Scammell, Frank G., 40 S. Clinton av., Trenton
Scasserra, Benedict B., 163 Nassau st., Princeton
Schildkraut, Jacob M., 170 W. State st., Trenton
Seely, Roy B., 78 N. Clinton av., Trenton
Seitzick-Robbins, H. E., 723 W. State st., Trenton
Sekerak, Albert J., 984 S. Broad st., Trenton
Shear, M. Murray, 1158 E. State st., Trenton
Sica, L. Samuel, 431 E. State st., Trenton
Siemion, Theophilis R., 1005 Brunsw'k av.,Trent'n
Sill, John B., 942 W. State st., Trenton
Silver, E. Drew, 136 Stockton st., Hightstown
Sinton, John Y., Imlaystown
Slack, Clarence J., 230 W. State st., Trenton
Smith, W. Henley, 126 W. State st., Trenton
Snegireff, Leonid S., Army
Sommer, Geo. N. J., 120 W. State st., Trenton
Sommer, Geo. N. J., Jr., Army
Spradley, Jeems B., N. J. State Hospital, Trenton
Stabile, John A., Grand av., W. Trenton
Steel, John M., N. J. State Hospital, Trenton
Stein, Louis A., 226 W. State st., Trenton
Stone, Robert G., N. J. State Hospital, Trenton
Storaci, Frank S., 715 Hamilton av., Trenton
Summers, Alfred D., 180 Nassau st., Princeton
Sutnick, Theodore B., Army
Swern, Nathan, 399 W. State st., Trenton
Swertfeger, Herbert W.,22 N.Greenw'd av.,Hopew'l
Taylor, Walter A., 450 Rutherford av., Trenton
Tenney, Luman H., Navy
Tomec, Otto C., Army
Treiber, Benjamin A., 219 W. State st., Trenton
Urbaniak, Henry S., 883 Brunswick av., Trenton
Vaczi, Stephen, 983 S. Broad st., Trenton
Vanneman, Joseph S., 45 Princeton av., Princeton
Vento, Sebastian J., Army
Vol-Tretter, Marta, 501 W. State st., Trenton
Waldron, Edward L., Army
Walsh, Thomas J., Army
Warter, Peter J., 717 W. State st., Trenton
Waters, Chas. H., 928 W. State st., Trenton
Watov, Samuel E., Army
Watson, Fred'k S., 238 W. State st., Trenton
Watts, Wilbur, 436 E. State st., Trenton
Wayman, Bernard R., Army
West, Edgar L., 443 E. State st., Trenton
Wiesler, Howard M., Drawer N, Trenton
Wikoff, John L., Army
Wildmann, George A., Army
Williams, George W., 829 W. State st., Trenton
Williams, Harry D., 527 E. State st., Trenton
Wilner, Arthur S., 205 Market st., Trenton
Wilner, Irving, Army
Wittenborn, W. F. J., 1635 Brunswick av., Trenton
Wolff, Herbert M., 732 W. State st., Trenton
Yaeger, Leslie A., Army
York, Wilbur H., 87 Battle rd., Princeton
Zandt, Frederic B., 16 Mercer st., HamiltonSquare
Zimskind, Joshua N., 210 W. State st., Trenton

Number of Active Members and basis of representation, 245.

ASSOCIATE MEMBERS

Bird, Ivan F., N. J. State Hospital, Trenton
Charnock, Maurice P., Army
Cohen, Joseph, 217 W. Hanover st., Trenton
Gribbin, James A., 836 W. State st., Trenton
Irmiseh, George W., Army
Mark, George E., Jr., N. J. State Hospital, Trenton
Pepe, Salvatore A., Army
Rowland, Edward G., N. J. State Hospital,Trenton
Salvatore, Joseph T., 214 Butler st., Trenton
Shaver, Kenneth L.,119 Knickerb'ker av.,Roebling
Silver, George A., Jr., Army
Tretter, Hans L., 501 W. State st., Trenton
Wilson, Joseph G., N. J. State Hospital, Trenton

HONORARY MEMBERS

Fell, Alton S., Trenton
Gordon, Clark H., Trenton
MacFarland, Burr W., Trenton
Pierson, Theodore A., Hopewell
Silver, George A., Hightstown
Turner, Irvine F. P., Titusville
Wright, Howard E., Princeton

RESIGNED

Smith, Houghton C.

TRANSFER

Preece, John D., from Hudson Co. Med. Society

MIDDLESEX COUNTY (12)

Society organized June 11, 1816. Meets on the third Wednesday of each month, October to June, inclusive. Annual Meeting in December.

ACTIVE MEMBERS

Adler, Howard E., 103 Livingston av., New Bruns.
Anderson, John F., 195 College av., New Bruns'k
Avery, Philip S., Woodland ter., Bound Brook
Balogh, William A., Army
Bassett, Lavern C., 320 New Market rd., Dunellen
Belafsky, Henry A., Army
Berkow, Samuel G., Navy
Bowman, Ned O., Navy
Breslow, Samuel, 157 Market st., Perth Amboy
Brody, Morton S., 67 Paterson st., New Brunswick
Brown, Fred'k L., 67 Livingston av., NewBr'nsw'k
Burnett, Charles B., 109 Main st., South River
Calvin, Charles H., 80 Commerce st., Perth Amboy
Cohen, Nathan B., Army
Cooper, Irving J., Army
Cooperman, Eli L., 527 New Brunswick av., Fords
Copleman, Benjamin, Army
Copleman, Hyman B., Army
Cottrell, Judson G., 159 Market st., Perth Amboy
Csema, Emery J., 151 Somerset st., New Brunsw'k
Degenhardt, Ira H., Army
Dieker, Howard E., Army
Donlan, Francis A., 267 Amboy av., Metuchen
Downing, Perley E., Sedgwick av., Jamesburg
Dunham, Malcolm M., Navy
Duschock, Edward F.,188 Wash'g'n st.,P'thAmboy
Eulner, Elmer H., 216 Henry st., South Amboy
Fagan, James L., 51 Bayard st., New Brunswick
Fanelli, Antonio, 494 Compton av., Perth Amboy
Faulkingham, Ralph J., 61 Liv'gst'n av.,NewBrns.
Fazio, Vincent J., Army
Feher, Ladislas A. M., 177 Somerset st., New Brns.
Fine, Hyman P., 151 Market st., Perth Amboy
Fine, Irvin J., Army
Fishkoff, Alexander H., 132 Market st.,P'thAmboy
Fithian, George W., 266 High st., Perth Amboy
Forney, Norman N., 94 N. Main st., Milltown
Forney, Norman N., Jr., 114 Van Liew av.,Millt'wn
Friedenthal, Bernard, Army
Gadek, Stanley A., Army
Gadek, William V., Army
Gauzza, Valentine P., 505 New Brunsw'k av.,Fords
Gessner, Gerard R., Army
Glasser, Benjamin F., Army
Goldberg, Harry C., U. S. P. H. S.
Goldberg, Isidore, 303 N. Washington av.,Dunellen
Goldman, Solomon, 77 Livingston av.,NewBr'nsw'k
Gorog, Nicholas M., Army
Greenwood, William R., Navy
Grieve, James, 88 Market st., Perth Amboy
Gurshman, Sol, Army
Gutowski, Jos. M., 433 Brace av., Perth Amboy
Haight, Harry W., 118 Raritan av., Highland Park
Haywood, Henry, 49 Paterson st., New Brunswick
Henry, Frank C., Jr., 214 Smith st., Perth Amboy
Hesseltine, Clair E., Navy
Hilker, George F., 258 Maple st., Perth Amboy
Hinton, Samuel H., 123 Main st., Sayreville
Hoffman, Charles W., 261 Henry st., South Amboy
Hoffman, Florentine M., 91 Bayard st., New Brns.
Howell, E. Gaylord, 120 New st., New Brunswick
Hunt, Melvin M., 140 Jackson st., South River
Hutner, Cyril I., Navy
Jablonski, John J., Army
Jacobson, Murray B., Army
Karshmer, Nathan, Army
Kay, Albert E., Army
Kelly, Leo J., Navy
Kemeny, Imre, 48 Pulaski av., Carteret
Kleiber, Estelle E., 131 Livingston av.,NewBruns.
Klein, Alexander, 215 High st., Perth Amboy
Klein, Edward F., 136 Market st., Perth Amboy
Klein, William, 85 Bayard st., New Brunswick
Kler, Joseph H., 151 Livingston av., New Bruns'k
Koelsch, Fred'k J., 14 Kirkpatrick st., NewBruns.
Kohut, George J., Army
Krafchik, Louis L., 100 Bayard st., New Brunsw'k
Kramer, Samuel E., 254 State st., Perth Amboy
Lang, Joseph, Army
Leonard, George F., 63 N. 5th av., Highland Park
Levinson, Reubin, Army
Lewis, Collins E., 219 Seaman st., New Brunswick
Lief, Lawrence H., Gatzmer av., Jamesburg
London, William, 255 State st., Perth Amboy
Long, Pauline A., 22 Livingston av., New Bruns'k
Lucey, James J., Navy
Lund, John L., 267 High st., Perth Amboy
Mangogna, Philip, 334 Barclay st., Perth Amboy
Mann, Benjamin, Army
Mann, Jacob J., 255 State st., Perth Amboy
Margaretten, Edward I., 263 High st.,PerthAmboy
Mark, Joseph S., 102 Green st., Woodbridge
Marvin, Dorothy H., 51 Livingston av., New Brns.
McCormick, Wm. H., Jr., 266 Market st., P'thAmboy
McGovern, John F., Jr., 24 Liv'gst'n av.,N'wBr'ns'k
McKiernan, Robt. L., 97 Bayard st., New Brunswick
McKinstry, John W., Railroad av., Jamesburg
McLaughlin, Thomas F., 596 Main st., Metuchen
McLeod, Neill S., 729 Raritan av., Highland Park
Meacham, Eugene A., 112 Stevens av., So. Amboy
Meinzer, Martin S., 147 Market st., Perth Amboy
Merrill, Charles F., 16 S. 3rd av., Highland Park
Miller, George M., Army
Miller, S. David, Army
Morris, Carlyle, Army
Nafey, Herbert W., 51 Livingston av., NewBruns'k
Naulty, Chas. W., Jr., 403 High st., Perth Amboy
Nieman, Solomon Z., Army
Normand, Alphonse F., Army
O'Connell, James J., Navy
Panigrosso, Louis R., 455 Lawrie st., Perth Amboy
Pansy, Abraham A., 12 Jackson st., South River
Pellicane, Anthony J., Army
Platt, Thomas H., 307 N. Washington av.,Dunellen
Reason, John J., 612 Roosevelt av., Carteret
Reitman, Norman, 73 Livingston av., New Bruns'k
Richlin, Padie, Army
Rineberg, Irving E., 137 Livingston av., New Brns.
Rona, Maurice, 10 Kirkpatrick st., New Brunsw'k
Rothfuss, C. Howard, 574 Rahway av.,Woodbridge
Rothschild, Karl, 149 Livingston av., New Bruns'k
Rowland, John H., 159 New st., New Brunswick
Rubin, Benjamin, Army
Rubin, William, Army
Runyon, Laurance P., 80 Somerset st.,NewBruns'k
Sandella, Jos. F., 138 Livingston av.,NewBrunsw'k
Saulsberry, Chas. E., 75 Livingston av.,NewBruns.
Schirber, Rene G., Army
Scott, Frederick W., 103 Bayard st., New Bruns'k
Sender, Fannie, 193 Main st., South River
Shayevitz, Abraham S., 102 Main st., South River
Sherman, Wm. E., 88 Schureman st., New Bruns'k
Shull, John V., 184 Kearny av., Perth Amboy
Siegel, Isadore, 121 Market st., Perth Amboy

Silk, Charles I., 236 High st., Perth Amboy
Slobodien, Benjamin F., 233 High st., P'th Amboy
Smith, A. L. Marshall, 62 Bayard st., New Bruns'k
Smith, Ivan B., Georges rd., Dayton
Smith, John A., 106 Main st., South River
Smith, John V., 463 State st., Perth Amboy
Smith, Joseph A., Roosevelt Hospital, Metuchen
Smith, Percy L., Army
Smith, Sydney F., 15 S. 3rd av., Highland Park
Sokoloff, Oscar J., Army
Spencer, Ira T., 152 Main st., Woodbridge
Spritzer, Theodore D., Army
Steffens, Charles T., Army
Stein, William, Army
Stephenson, Ruth, N. J. Col. for Women,NewBrns.
Sullivan, Chas. J., 57 Paterson st., New Brunsw'k
Szuch, Nicholas, 159 Main st., South River
Taber, Frederick S., Army
Tisch, Leon, 437 Raritan av., Highland Park
Toy, Calvert R., Army
Tucker, Sidney, Army
Tyrrell, George W., 380 State st., Perth Amboy
Uhr, Jacques S., 127 Livingston av., New Bruns'k
Ulan, Jerome, Main st., Spotswood
Urbanski, Adrian X., 148 Market st., Perth Amboy
Urbanski, Matthew F., 314 Wash'gt'n st.,P'hAmb'y
van Dyke, Harry B., 501 Central av., Stelton
Walker, Robert B., 108 Church st., New Brunsw'k
Walters, George M., 158 Main st., Woodbridge
Wantoch, Joseph, 14 Carteret av., Carteret
Weber, John F., 264 Main st., South Amboy
Weiner, Henry T., 111 Market st., Perth Amboy
Wetterberg, Louis F., 74 Grove av., Woodbridge
White, Harry J., Roosevelt Hospital, Metuchen
Wiesenfeld, Benjamin, U. S. P. H. S.
Wilentz, Wm. C., 188 Market st., Perth Amboy
Witmer, John D., 456 Middlesex av., Metuchen

Number of Active Members and basis of representation, 171.

ASSOCIATE MEMBERS

Barbano, Alfred J., Army
Barnett, Lester A., Army
Boyt, Theodore, Navy
Forrest, Henry, 208 Townsend st., New Brunsw'k
Gereben, Arpad G., 511 Rahway av., Woodbridge
Idelcowitz, Marie, 113 Washington st., So. River
Kramer, Bernard M., Navy
Lavine, Samuel C., Army
Singer, Emery, 115 Avenel st., Avenel
Vargyas, Joseph C., 116 New st., New Brunswick
Walker, Otto, 72 Roosevelt av., Carteret

HONORARY MEMBERS

Applegate, Grover T., New Brunswick
Collins, James J., Woodbridge
Henry, Frank C., Perth Amboy
Van Dyke, Benjamin S., Cranbury
Voorhees, Howard C., New Brunswick

MONMOUTH COUNTY (13)

Society organized July 24, 1816. Meets on fourth Wednesday of each month from September to June, inclusive. Annual Meeting in April.

ACTIVE MEMBERS

Albright, Louis F., 118 Madison av., Spring Lake
Altschul, Frank J., Army
Baeseman, R. Winfield, 501 Grand av., Asbury P'k
Baker, Elsworth F., N. J. State Hosp., Marlboro
Bar, Samuel, Army
Becker, Sidney D., 140 Maple pl., Keyport
Binder, Joseph, 101 Third av., Long Branch
Blaisdell, C. Byron, Navy
Bornstein, Paul K., Army
Bossone, Joseph E., 172 Garfield av., Long Branch
Boyd, John B., 31 Oakland st., Red Bank
Bregman, Milton, 81 Union av., Manasquan
Brindle, Harry R., 501 Grand av., Asbury Park
Brown, Edith L., 332 Woodland av., Avon
Brown, Harvey S., 5 Club pl., Freehold
Brown, Kenneth G., 501 Grand av., Asbury Park
Campbell, Wm. K., 96 Third av., Long Branch
Captanian, Aram A., Army
Carey, David S., 11 E. Main st., Freehold
Carter, Joseph F. S., 142 Atkins av., Asbury Park
Casagrande, Stephen R., Army
Clampa, Ralph P. E., Army
Clark, John C., Army
Colby, Maxwell X., Army
Coleman, Peter F., 80 Monmouth rd., Oakhurst
Costa, Philip L., Army
dePons, Sara C., 501 Grand av., Asbury Park
DeVita, Anthony J., Wilson av., Port Monmouth
Dewis, Edwin G., 21 Westra av., Interlaken
Diamond, David I., Oceanport av., Oceanport
Duvall, Albert I., N. J. State Hospital, Marlboro
Edelson, Samuel, Army
Ellenson, Solomon S., 507 4th av., Asbury Park
Featherston, Daniel F., Army
Feinberg, Harry D., Army
Feldman, Joel, Army
Feman, J. George, 141 Main st., Keansburg
Fenton, Tennant E., Army
Fisher, James A., 501 Grand av., Asbury Park
Freedman, Harold H., 63 W. Main st., Freehold
Gesswein, Carl A., 35 Church st., Matawan
Glazer, Edward, 550 Cookman av., Asbury Park
Goff, Frank J., Army
Goldberg, Jacob, 155 Franklin av., Long Branch
Gordon, J. Berkeley, N. J. State Hosp., Marlboro
Graves, Charles C., Jr., N. J. State Hosp.,Marlboro
Haines, Emerson S., Army
Halbstein, Bernard M., Army
Hancock, Michael Q., Army
Hardy, John W., Army
Hausman, Samuel W., 50 W. Front st., Red Bank
Heatley, William, Navy
Herrman, Wm. G., 501 Grand av., Asbury Park
Heymann, Ernest F., 345 Broad st., Red Bank
Hindle, F. Lawton, 145 Maple av., Red Bank
Hodas, Sidney M., Army

Holman, Francis W., Army
Holters, Otto R., 1002 Emory st., Asbury Park
Ingling, Harry W., 51 W. Main st., Freehold
Jamison, Wm. F., 501 Grand av., Asbury Park
Jarecki, Max M., 527 Bangs av., Asbury Park
Jones, Granville L., N. J. State Hspital, Marlboro
Jordan, Joseph C., Army
Kanses, Edmund S., Army
Kazmann, Harold A., 406 Broadway, Long Branch
Knapp, Victor, 505 Second av., Asbury Park
Krohn, Marc, Campbell av., Belford
Leighton, Robt. L., 401 Ludlow av., Spring Lake
Leonard, Lothair L., 615 Asbury av., Asbury Park
Levin, Jaek, Army
Lewis, Jacob, 43 Court st., Freehold
Lorenzo, Miehael J., Army
Lovett, Irving K., 110 E. Front st., Red Bank
Lussier, Georges H., N. J. State Hosp., Marlboro
MacKenzie, Robt. A., 501 Grand av., Asbury Park
Maher, John E., 90 3rd av., Long Branch
Makin, John B., 501 Grand av., Asbury Park
Manahan, Daniel V., 55 E. Front st., Red Bank
Martin, Leonard J., 206 Prospect av., Asbury Park
Mason, Howard B., Navy
Matthews, William, 139 Broad st., Red Bank
MeCreight, David W., Army
McDonnell, George J., Army
McKelvie, Julius C., 55 Rockwell av., Long Branch
McTague, Robt. S., 88 3rd av., Atlantic Highlands
Metzger, Karl F., 401 5th av., Belmar
Miele, Frank A., 314 Carr av., Keansburg
Miller, S. Thomas, Army
Mohair, John P., Navy
Murphy, Chas. M., 21 Main st., Farmingdale
Neiderhoffer, Sydney L., 469 Br'dway, LongBr'nch
Nichols, Stanley H., 517 Broadway, Long Branch
Niemtzow, Frank, Army
Opfermann, John L., 167 Bay av., Highlands
Osborn, A. Downey, 519 Sixth av., Belmar
Parker, James W., 175 Shrewsbury av., Red Bank
Parry, Oliver K., 601 Bangs av., Asbury Park
Pattenden, Franklin J., 300 2nd av., Asbury Park
Perrine, Cornelius C., 668 River rd., Fair Haven
Perrotta, Anthony J., Army
Picper, Howard C., Navy
Pietri, Raoul, 501 Grand av., Asbury Park
Pleasants, Edward N., Army
Podell, A. Alfred, Army
Pons, Carlos A., Army
Pregnall, James P., 501 Grand av., Asbury Park
Prout, Charles D., 403 First av., Asbury Park
Quirk, Martin A., Navy
Raffetto, Joseph F., Navy
Reynolds, Donald G., Army
Reynolds, George G., 64 W. Main st., Freehold
Robinson, Ernest A., 149 Atkins av., Asbury Park
Robinson, Wm. A., 62 Main av., Ocean Grove
Rosenthal, Abraham, Army
Rubin, Adrian D., 401 1st av., Asbury Park
Rubin, Harold, Army
Rullman, Walter A., 58 W. Front st., Red Bank
Sacco, Gregory E., Army
Sayre, William D., Box 202, Red Bank
Schlossbach, Theodore, Navy
Schmidt, Albert F., Navy
Scott, Elmer A., 2020 10th st., N., St.Petersb'g,Fla.
Sewell, Stephen, 320 Passaic av., Spring Lake
Shanik, William, Army
Silverstein, Max, 605 1st av., Asbury Park
Slocum, Harry B., 263 Bath av., Long Branch
Stevenson, Geo. S., West Front st., Red Bank
Stewart, Edwin F., 94 Fairhaven rd., Fair Haven
Strahan, Frank G., 473 Broadway, Long Branch
Straughn, Clinton C., 23 Monmouth st., Red Bank
Strauss, Arthur, Army
Thomas, Harry G., 1113 5th av., Asbury Park
Trippe, Clarence M., 702 Asbury av., Asbury Park
Trippe, Morton F., Army
Upham, Helen F., 305 Third av., Asbury Park
Vaccaro, Sebastian P., 509 4th av., Asbury Park
Villapiano, Jos. G., 701 Sunset av., Asbury Park
Von Oehsen, Wm. M., 409 5th av., Bradley Beach
Wainright, Melvin A. R., Army
Wilbur, Franklin L., 515 Eighth av., Asbury Park
Wilkins, Stanley O., Army
Wilson, Robert B., 91 Broad st., Red Bank
Wise, Lester D., 119 Morris av., Long Branch
Woodruff, Ralph G., Main st., Englishtown
Woronoff, Murray, Army

Number of Aetive Members and basis of representation, 145.

ASSOCIATE MEMBERS

Andrews, Thomas H., 166 Main st., Matawan
Burkhead, Howard C., Squankum rd.,Farmingdale
Delcau, Jules, Freehold
Ferguson, John, Deal
Lehmann, Otto, Long Branch
Mulligan, Edward W., 81 Shrewsbury av., Red B'k
Smith, Lois, Asbury Park

HONORARY MEMBER

Ransohoff, Nicholas S., Long Branch

MORRIS COUNTY (14)

Society organized June 11, 1816. Meets on the third Thursday in October, December, March and June. Annual Meeting in June.

ACTIVE MEMBERS

Ackermann, Edward, 5 Richards av., Dover
Alcaro, Joseph A., 16 W. Blackwell st., Dover
Atkinson, John M., Army
Baker, Augustus L., 389 W. Blackwell st., Dover
Beaver, Jennie D., 44 Elm st., Morristown
Bertha, Nicholas A., Army
Bird, Frank L., Main st., Netcong
Blanchard, Charles L., 28 E. Blackwell st., Dover
Bobadilla, Juan E. B., Army
Booth, William K., Army
Bowers, F. Clyde, Mountain av., Mendham
Byrne, J. Arthur, 16 Elm st., Morristown

Carberry, Edw'. T., 83 S. Main st., Wharton
Cohen, Oscar H., 115 Church st., Boonton
Collins, Laurence M., N.J.State Hosp.,Gr'yst'neP'k
Comeau, Geo. W., 415 Speedwell av., Morris Plns.
Costello, William F., 55 W. Blackwell st., Dover
Coultas, Aldo B., 1 Madison av., Madison
Crandell, C. Archie, Army
Curry, Marcus A., N.J. State Hosp.,GreystonePark
DeFelice, Mario T., Army
Deichman, Charles H., Navy
DeRosa, Louis. Main av., Stirling
Dochtermann, Warren P., 532 Main st., Chatham
Donovan, Joseph, N.J. State Hosp.,GreystonePark
Earp, Ruth, 15 Olcott av., Bernardsville
Eckhardt, Ralph A., 50 Green Village rd., Madison
Emory, George B., Jr., Army
Evans, Edgar J., Navy
Failmezger, Theodore R., Army
Falvello, Nicholas A., 28 Wetmore av., Morristown
Ferriss, Ruth B., 51 Maple av., Morristown
Forbes, John S., Jr., Navy
Frost, Inglis F., 181 South st., Morristown
Gambill, Perry J., N. J. State Hosp.,Greystone P'k
Gantt, Margaret H., 43 Hillcrest rd., Madison
Geary, Daniel J., 40 Maple av., Morristown
Gebirtig, Theodore, Army
Gibb, W. Blake, 26 Maple av., Morristown
Gillbertson, Robert L., Army
Glazebrook, Francis H., "HoneysuckleW'ds,"Rumson
Gordon, Charles D., Mt. Arlington
Graddick, Lester W., 22 Sussex av., Morristown
Gregory, Marie F., 50 Green Village rd., Madison
Griscom, I. Norwood, 204 Church st., Boonton
Hampton, Geo. R., N. J. State Hosp.,Gr'yst'ne P'k
Harrington, J. Henry, Army
Hatch, Harold S., Shonghum Sana., Morristown
Haven, Samuel C., 14 Elm st., Morristown
Hiler, Stuart A., Navy
Hogan, Marshall D., 311 W. Main st., Boonton
Hubert, Antonio O., 131 E. Main st., Rockaway
Johnston, Julian F., 21 Van Doren av., Chatham
Judd, Wilbur M., N. J. State Hosp., GreystonePark
Kessler, Edward I., N.J. State Hosp.,Greystone P'k
King, Alden P., 400 W. Blackwell st., Dover
Kinkead, Hilda, 56 Prospect st., Madison
Klein, Milton, 45 E. Blackwell st., Dover
Knowles, Frederick E., 103 Church st., Boonton
Kossmann, Walter J., Long Valley
Krauss, Fletcher I., 407 Main st., Chatham
Kuite, George B., Army
Larson, Henry M., 35 Franklin st., Morristown
Lathrope, George H., 965 Broad st., Newark
Laudig, Guy H., Army
Loksa, Harold T., Army
Luippold, Eugene J., Jr., Army
Mathews, Raymond H., 186 South st., Morristown
McCluskey, Harry B., Army
McElroy, Ervin, 20 Main st., Rockaway
McMahon, Bernard C., 18 DeHart st., Morristown
McMurray, Geo. B., N.J. State Hosp.,Gr'yst'ne P'k
Mills, Clifford, 36 Maple av., Morristown
Monte, Thomas D., 16 Ledgewood av., Netcong
Musetto, Carmelo A., 135 Cornelia st., Boonton
Mutchler, H. Raymond, 153 E. Blackwell st.,Dover
Mutchler, Julia C., 153 E. Blackwell st., Dover
Navazio, Attilio, Army
Nicoll, George L., Navy
Palazzo, William L., Army
Parry, Allen A., Army
Parry, Antoinette R., 46 Green Village rd.,Madison
Pinckney, Frank H., 186 South st., Morristown
Plume, Clarence A., Main st., Succasunna
Pottinger, Wm. E., 6 Altamont court, Morristown
Prager, Bert A., 511 Main st., Chatham
Renna, Francis S., Whippany road, Whippany
Rice, Franklin W., 184 South st., Morristown
Riley, Philetus H., Army
Rosenberg, Alvin A., 22 High st., Morristown
Rubens, Otto, 27 E. Blackwell st., Dover
Rubin, Samuel, Army
Ryman, Merlin T., 5 Dunbar st., Chatham
Saltus, Lloyd S., Army
Scott, Harold R., 10 Speedwell av., Morristown
Seward, Frederic H., 40 Green Village rd.,Madison
Sherman, Benjamin, Aurora Institute, Morristown
Sherman, Byron G., 52 Maple av., Morristown
Smith, Malcolm K., 22 Madison av., Morristown
Spencer, Alvan, 395 W. Blackwell st., Dover
Stage, Earl DeW., Army
Talmage, William G., Army
Taylor, Malcolm C., Navy
Teller, Daniel W., Jr., 28 DeHart st., Morristown
Terreri, D. Joseph, Army
Teskey, Stanley, 10 Anderson rd., Bernardsville
Thomas, Thomas S., Jr., 18 Elm st., Morristown
Thompson, Edna R., Main road, Flanders
van Beuren, Fred'k T., Jr., SpringVal.rd.,M'rrist'n
Van Sickle, Albert W., Army
von Deilen, Henry O., 28 DeHart st., Morristown
Voorhies, Wm. S., Jr., N.J.StateHosp.,Gr'stoneP'k
Voss, J. Landon, Army
Wade, Francis A., 196 South st., Morristown
Ward, Albert J., 39 Elm st., Morristown
Washburn, Philip C., N.J. StateHosp.,Gr'stoneP'k
Weiss, Herman, Aurora Institute, Morristown
Williams, David P., 284 Morris av., Mount'nLakes
Williams, Louis E., 80 Green av., Madison
Woodman, Charles B., Army
Young, George J., 60 Maple av., Morristown
Zimmerman, Robert F., 28 Wash'gton av.,M'rrist'n
Zuck, John A., Main st., Netcong

Number of Active Members and basis of representation, 123.

COURTESY MEMBERS

Joy, Homer T., Morristown
Knight, Augustus S., Far Hills

HONORARY MEMBERS

Coultas, Aldo B., Madison
Glazebrook, Francis H., Rumson
Haven, Samuel C., Morristown
Mills, Clifford, Morristown
Seward, Frederick H., Madison

OCEAN COUNTY (15)

Society organized October 28, 1903. Meets on second Wednesday of each month except July and August. Annual Meeting in May.

ACTIVE MEMBERS

Appleton, Ralph, Lincoln av., Point Pleasant
Buermann, Robert, 206 Madison av., Lakewood
Bunnell, Frederick N., 22 S. Main st., Barnegat
Carmona, L. Roberto, 141 Wood st., Tuckerton
Citta, Philip, Army
Dodd, Wm. E., Ocean st. & Bay av., Beach Haven
Falkinburg, LeRoy W., Army
Frazee, Wm. H., Jr., Army
Gaumer, George W., Army
Goldstein, Abraham, 404 Madison av., Lakewood
Graham, Richard B., Army
Green, Thomas J., New Egypt
Henriksen, J. Bruce, Army
Herbener, Eugene G., 423 Third st., Lakewood
Hogan, James J., Navy
Ivory, Harry S., Navy
Joy, Ernest H., Navy
Lehmacher, Frank, 16 Central av., Lakewood
Menge, Carl H., 236 Washington st., Toms River
Neiman, Watson E., Army
Nyvall, Pierre J., Army
Obert, J. Edwin, Main st., New Egypt
Pecora, Carmine L., 212 Wash'gton st.,TomsRiver
Rinzler, Harvey, Army
Sawyer, Blackwell, 109 Wash'gton st., Toms River
Schneider, Clinton R., Army
Sickel, Emanuel M., 318 Forest av., Lakewood
Smith, Edward C., Army
Taylor, Raymond A., Army
Thompson, Theodore F., 316 First st., Lakewood
Towbin, Adolph, 326 Third st., Lakewood
Witte, C. Norman, 422 River av., Point Plelasant

Number of Active Members and basis of representation, 32.

TRANSFER

Bierach, Jules, to Richmond Co. Med. Soc., Ind.

PASSAIC COUNTY (16)

Society organized January 14, 1844; Society chartered November 14, 1843. Meets on third Tuesday of each month except June, July, and August. Annual Meeting in May.

ACTIVE MEMBERS

Ackerhalt, Martin J., 408 Clifton av., Clifton
Allen, Arthur A., 365 Park av., Paterson
Allen, Edwin J., 266 Van Houten st., Paterson
Allen, James M., 657 Main av., Passaic
Alpren, Bernard F., Army
Andrews, Albert G. K., 75 Tulip st., Passaic
Apter, Abraham H., 528 E. 29th st., Paterson
Ash, Frank W., 180 Carroll st., Paterson
Atwood, Edward A., 360 Park av., Paterson
Averbach, Jacob, 435 Clifton av., Clifton
Balles, Edward S., Army
Barlow, Frank A., 965 Madison av., Paterson
Barolsky, Benj., Army
Barr, Joseph, Army
Baxt, Sidney J., 544 21st av., Paterson
Becker, Frank F., 298 Diamond Br.av.,Hawthorne
Becker, George L., Navy
Becker, Leo V., 69 Ward st., Paterson
Bender, Theodore, 666 Broadway, Paterson
Benjamin, Joseph F., Navy
Bergin, Joseph V., 315 Broadway, Paterson
Berk, M. David, Army
Berkhout, Peter G., 106 Haledon av., Prosp'ctP'k
Bernson, Samuel T., 33 Bartholf av., PomptonLks.
Beshlian, Hagop K., 7 Lee pl., Paterson
Biczak, Arkad K., 311 Lexington av., Clifton
Blake, Albert J., Army
Bohl, Louis J., 320 Broadway, Paterson
Bongiorno, Henry D., 516 River st., Paterson
Bonynge, Henry A., 123 Prospect st., Ridgewood
Bornstein, David, 80 Carroll st., Paterson
Botbyl, Burt W., 927 Madison av., Paterson
Boylan, Lawrence B., 630 Main st., Paterson
Brancato, Peter, 17 Church st., Paterson
Brogan, Francis B., Army
Bromberg, Chas. B., 107 Lexington av., Passaic
Brooks, Sidney S., 380 12th av., Paterson
Brown, John H., 43 Market st., Passaic
Budd, J. Reuben, 379 Clifton av., Clifton
Bullen, Victor E., 148 Hamilton av., Paterson
Butterfield, Arey A., 135 Aycrigg av., Passaic
Calligaro, Egildo A. ,75 Clifton av., Clifton
Capell, Harry H., 87 Bridge st., Paterson
Carlisle, John H., 129 Prospect st., Passaic
Carlough, David J., 426 Ellison st., Paterson
Catanzaro, Francesco, 151 Jefferson st., Passaic
Chapman, Walter I., Navy
Chapnick, Maurice M., 117 Paterson st., Paterson
Charney, William, Army
Cherry, Homer H., Valley View Sana., Paterson
Chester, Saul W., 634 Broadway, Paterson
Chilton, Forrest S.,Newark-Pmptn.Tpk.,Pmptn.Pl'ns
Chrisman, Irving, 423 Broadway, Paterson
Ciccone, Anthony C., 389 Grand st., Paterson
Clark, Orlo H., 149 Prospect st., Passaic
Close, Byron H., Army
Cogan, Henry, P. O. Box 3364, Baytona Beach,Fla.
Cohen, Julian, 475 Park av., Paterson
Cohen, Louis, 257 Paulison av., Passaic
Cohen, M. Marvin, Army
Cohn, Isidor, 231 Lexington av., Passaic
Cole, L. Frank, Navy
Connolly, Joseph P., Navy
Connolly, T. Vincent, 56 Hamilton st., Paterson
Conserva, Peter V., Navy
Cortese, Alvin E., 26 Ward st., Paterson
Cotton, Norman T., 219 Graham av., Paterson
Cremens, John F., 144 Carroll st., Paterson
Crescente, Fred J., 827 Madison av., Paterson
Crounse, David R., 84 Broadway, Passaic

Curtis, A. Maurice, 445 Van Houten st., Paterson
Davis, A. Hobson, Paterson Gen. Hosp., Paterson
Dawson, Harry, 618 E. 24th st., Paterson
DeBell, Peter J., 65 Summer st., Passaic
DeGrace, Francis H., Army
Deich, Samuel R., 162 Lexington av., Passaic
Delario, Anthony J., 294 Broadway, Paterson
Del Mauro, Alphonse, Army
DeMattia, Michael, 71 Ward st., Paterson
De Rosa, Armand, 262 Totowa rd., Totowa
De Rosa, John, 281 East 30th st., Paterson
Desmet, Victor F., 324 Broadway, Paterson
De Yoe, Leon E., 602 Broadway, Paterson
Dingman, Norman M., 330 Broadway, Paterson
Doktor, David, Army
Donnelly, Joseph E., Army
Douglass, Stephen A., Valley View Sana.,Paterson
Dow, Robert F., Army
Drake, Daniel E., Union Valley rd., Newfoundland
Duncan, Owsley B., 654 East 28th st., Paterson
Dunning, Walter L., 533 River st., Paterson
Dwyer, Henry E., 261 Madison st., Passaic
Dwyer, William A., 99 Park av., Paterson
Edlkraut, Edward C., Army
Ehrenfeld, Edward, 185 Lexington av., Passaic
Ehrenfeld, Irving, 185 Lexington av., Passaic
Ekings, Frank P., 221 Broadway, Paterson
Esposito, Anthony L., Army
Farkas, Gustav, 95 Jackson st., Passaic
Feigenoff, Israel, 271 Park av., Paterson
Feliciano, Vincent, Army
Fenster, Morton N., 211 Lexington av., Passaic
Fenwick, John R. P., 196 Lakeview av., Clifton
Ferrary, Paul B., 232 Totowa rd., Totowa
Fiering, Abraham M., Army
Fishbein, Elliot, Army
Fisher, Samuel, U. S. P. H. S.
Flitcroft, William, 510 River st., Paterson
Fortuin, Floyd, Army
Fraulo, Louis, 310 Crooks av., Clifton
Freedman, Jacob S., 178 Hamilton av., Passaic
Friedmann, Gustav, Army
Gallardo, Agustin, 61 Lakeside av., Pompton Lks.
Geiger, Harold C., Army
Gelman, Sidney, Army
Giambra, Sante M., 666 Broadway, Paterson
Gillson, Hugh V., 21 Lee pl., Paterson
Ginsburg, Samuel, 227 Paulison av., Passaic
Glasgow, Thomas M., 120 Passaic av., Passaic
Gochman, Harry M., 166 Hamilton av., Paterson
Golding, Harry N., 180 Carroll st., Paterson
Goldman, Sol B., Navy
Gordon, Abel, Army
Gordon, Samuel, Army
Gormley, Cyrus M., 15 Kiel av., Butler
Gould, John H., 92 Monte Vista av., Ridgewood
Graeter, F. Albert, Army
Graham, Archibald F., 42 Park av., Paterson
Graham, Theodore K., 279 Park av., Paterson
Greengrass, Jacob J., 146 Broadway, Paterson
Grosfeld, William, Board of Health, Paterson
Guarraia, Joseph, Army
Gurnee, Quinby D., Army
Hagen, Orville R., 292 Broadway, Paterson
Hall, Wayne W., Army
Halnan, John J., Jr., Army
Hambright, Arthur M., Wyckoff av., Ramsey
Harreys, Chas. W., 153 Prospect st., Ridgewood
Hatem, Elias J., 1046 Main st., Paterson
Hayman, Irving R., Army
Hillman, Frederick C., Army
Hirsch, Samuel, 118 Lexington av., Passaic
Hollingsworth, H. Hale, 86 First st., Clifton
Holmes, Thomas J. E., 151 Fair st., Paterson
Holster, Stephen G., Navy
Holt, Herman H., 256 Graham av., Paterson
Hughes, J. Vernon, 655 Main av., Passaic
Ianacone, John A., Army
Iraggi, James V., 158 Gregory av., Passaic
Izenberg, David, 555 E. 29th st., Paterson
Jackson, Dominick P. D., 13 Center av., LittleFalls
Jaffe, Hyman, 149 Broadway, Passaic
Jahn, Albert G., 657 Main av., Passaic
Jani, Frank F., 297 Lexington av., Passaic
Jarmulowsky, Harry, 181 E. 33rd st., Paterson
Jehl, Joseph R., Army
Joelson, Dora, 485 Broadway, Paterson
Joelson, Morris S., 577 Broadway, Paterson
Joffe, Philip M., Army
Joffe, Sidney H., Army
Johnsen, Sigurd W., 149 Prospect st., Passaic
Joseph, Morris, 271 Lexington av., Passaic
Kaletkowski, Marion F., Army
Katz, Herbert I., 278 Park av., Paterson
Keating, Charles A., 177 Ellison st., Paterson
Keating, Joseph M., Army
Keller, Michael L., 673 East 27th st., Paterson
Kennedy, A. Andrew, Navy
Kennedy, Eugene T., 413 Wanaque av.,Pmptn.Lks.
Keppler, Charles, Jr., 723 Allwood rd., Clifton
Kim, Gay B., 703 Main st., Paterson
Kinney, Burton O., 41 Lincoln av., Little Falls
Kleiner, Samuel, 162 Hamilton av., Paterson
Klughaupt, Dorothy K., 49 Passaic av., Passaic
Koenig, Bertram, 306 Broadway, Paterson
Koerber, George, Army
Kovaleski, Walter A., 77 Market st., Passaic
Kovin, Abraham, 123 Lexington av., Passaic
Krieger, George, Army
Kroll, Adolph, Jr., 103 Van Buren st., Passaic
Kuhl, John P., 38 Main st., Butler
Laauwe, Harold W., 198 Haledon av., ProspectP'k
Labash, Charles, 83 Quincy st., Passaic
Landaw, Louis, 631 E. 26th st., Paterson
Lang, Richard E., Navy
Lawrence, Arthur C., Main st., Lincoln Park
Lawrence, Elias D., 365 Union av., Paterson
Leach, John E., Army
Lee, Frederick P., 606 E. 27th st., Paterson
Leibovitz, Altan C., 261 Lexington av., Passaic
Lemay, Albert T., 532 14th av., Paterson
Levendusky, Daniel E., Army
LeVine, Israel, 215 Broadway, Paterson
Levine, David B., Army
Levine, Sidney C., 459 Park av., Paterson
Levinsohn, Sandor A., 656 East 29th st., Paterson
Levy, David, Army
Levy, Herman, 219 Lexington av., Passaic
Liana, Stephen M., Army
Lima, John G., 292 Broadway, Paterson
Linares, A. Carfi, 208 Market st., Paterson
Lipton, Louis, Army
Lobsenz, Nathan P., 294 Broadway, Paterson
Lomauro, James R., 184 Lexington av., Passaic
London, Jules R., 153 Jefferson st., Passaic
Low, Donald B., 529 Broadway, Paterson
Lucent, S. Bell, 2 First av., Little Falls
Luksteid, Casimir J., 326 Park av., Paterson
MacAlister, Wm. W., 171 Carroll st., Paterson
MacGregor, Allan W., 379 Ellison st., Paterson
MacGuffie, Robert N., 657 Main av., Passaic
Mackler, Meyer E., Army
Maclay, Joseph A., 239 Broadway, Paterson
Maffongelli, Joseph A., Army
Magnes, Max, Army
Manly, Thomas E., 390 Park av., Paterson
Manzione, Frank A., 500 Union av., Paterson
Maps, Howard L., 53 Passaic av., Passaic
Marini, Dominick, 40 Henry st., Passaic
Markel, Albert G., Navy

Markowitz, Louis, 380 Park av., Paterson
Marrocco, William A., Army
Marsh, Elias J., 400 Van Houten st., Paterson
Martin, Theodore, Army
Masucci, Alberico, 128 Carroll st., Paterson
Matthews, Leonard M., 655 Main av., Passaic
McBride, Andrew F., 30 Church st., Paterson
McBride, Andrew F., Jr., Army
McCarthy, George L., 506 Union av., Paterson
McCue, John B., 912 Lincoln av., Pompton Lakes
McDede, Frank F., 922 Main st., Paterson
McDonald, Richard J., 80 Park av., Paterson
McPherson, Malcolm E., 141 Diam'dBr. av.,H'wth'rne
Meier, William U., 1062 Ringwood av., Haskell
Meloney, Lester F., 156 Second st., Clifton
*Mendelsohn, David H., 576 Broadway, Paterson
Meneve, Alfred D., 373 Broadway, Paterson
Meyers, Francis R., Navy
Michelson, Henry, Army
Missonellie, Wm., 404 Lafayette av., Hawthorne
Mitchell, Charles R., 311 Broadway, Paterson
Monaloy, Morris A., Army
Morici, Theodore, 80 Howe av., Passaic
Moscoe, Harry A., Army
Mott, Joseph E., 426 Park av., Paterson
Murn, Charles J., 48 Smith st., Paterson
Neer, William, 308 Woodside av., Ridgewood
Nemirow, Martin, 234 Lexington av., Passaic
Nesbitt, Elizabeth, No. Jersey Tr'n'gSch'l,LittleFalls
Norval, William A., 419 Main st., Paterson
Notkin, Meyer, Army
Noto, Philip, 158 Washington pl., Passaic
Nussbaum, Nathan, Army
Nye, Howard H., 174 Carroll st., Paterson
O'Brian, Dennis M., 154 Lexington av., Passaic
Ogden, Michael A., Passaic General Hosp., Passaic
Okin, Irving, 165 Passaic av., Passaic
Opper, Philip, Army
Oram, Joseph H., 495 Broadway, Paterson
Palma, Nicholas, 116 17th av., Paterson
Palmer, Francis R., 220 Lexington av., Passaic
Paris, William, Army
Pasternack, Elroy, Army
Patella, Fulvio, 324 Broadway, Paterson
Phelps, James E., 203 Park av., Paterson
Piasecki, Chester A., Army
Piller, Jacob, 213 Broadway, Paterson
Pink, Solomon H., Army
Plinke, Fritz W., 159 Lexington av., Passaic
Polizzotti, Joseph L., 193 Park av., Paterson
Pollock, Theodore, Army
Polowe, David, 555 E. 27th st., Paterson
Prince, Robert A., Navy
Provisor, Benjamin, 112 Lexington av., Passaic
Raab, Michael, Army
Radest, Louis J., 347 Broadway, Paterson
Randazzo, Anton P., 82 Prospect st., Passaic
Rauschenbach, Paul E., Jr., Army
Reading, H. Eugene, 535 E. 29th st., Paterson
Reeves, Ernest, 195 Lexington av., Passaic
Reilly, Thomas F., 127 Union av., Clifton
Reinhorn, Abraham J., Army
Riccobono, Cosmo S., 334 Park av., Paterson
Richards, Paul S., 1 Main st., Butler
Rinzler, Harry G., 127 Van Houten av., Passaic
Ritter, John J., 741 E. 22nd st., Paterson
Robertson, Eugene V., 171 Diam'dBr.av.,Hawth'ne
Roemer, Jacob, 591 E. 27th st., Paterson
Romano, Michael, Army
Ross, Peter W., Army
Rothman, Theodore, 494 Park av., Paterson
Roy, Joseph N., 95 17th av., Paterson
RuBacky, Joseph F. A., 57 Passaic av., Passaic
Ruocco, William B., 416 River st., Paterson
Russell, Charles B., 119 Hamilton av., Paterson
Sabarese, Theodore C., 122 Marsellus pl., Garfield
Saffron, Morris H., Army
Sala, Aldo W., 172 Randolph av., Clifton
Salzman, Nathan, 714 Broadway, Paterson
Sanfacon, Thomas A., 340 Park av., Paterson
Santangelo, Emil L., Army
Schafer, Marguerite A., 298D'mondBr. av.,H'wth'rne
Schefrin, Alexander E., 235 Lexington av., Passaic
Schlossberg, Ezra, 178 Sherman st., Passaic
Schubert, Roy R., 466 Park av., Paterson
Schultz, Augustin M., 379 Union av., Paterson
Schwartz, Jacob R., Army
Schwartz, William, 224 Lexington av., Passaic
Schwartzberg, Frederick I., Army
Schwarz, Julianna L., 22 VanWinkle av., Passaic
Scielzo, Nicholas F., Army
Scribner, Chas. H., R.F.D.1, Hamb'gTnpk.,Preakness
Shapiro, David, 707 Broadway, Paterson
Shapiro, Louis G., 375 Broadway, Paterson
Shechtman, Abraham, 261 Main av., Passaic
Sheft, Matthew J., Army
Shinefeld, Maurice A., Army
Shipman, Meyer P., 575 Broadway, Paterson
Shippee, James N., 654 Ringwood av., Wanaque
Shulman, Abraham, 528 E. 29th st., Paterson
Silverman, Irving A., 260 Dayton av., Clifton
Simkin, Abraham, 232 Broadway, Passaic
Simon, Julius J., Army
Simon, Philip H., 174 Columbia av., Passaic
Siveke, John, 106 Lexington av., Passaic
Slaff, Florence, 16 Grove st., Passaic
Slater, Daniel, Army
Sloan, Samuel L., 182 Belmont av., Paterson
Small, Louis, Army
Smith, Elroy W., 309 E. Dilido dr.,MiamiB'ch,Fla.
Smith, Leon A., 655 Main av., Passaic
Sobel, I. Jerome, 136 Broadway, Passaic
Spickers, William, 6 Church st., Paterson
Stark, Jacob, 645 Broadway, Paterson
Stein, Harold M., 227 W. Broadway, Paterson
Steinberg, Benjamin L., Army
Stern, Morris H., Army
Stinson, Richard, 641 E. 18th st., Paterson
Stokes, James S., Army
Stoltz, Raymond R., 23 Passaic av., Passaic
Stouter, Francis L., Army
Sucoff, Moses C., 158 Hamilton av., Passaic
Sullivan, William M., Jr., 43 Passaic av., Passaic
Surgent, George W., 168 Clifton av., Clifton
Sutherland, William W., 400 Broadway, Paterson
Szymanski, John J., 616 Main av., Passaic
Taber, Leslie R., 292 Broadway, Paterson
Teichholz, Max, H., Army
Tell, M. Edward, Navy
Tellman, Daniel H., 120 Lexington av., Passaic
Temple, Arthur H., 164 Jefferson st., Passaic
Terhune, Percy H.,81 Millbrook rd.,Hamden,Conn.
Thomas, Leon H. S., 631 E. 22nd st., Paterson
Thompson, Edward C., Army
Thorne, William P., 254 Main st., Butler
Thron, Leopold E., Army
Todd, Francis H., 83 Auburn st., Paterson
Tomkins, Wm., 105 Fairmount road, Ridgewood
Tweddel, George K., 239 Broadway, Paterson
Udinsky, Hyman J., 21 Grove st., Passaic
Vanderbeck, James J., Army
Vanderbeek, Andrew B., 174 Broadway, Paterson
Vanderbeek, Frank B., 407 Park av., Paterson
Vander Clock, Cornelius, 178 Gregory av., Passaic
Van Eerde, Albert, 339 Lafayette av., Hawthorne
Van Riper, A. Ward, 607 Main av., Passaic
Van Schott, Gerard J., Jr.,245 Lex'gton av.,Passaic
Van Winkle, John S., 297 Broadway, Paterson
Vermeulen, Abram, 334 Haledon av., ProspectP'k
Visceglia, Frank R., Army

Vosburgh, Fred, 61 Passaic av., Passaic
Vreeland, Ralph J., 266 Van Houten st., Paterson
Walker, Harold G., Navy
Wallace, Marc J., 165 Lakeview av., Clifton
Walton, Gordon G., 17 Church st., Paterson
Warburton, Jack C., Army
Ward, Albert H., 404 Totowa av., Paterson
Warren, David E., 154 Broadway, Passaic
Warren, Earl L., 266 Van Houten st., Paterson
Warren, Jacob, 308 18th av., Paterson
Wassing, Hans, 695 Broadway, Paterson
Weinert, Henry V., 128 Market st., Passaic
Weintraub, Wm. L., 400 Broadway, Paterson
Weisman, Stephen L., Army
Westerhoff, Peter D., Army
Wethers, William A., Army
White, Richard E., Army
Williams, Hiram, 230 Lexington av., Passaic
Winters, Walter M., 288 Broadway, Paterson
Wishnack, Meyer, 318 Broadway, Paterson
Wolf, Erich, 158 Broadway, Passaic
Wolf, Israel J., 231 East 31st st., Paterson
Wolfson, Harry, Navy
Wry, Dean A., 234 Dayton av., Clifton
Yachnin, Samuel C., Army
Yager, J. Allen, Navy
Yates, John S., 414 Ellison st., Paterson
Yeau, Ralph C., 180 Carroll st., Paterson
Yolken, Harry, 246 E. 31st st., Paterson
Zalewski, Irene J., 125 Market st., Passaic
Zuckerman, David E., 345 Broadway, Paterson

Number of Active Members and basis of representation, 401.

ASSOCIATE MEMBERS

Biber, David, Union
Capio, Mario D., 393 Summer st., Paterson
Goldstein, Edward W.
Kleinman, Eberhart H.
Korman, Arnold, 402 9th av., Paterson
Sarokhan, Joseph, 137 Knickerbocker av.,Paters'n
Yoskowitz, Benjamin, 893 Main st., Paterson

COURTESY MEMBERS

Pearlman, Saul J., Passaic
Pellitteri, Ottavio J., Warren Point

HONORARY MEMBERS

Bergin, Joseph V., Paterson
Bullen, Victor E., Paterson
Crounse, David R., Passaic
Flitcroft, William, Paterson
MacAlister, William W., Paterson
Maclay, Joseph A., Paterson
Marsh, Elias J., Paterson
McBride, Andrew F., Paterson
McDede, Frank F., Paterson
Neer, William, Paterson
Ritter, John J., Paterson
Scribner, Charles H., Preakness
Stinson, Richard, Paterson
Terhune, Percy H., Hamden, Conn.
Todd, Francis H., Paterson
Vanderbeek, Andrew B., Paterson
VanRiper, A. Ward, Passaic

SALEM COUNTY (17)

Society organized May 4, 1880. Meets on the third Friday of each month, September to May, inclusive. Annual Meeting in April. Social Meeting in May.

ACTIVE MEMBERS

Bramble, Halsey S., Front & Chestnut sts., Elmer
Caggiano, John D., 165 W. Main st., Penns Grove
Chesler, Maurice, 124 W. Broadway, Salem
Church, Franklin H., 86 W. Broadway, Salem
Davison, C. Spencer, 7 Chestnut st., Salem
Davison, Wilbur S., 13 N. Broadway, Pennsville
Dunn, John S., 75 Market st., Salem
Eisemann, Jerome S., 157 W. Broadway, Salem
Evans, Edgar E., 12 Ziegler Tract, Penns Grove
Fleming, Charles L., 42 W. Main st., Penns Grove
Green, David W., 69 Market st., Salem
Hilliard, William T., 105 Market st., Salem
Hummel, Lee C., Navy
Jirouch, Edwin A., 18 Ziegler Tract, Penns Grove
Johnson, Fenimore S., 86 Broadway, Carneys P't
Jonas, August, 328 E. Broadway, Salem
Liehr, Raymond J., W. Maple av., Penns Grove
Lipkin, Isadore, 157 W. Main st., Penns Grove
Lummis, Clarence P., 40 Delaware av., Penns Gr.
Mackes, Claude B., 48 N. Main st., Woodstown
Mason, Alvin S., 26 Olive st., Salem
Miller, Lewis H., 37 S. Main st., Woodstown
Miller, William H., Army
Perry, Frank L., Army
Prigger, Edward R., 21 Delaware av., Penns Gr.
Savage, Charles L., 20 Ziegler Tract, Penns Grove
Sayers, Francis P., Army
Silverman, R. Louis, 21 W. Main st., Penns Grove
Suter, Harry F., 49 W. Main st., Penns Grove
Sutherland, Robert C., 95 S. Broad st., Penns Gr.
Thomas, Claude W., 28 East av., Woodstown
Zappala, John, 47 W. Main st., Penns Grove

Number of Active Members and basis of representation, 32.

HONORARY MEMBER

James, William H., Pennsville

COURTESY MEMBER

Forsyth, Kenneth C., Carneys Point

SOMERSET COUNTY (18)

Society organized May 21, 1816. Meets on second Thursday evening of each month except July, August and September. Annual Meeting in June. Dinner Meeting in October.

ACTIVE MEMBERS

Adams, Rayford K., Lakeside Lodge, Skillman
Albrecht, William J., 25 N. Bridge st., Somerville
Allegrante, Anthony J., W'sh'gt'nVal.rd.,Martinsville
Ambrose, Robert R., 125 Hamilton st., Bound Brook
Barbour, George E., Army
Bendix, Gerhard M., Army
Blank, Samuel, Army
Borow, Benjamin, 507 Church st., Bound Brook
Borow, Henry, 507 Church st., Bound Brook
Borow, Louis S., Army
Borow, Maurice, 507 Church st., Bound Brook
Brittain, Elmore G., Army
Cooley, Justus H., II., 3 W. Union av., Bound Br'k
Cooper, J. Howard, East Millstone
Craig, Henry A., 315 William st., Somerville
Crawford, John W., Main st., Bedminster
Day, Hayward F., Army
Douglass, William C., 15 Olcott av., Bernardsville
Edelberg, Sidney S., 403 E. High st., Bound Brook
Ely, Lancelot, 128 W. High st., Somerville
Falcone, Nicholas A., Army
Field, Frank L., Far Hills
Flint, Edgar T., 44 E. Somerset st., Raritan
Fritts, Lewis C., 118 West End av., Somerville
Galgoczy, Julius, Manville
Gray, W. Burritt, 121 Somerset st., N. Plainfield
Greenberg, George A., Army
Guertin, Diomede, Army
Hamblin, Donald O., Calco Chemical Co., B'd Br'k
Heaton, Stuart C., Navy
Hegeman, Runkle F., 161 W. High st., Somerville
Heminway, Norman L., Army
Hird, Emerson F., 118 E. Maple av., Bound Brook
Hochheimer, Arthur, 417 Somerset st., BoundBr'k
Husted, Samuel H., Neshanic Station
Kay, Clarence R., Main st., Peapack
Klompus, Irving, 403 E. High st., Bound Brook
Knight, Augustus S., Far Hills
Lawton, A. Anderson, Coast Guard
Levy, Abram, 1120 W. 7th st., Plainfield
Liddell, Raymond N., Army
Loeb, Wm. A., Veteran's Administration, Lyons
Lovejoy, James L., 224 Somerset st., Bound Brook
Mangelsdorff, Arthur F., Calco Chem. Co.,B'dBr'k
McConaughy, Francis, 1 E. High st., Somerville
McParland, Timothy W., 318 Hamilton st.,B'dBr'k
Morris, Nathan, Army
Pearson, Theodore A., White House
Pieper, Ernest E., 204 Quinnesec st.,IronMt.,Mich.
Pigott, Albert W., N. J. State Village, Skillman
Pitman, Mason W. H., 17 W. Cliff st., Somerville
Pogoloff, Samuel H., 68 N. 1st av., Manville
Reale, Nicholas P., Brooks Blvd., Manville
Renner, Clara C., Blawenburg
Rossi, Gene, 79 Talmadge av., Bound Brook
Russo, Dominic T., 51 E. Somerset, Raritan
Sargent, Eva R., 22 Sycamore st., Somerville
Schram, William S., Army
Smalley, Mahlon C., Gladstone
Snyder, Howard P., Box 426, St. Thomas, VirginIs.
Spaldo, John L., Army
Thornton, P. John S., Army
Wallach, Bernard, Army
Young, James L., 68 Mountain av., Somerville

Number of Active Members and basis of representation, 64.

HONORARY MEMBER

Baker, S. Josephine, Belle Mead

SUSSEX COUNTY (19)

Society organized August 22, 1829. Meets at call of President. Annual Meeting on second Tuesday in May.

ACTIVE MEMBERS

Aitken, Herbert M., Ogdensburg
Bergmann, Ewald H., 44 Bank st., Sussex
Boyd, William B., Jr., N. J. Zinc Co., Franklin
Braun, David C., Army
Burn, Victor E., 27 Trinity st., Newton
Caleca, Jack J., Army
Cartisser, Joseph J., Stanhope
Coleman, Joseph G., Hamburg
Drake, Leo B., 47 Main st., Franklin
Eddy, Lester R., Navy
Groeschel, August H., Army
Hawke, Edward K., Army
Hill, Dean F., Navy
Johnson, George F., Branchville
Kirschner, Martin I., Vernon
Landes, Edwin W., Stillwater
Longnecker, John E., Jr., Sparta
Loux, Henry A., 40 Main st., Sussex
Lushear, Frank H., Branchville
McCall, Jesse, Army
McVeigh, Charles J. D., Netcong
Morrison, Frederick H., 61 High st., Newton
Pellet, Thomas L., Hamburg
Roy, Bert W., 25 Hamburg av., Sussex
Schmidt, Clifford M., 81 Main st., Newton
Scott, Frederick J., 1 Oak st., Franklin
Spencer, James H., Jr., Army
Spurgeon, Dorsett L., 19 Church st., Newton
Vermes, Leslie, 172 Main st., Franklin
Weinstein, Robert A., 214 Spring st., Newton
Weiser, Edward H., 20 Bank st., Sussex

Number of Active Members and basis of representation, 31.

UNION COUNTY (20)

Society organized June 7, 1869. Meets on second Wednesday of September, November, January, March, April, and May. Annual Meeting in April.

ACTIVE MEMBERS

Abel, Henri E., Army
Abramson, Solomon, 1587 Irving st., Rahway
Ackerman, Arthur F., 129 Summit av., Summit
Allen, Samuel L., 268 E. 3rd av., Roselle
Anson, Leon J., 314 Center st., Garwood
Armstrong, Lorrimer B., 121 S. Euclid av., W'stf'd
Arthur, Frances H., 138 Westfield av., Elizabeth
Austin, Thomas R., Army
Babbitt, Hugh M., Jr., Army
Baker, Raymond D., 52 De Forest av., Summit
Banker, George T., 1145 E. Jersey st., Elizabeth
Barberio, A. Arthur, 1337 Orange av., Union
Baron, Leo E., 727 N. Wood av., Linden
Baruch, Hilde, 202 Stiles st., Elizabeth
Baruch, Rudolf J., Army
Battaglia, Richard S., 323 E. 3rd av., Roselle
Beisler, Lawrence G., 1528 N. Broad st., Hillside
Bender, Dorothea A., 61 DeHart pl., Elizabeth
Bensley, Maynard G., 129 Summit av., Summit
Berenson, Samuel J., Army
Berman, Leonard M., 128 Summit av., Summit
Berman, Sol, Army
Bernstein, Benedict J., Army
Berry, C. Hartley, 129 Summit av., Summit
Birrell, Russell G., 554 Westminster av., Elizabeth
Bishop, Carl, 831 Madison av., Plainfield
Black, Max S., Army
Blair, Thomas D., 414 Park av., Plainfield
Blatt, David, Army
Bloch, Harry, 613 N. Broad st., Elizabeth
Blumberg, Jack, 504 Westminster av., Elizabeth
Blythe, Rowland P., 30 Springfield av., Cranford
Bolanowski, Kasimier J., Army
Booth, Walter S., 744 Rahway av., Elizabeth
Bournes, Edward G., Army
Bowles, Harry H., 36 Woodland av., Summit
Boyd, Robert P., Army
Boyer, Paul K., Navy
Boyes, James G., 1326 Chetwynd av., Plainfield
Breslow, Alexander E., Army
Brethwaite, Samuel H., Jr., 129 Summit av., Sum't
Brock, H. F., 417 W. Broad st., Westfield
Brokaw, Christopher A., 1405 North av., Elizab'th
Brown, L. Greeley, 173 Madison av., Elizabeth
Brown, William H., 501 1st av., Elizabeth
Burritt, Norman W., 30 Beechwood rd., Summit
Butenas, Joseph J., Army
Callahan, Edward J., U. S. P. H. S.
Canright, Cyril M., 34 Springfield av., Cranford
Cantini, Raphael S., 147 E. 7th st., Plainfield
Card, Charles F., 144 W. Milton av., Rahway
Cardinale, Pasquale, 654 E. Jersey st., Elizabeth
Carlisle, J. Mallory, 550 Hillcrest av., Westfield
Carpenter, Cedric C., 129 Summit av., Summit
Carsley, Sidney H., Army
Casilli, Arturo R., 618 Newark av., Elizabeth
Castaldo, Neil, Army
Chaiken, Louis H., Army
Chapman, Otis P., 125 Broad st., Elizabeth
Childers, Robert J., 604 Park av., Plainfield
Chodosh, Maurice A., Army
Cohen, Harry X., 1 Garden drive, Roselle
Cole, Walter H., Jr., 1060 E. Jersey st., Elizabeth
Comunale, Anthony R., 1709 Irving st., Rahway
Conway, James V., Army
Coplin, George J., 528 E. Jersey st., Elizabeth
Corbusier, Harold D., 612 Park av., Plainfield
Cox, William T. R., Army
Crabtree, Loren H., 142 Bellevue st., Elizabeth
Crane, Norman T., Army
Crankshaw, Orrin F., Army
Cronin, Francis J., Army
Currie, Norman W., 508 Central av., Plainfield
Dalberg, Walter, 500 Cherry st., Elizabeth
Davidson, E. Norwell, 102 East Elm st., Linden
Davidson, Maurice M., 128 E.Grand av.,RoselleP'k
Davis, F. Cleveland, 129 Summit av., Summit
Davis, Stanton H., 212 E. 7th st., Plainfield
Day, Willis B., 407 E. 7th st., Plainfield
DeCesare, Ferdinand J., 500 Walnut st., Roselle P'k
Decker, Charles T., 275 Orchard st., Westfield
Demarest, Gerald B., Army
Dengler, Henry P., 260 Morris av., Springfield
Deutsch, Nathan S., Army
Diamond, J. George, 512 W. Front st., Plainfield
Doggett, E. Hugh, 805 Park av., Plainfield
Dolsky, Irving, 509 N. Wood av., Linden
duBusc, L. C. Victor, 399 Westfield av., Elizabeth
Dunn, H. Irving, Army
Durrah, Fred F., 310 Plainfield av., Plainfield
Dwoyer, Leon C., Army
Eason, Samuel W., 48 De Forest av., Summit
Edgar, Malcolm S., 129 Summit av., Summit
Ehrlich, Max, Army
Esty, Geoffrey W., Army
Fagin, Joseph, 530 Morris av., Summit
Feleppa, Edward E., 618 Springfield av., Summit
Fiedler, Michael J., 247 Crawford ter., Union
Fink, Stanley J., Army
Fitch, Thomas S. P., 916 Park av., Plainfield
Fort, William B., 147 E. 7th st., Plainfield
Foster, Frank L., 320 Springfield av., Cranford
Franklin, Joseph E., 191 North av., Hillside
Franklin, Lewis J., 149 Jean ter., Union
Freeman, Ray M., Army
Friedburg, George H., 1108 Anna st., Elizabeth
Frohwein, Ida H., 125 Morristown rd., Elizabeth
Gadomski, Casimir F., Army
Gallaway, George E., 163 W. Milton av., Rahway
Gannon, Joseph M., Army
Geary, Paul, 909 Park av., Plainfield
Gerendasy, Julius, 956 E. Jersey st., Elizabeth
Gibb, Alice S., 339 Union av., Elizabeth
Giglio, Alphonsus S. V., Army
Gilpin, Fletcher, Army
Gittelman, Morton, Army
Glaser, Emanuel, 360 Linden av., Elizabeth
Glass, Benjamin E., 609 Watchung av., Plainfield
Glass, Harry L., Army
Glassner, Frank, 308 Chestnut st., Roselle
Glasston, Hyman M., 628 N. Wood av., Linden
Golden, William M., Army
Goldfield, Harold H., 225 E. Jersey st., Elizabeth
Goldmacher, Herman B., 113 Elmora av., Elizab'h
Goldstein, Herman H., 318 W. Jersey st., Elizab'h
Gonczy, Edward J., Army
Grant, William E., 1370 Morris av., Union
Greenberg, Max, 29 W. Henry st., Linden
Griesemer, Z. Lawrence, 1145 E. Jersey st.,Eliz'h
Griswold, Merton L., Jr., Army
Guidi, Guido M., 212 Christine st., Elizabeth
Hackett, Edw. J., Army
Hall, Winthrop H., Navy
Hallock, Wilton J., 650 Springfield av., Summit
Hamley, John J., Army
Hansen, Harry, 916 Park av., Plainfield

Hanson, Carl G., 38 Springfield av., Cranford
Haseltine, Sherwin L., 125 Broad st., Elizabeth
Herrington, Lee R., 605 E. Broad st., Westfield
Higgins, Thomas F., Army
Hill, Clarence T., 116 E. Hazelwood av., Rahway
Hipple, Percy L., 230 Walnut st., Roselle
Hnat, Frederick, Army
Hoffman, Charles A., Army
Holland, Reuben J., 1026 Chandler av., Linden
Holmes, Grace A., 1077 E. Jersey st., Elizabeth
Holt, Evelyn, 261 Springfield av., Summit
Holtzman, Michael, 167 2nd st., Elizabeth
Horoschak, Anne, 974 Park av., Plainfield
Horre, George W. H., 203 W. Jersey st., Elizabeth
Hubbard, Harry H. V., 121 E. 7th st., Plainfield
Hughes, Frederic J., 706 Park av., Plainfield
Humphrey, Hubert G., 430 Downer st., Westfield
Hunt, Thomas F., 528 Monroe av., Elizabeth
Hutton, Frederick T., 915 Park av., Plainfield
Imbleau, Joseph E. L., 2106 Morris av., Unionville
Jacobs, Alan L., Navy
Johnson, Harold F., 734 Park av., Plainfield
Jones, Herbert E., Navy
Jones, Lewis H., Army
Kaplan, Samuel D., Army
Kapp, Carl G., 440 Westminster av., Elizabeth
Karshmer, Ernest E., Army
Keeney, Cadwell B., 137 Summit av., Summit
Keil, Sigmund S., 1118 St. George av., Linden
Kemper, Harry T., 224 Monmouth rd., Elizabeth
Kibbe, Milton H., Army
Knauer, George, 930 Elizabeth av., Elizabeth
Konzelman, Henry J., 65 King st., Hillside
Kramer, Douglas W., Army
Krans, DeHart, Army
Krans, Edward S., 920 Park av., Plainfield
Kreutz, Paul J., 363 Union av., Elizabeth
Kuchlewski, Edward J., 224 E. Jersey st., Elizab'h
Kushner, Alexander, Army
Kwint, Joseph A., Army
Kyle, Ernest I., 1165 Park av., Plainfield
Labow, Joseph J., 757 N. Broad st., Elizabeth
Ladas, George, 305 Cherry st., Elizabeth
Lance, Elton W., Army
Larrabee, Callie H., 24 Hobart av., Summit
Lathrop, Frederic W., 909 Park av., Plainfield
Laurie, Andrew L., Army
Lawrence, Wm. H., 129 Summit av., Summit
Leggett, Lindley H., Jr., 330 E. Broad st., Westfield
Leggett, Thomas H., Jr., 706 Park av., Plainfield
Lepree, Joseph A., 371 Morris av., Elizabeth
Lerman, Irving, 1024 E. Jersey st., Elizabeth
Lewis, Albert, 41 Retford av., Cranford
Lieberman, David P., 597 Westminster av., Eliz'h
Lieberman, Milton L., Army
Lilien, Milton M., 152 Clark st., Hillside
Linke, James J. P., 245 E. Front st., Plainfield
Lippincott, Lansing Y., 939 Park av., Plainfield
Livengood, Horace R., 587 Westm'ster av., Elizab'h
Llull, Gabriel J., 266 Morris av., Springfield
Losada, Camella A., 19 Prospect st., Summit
Lowell, Milton E., 434 Summit av., Westfield
Lowenstein, Ernest C., 1492 Main st., Rahway
Ludlum, Walter D., 132 S. Euclid av., Westfield
Lufburrow, Chas. B., 441 W. Front st., Plainfield
Lyerly, James M., Army
Lynch, Edward T., Navy
MacBrayer, Reuben A., Army
Mackler, Harry S., 21 Aberdeen rd., Elizabeth
Maggio, Ross J., Army
Malatesta, Chas. S., 1203 Martine av., Plainfield
Mallison, Herbert, 819 Park av., Plainfield
Marone, Carmine R., 752 Newark av., Elizabeth
Maroney, James H., Navy
Marts, George H., Navy
Mastroianni, Frank M., Army
McAlpine, Paul, Army
McCallion, Wm. H., 722 Westminster av., Elizab'h
McGeary, John A., P. O. Box 88, Elizabeth
McGinn, Wm. J., 1913 Westfield av., Scotch Plains
McKinley, C. Scott, 232 Victor st., Scotch Plains
Meeker, John L., 6 De Barry pl., Summit
Meineke, Wm. C., Jr., 818 Chestnut st., Roselle
Menseh, Harvey G., Army
Merlo, Francis A., 210 Murray st., Elizabeth
Merlo, Francis V., Army
Miller, Robt. M., 382 Springfield av., Summit
Milligan, Robert S., 42 Elm st., Summit
Milliser, Estelle T., 505 E. Broad st., Westfield
Mills, Stephen D., Navy
Minnella, Thos. J., 132 Morris av., Summit
Montfort, Robert J., 1051 E. Jersey st., Elizabeth
Morris, Karl E., 903 Boulevard, Westfield
Morris, Thomas M., 505 Park av., Plainfield
Morris, Watson B., 193 Morris av., Springfield
Munger, Ray T., 727 Watchung av., Plainfield
Murphy, Albert T., 1108 Anna st., Elizabeth
Murphy, Herschel S., 320 Chestnut st., Roselle
Murray, Norman L., Army
Nadler, Arthur A., Army
Naidorff, Saul A., 421 W. 7th st., Plainfield
Newbury, Graham C., 209 Holly st., Cranford
Nittoli, Rocco M., 660 E. Jersey st., Elizabeth
Novello, Joseph A., Army
Nussbaum, Joseph, Army
Obester, Gabriel E., 640 N. Broad st., Elizabeth
O'Brien, Edwin J., Jr., Army
Oderr, Chas., 70 Morningside drive., New YorkCy'
Oleynick, Simeon A., 615 N. Broad st., Elizabeth
Orton, Foster, Navy
Orton, George L., 196 Elm av., Rahway
Osher, Morris M., 157 North av., Fanwood
Owen, Philip, Army
Paulson, Arch M., 160 E. 7th st., Plainfield
Pearl, Sydney S., Army
Peters, Richard C., Navy
Phelan, Walter F., 124 Chilton st., Elizabeth
Pittis, Harold E., 818 Park av., Plainfield
Poleshuck, Rubin, 100 Hollywood av., Hillside
Polk, Charles C., 114 E. 7th av., Roselle
Pollack, Louis, Army
Prout, Thomas P., 19 Prospect st., Summit
Quin, John A., 1100 Bryant st., Rahway
Read, Jessie D., 519 Lenox av., Westfield
Reale, Frank P., 1012 Park av., Plainfield
Reich, Jerome J., 1500 N. Broad st., Hillside
Reilly, David F., 1011 E. Jersey st., Elizabeth
Reiner, Jacob, 811 N. Broad st., Elizabeth
Reiter, Walter A., 50 DeForest av., Summit
Relyea, George M., Army
Robertson, Grace M., 515 W. 7th st., Plainfield
Rose, Abraham, 326 S. Broad st., Elizabeth
Rosenblatt, Max B., 525 Court st., Elizabeth
Rosenstein, Saivel L., 2120 Springf'd av., Vauxhall
Rubin, David, 200 E. Jersey st., Elizabeth
Runnells, John E., Bonnie Burn San., Scotch Pl'ns
Sadoff, Joseph, Army
Salvati, Leo H., 275 Orchard st., Westfield
Samuels, S. Lawrence, Army
Satulsky, Emanuel M., Army
Scalessa, Mario F. T., 396 Broad st., Summit
Schenk, Joseph R., 1177 Park av., Plainfield
Schiller, Edwin, 449 Westminster av., Elizabeth
Schiller, Rosa C., 449 Westminster av., Elizabeth
Schilling, Anthony B., 727 Jefferson av., Elizabeth
Schlein, David, 812 N. Wood av., Linden
Schlichter, Chas. H., 556 N. Broad st., Elizabeth
Schwartz, Samuel H., Army
Schweizer, Roman G., Army
Seeler, Albert O., 33A Garden drive, Roselle

Sell, Frederick W., 167 W. Emerson av., Rahway
Sena, Dominic R., 1554 Irving st., Rahway
Senerchia, Fred F., Jr., Army
Seybold, Arthur D., Navy
Seymour, George A., 253 Orchard st., Elizabeth
Shangle, Milton A., 34 Prince st., Elizabeth
Sherman, Samuel H., Army
Shirrefs, Russell A., 348 Elmora av., Elizabeth
Silverman, Theodore M., 105 Elmora av., Elizab'h
Sims, Richard V., Jr., 31 Morris av., Summit
Singer, Bella, 640 Wyoming av., Elizabeth
Sly, John L., 382 Springfield av., Summit
Spirito, Michael W., Army
Spivack, David, Army
Stanton, Nathaniel B., 734 Park av., Plainfield
Staub, E. Milton, Navy
Steele, Stephen, 10 West Gibbons st., Linden
Stein, Emil, 607 Park av., Elizabeth
Stein, George H., Army
Stein, Isadore, 817 N. Broad st., Elizabeth
Stein, Martin H., 60 Elmora av., Elizabeth
Steinberg, Werner, 35 Gesner st., Linden
Stephenson, Gordon A., 145 Summit av., Summit
Stenart, David F. R., Army
Stevenson, G. McKay, Army
Stillwell, Harry C., 51 W. Milton av., Rahway
Strelinger, Alexander, 650 N. Broad st., Elizabeth
Strom, Abraham, 410 W. 7th st., Plainfield
Stuart, J. Earle, 552 E. 2nd st., Plainfield
Stybel, Joseph, Army
Suffness, Gustave, Army
Taranto, Michael, Navy
Tator, Arthur E., 57 DeForest av., Summit
Terrell, Edward E., 16 Alden st., Cranford
Tidaback, John D., 382 Springfield av., Summit
Tomlinson, Rolland D., 445 E. Broad st., Westfield
Townsend, Leslie M., 420 Chestnut st., Roselle P'k
Trano, John, 641 Second av., Elizabeth
Triarsi, Anthony J., 702 3rd av., Elizabeth
Tyndall, Alice E., 263 Walnut st., Westfield
Tyndall, Martha W., 263 Walnut st., Westfield
Vinciguerra, Michael, 604 Westm'ster av.,Elizab'h
Vitale, Dominic V., 745 N. Broad st., Elizabeth
Vitolo, Ralph E., Navy
Vogel, H. Austin, 1060 E. Jersey st., Elizabeth
Wacker, William F., Army
Wade, Simon F., 555 Newark av., Elizabeth
Wagner, Otto, 111 Stiles st., Elizabeth
Wagner, Richard, Army
Walsh, Ronald J., 118 E. 5th av., Roselle
Walsh, Thomas J., 335 S. Broad st., Elizabeth
Ward, Leo J., 137 W. Jersey st., Elizabeth
Webb, Eleanor A., 887 Springfield av.,NewPr'vid'nce
Wegryn, Louis S., 257 Elizabeth av., Elizabeth
Weigel, Edgar W., 970 Park av., Elizabeth
Weigel, Elmer P., 727 Watchung av., Plainfield
Weissberg, William W., Army
Weissman, Meyer T., Army
Weitz, Abraham, 20 N. 18th st., Kenilworth
Weltchek, Herbert, Army
Western, Frederic B., Knollwood road, Short Hills
Whinery, Joseph F., Army
Whitken, Albert I., 1056 North av., Elizabeth
Williams, Frank A., 324 W. Jersey st., Elizabeth
Williams, Leonard D., Army
Wolff, Jerome M., 1414 Martine av., Plainfield
Wolgin, Philip L., 445 Elmora av., Elizabeth
Woody, McIver, 19 Pingry pl., Elizabeth
Wuester, William O., 238 Exter way, Hillside
Yellin, Charles H., Army
Yood, Raphael, 401 Grant av., Plainfield
Yorke, Edward T., Army
Young, Franklin C., 120 Summit av., Summit
Yuckman, Robert O., Army
Yuckman, William, Army
Zeitlin, Herman H., 943 N. Wood av., Linden
Zingales, Joseph A., Army

Number of Active Members and basis of representation, 363.

HONORARY MEMBER

Montfort, Robert J., Elizabeth

TRANSFERS

Fagin, Joseph, from Morris County Med. Society
Fourcher, Kenneth R., to New York Co. Med. Soc.
Hamley, John H., from Essex Co. Med. Society
Oleynick, Simeon A., from Essex Co. Med. Soc.
Reilly, David F., from Bergen Co. Medical Soc.

WARREN COUNTY (21)

Society organized February 15, 1826. Meets on third Tuesday of January, April, July and October, the last being the Annual Meeting.

ACTIVE MEMBERS

Baldauf, Herman, Jr., Front st., Belvidere
Boquist, Walter A., Army
Bossard, Harry B., R. D. No. 2, Phillipsburg
Bostwick, Wallace R., Main st., Blairstown
Brasefield, Edgar N., 218 Chambers st.,Phillipsb'g
Buchanan, Ralph M. L., Navy
Drake, Paul F., 85 Summit av., Phillipsburg
Gordon, Frank S., Blairstown
Hackett, Leon W., 173 Belvidere av., Washington
Humbert, Joseph C., Jr., Navy
Jackson, Elmer C., Blair Academy, Blairstown
Kassow, Philip B., North Blvd., Alpha
Kimmel, Seymour S., Oxford
Krausz, Emery, 577 S. Main st., Phillipsburg
Lemmon, Junius M.,28 W.W'sh'gt'n av.,W'sh'ngt'n
Lyon, Charles H., 79 Lewis st., Phillipsburg
Marlett, Neumann C., Navy
Maxwell, Carl A., Army
Mitchell, Willis B., Navy
Potter, Charles W., Belvidere av., Washington
Shevitz, David M., 212 Grand av., Hackettstown
Shimer, Floyd A., 88 Lewis st., Phillipsburg

Smith, Herman, Army
Smith, J. Meredith, Navy
Spillane, Timothy H., 379 S. Main st., Phillipsburg
Varney, William H., 122 Belvidere av., Washingt'n
West, Guernsey F., 109 S. Main st., Phillipsburg
West, Heston R., 109 S. Main st., Phillipsburg
Wolf, Frank A., 494 S. Main st., Phillipsburg
Zuck, Arthur C., 22 Broad st., Washington

Number of Active Members and basis of representation, 30.

HONORARY MEMBERS

Bloom, G. Homer, Easton, Pa.
Condran, Jeremiah J., Easton

TRANSFER

Jackson, Elmer C., from Essex Co. Med. Society

MEMBERSHIP SUMMARY

County	Total		In Service	
	Active	Associate	Active	Associate
Atlantic	126	1	48	1
Bergen	297	3	116	3
Burlington	67	..	20	.
Camden	204	..	80	..
Cape May	26	..	6	.
Cumberland	60	..	13	
Essex	1178	38	334	11
Gloucester	50	.	15	..
Hudson	474	..	126	.
Hunterdon	30	..	7	..
Mercer	245	13	70	4
Middlesex	171	11	54	5
Monmouth	145	7	52	..
Morris	123	..	34	..
Ocean	32		15	..
Passaic	401	7	112	..
Salem	32	.	4	.
Somerset	64	.	18	
Sussex	31		8	.
Union	363		113	..
Warren	30	.	8	..
Totals	4149	80	1253	24

The New York Academy of Medicine

DUE IN TWO WEEKS UNLESS RENEWED.
NOT RENEWABLE AFTER 6 WEEKS.

DATE BORROWED	BORROWER
OCT 3 _ 1950	
JAN 12 1961	